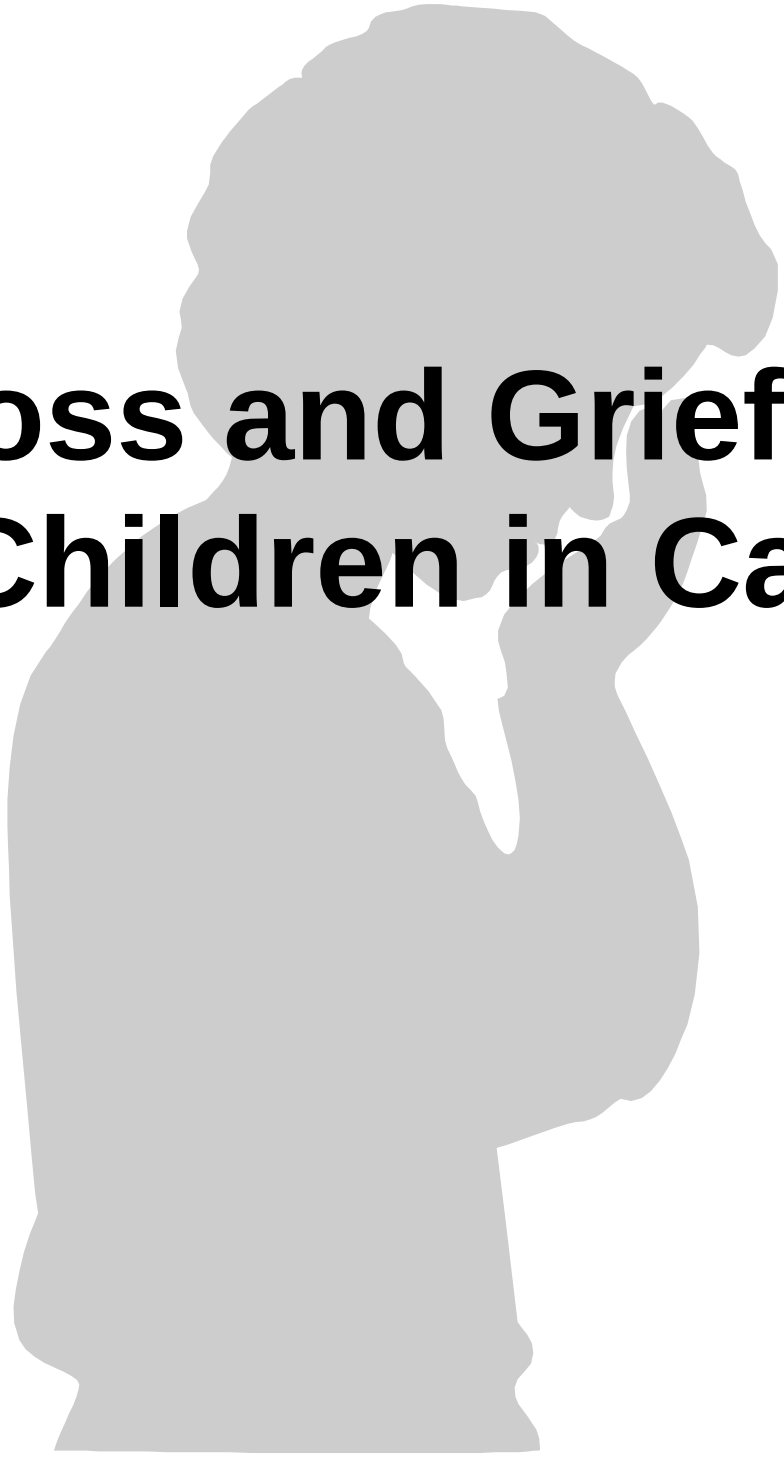

Loss and Grief for Children in Care

Additional Notes and References for the workshop

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Introduction

The training module on “Loss and Grief for Children in Care” is a 3 hour workshop that has been developed for alternative care workers to present to foster carers. The powerpoint slides are very self explanatory and will make sense if they are read aloud with no further elaboration or discussion from the presenter. The ideal is for the alternative care workers to read the additional notes and the training notes prior to presenting the workshop.

This booklet contains condensed and concise current literature and research on all the topics covered in the workshop. With these new insights, and building on previous knowledge and wisdom, it is envisaged that the facilitator(s) will feel confident to answer questions from the foster carers. Facilitators also have the resources at their disposal to provide additional information to foster carers should it be required either on the day or in the future. If a foster carer asks a question that the facilitator can not answer immediately this booklet and the extensive bibliography will be able to assist in seeking the information independently.

Sections of this booklet may also be photocopied and given to foster carers seeking a deeper understanding of loss and grief for children and adolescents in care.

A note on terms

It is difficult and quite artificial to try to separate the care of children from that of adolescents. However, each developmental stage will pose unique challenges to those who care for children and adolescents. For example, while young children may challenge the ability of the carer to provide clear, child-appropriate explanations, adolescents who struggle with issues of identity and independence may pose challenges with respect to encouraging them to seek support in times of distress. This workshop will provide information and an opportunity to consider care of both children and adolescents. However, ***for the benefit of brevity and clarity of expression in this booklet and workshop we will often simply use the word ‘children’ to refer to both children and adolescents***.

The workshop

Aims

The aims of the workshop are:

- To provide foster carers with a basic understanding of what loss is and how loss affects children and adolescents in care.
- To provide foster carers with the specific issues of loss for a child in care.
- To explore the loss and grief issues for foster care families themselves
- To provide foster carers with a basic understanding of grief and how to identify grief in children and adolescents.
- To provide foster carers with a basic understanding of Childhood Development. How development influences loss and grief issues and understanding for children.
- To provide examples and case studies of loss and grief for children in care and how foster care parents may recognise and respond to these issues.

Themes

The themes of the workshop are:

- What is loss?
- What are the factors that contribute to loss?
- What do we know about loss and children and adolescents?
- What are the normal losses for children and adolescents?
- What are the additional and specific losses for children and adolescents in care?
- That loss has the potential to create either growth or deterioration
- What are the messages of loss?
- What is grief?
- What does grief look like in children and adolescents? Exploring grief reactions in children
- Understanding grief

- Grief and the child's behaviour
- Trauma, loss and grief
- Child Development
- Caring for children and adolescents who have experienced loss, grief and trauma and are now in care.
- How can we help children in care?
- Messages that provide resilience.

Structure

The workshop contains 74 PowerPoint slides with ***four*** major sessions:

- Loss and Children
- Loss and the Child in Care
- Children and Development
- How Can We Care for Children who have Faced Loss and Grief?

The format of this workshop is one of adult learning, an approach that has been found to be effective in community-based education. It recognises the value of sharing knowledge and wisdom that many participants (foster carers) have gathered over time. Hence the workshop uses a number of different activities including discussion, analysis of material, completion of set tasks and case studies. These will encourage both an enhancement of the knowledge of participants concerning children and adolescents effected by loss, as well as help participants explore their personal knowledge of the issue and attitudes toward children's grief.

There is a lot of material to be covered and time limits for sections will have to be closely followed to ensure the workshop only goes for 3 hours.

While a significant part of the workshop is presented by a facilitator talking to the PowerPoint slides there are three activities and several case studies for foster carers to participate in discussion and reflect on material.

First activity

The aim of the first activity is to get foster carers thinking about loss in every day life, that loss is much more than death. This activity is meant to be done as a group as it is really an 'icebreaker'. It is encouraging participants to be a part of the workshop and participate with honesty and openness.

Second activity

The second activity requires the foster carers to divide into groups. How many groups you will require and the number of people in each group will greatly depend on the number of participants at the workshop on the day. Using butcher paper and marker pens one person needs to be allocated scribe for the group. The groups than have two tasks:

1. Write down what losses you think children in care have faced

2. Write down what losses you think foster families face when they take a child into their care

Twenty minutes has been allocated for this task. Get someone from each group to report back then go on with the slides and see if there are any additional losses.

Third activity

This activity can be run with the group as a whole or you can designate four subgroups with each subgroup taking on a child of a different age. How you eventually decide to run this activity again will depend on how many participants you have on the day. Someone needs to scribe and report back to the group. This activity requires 15 minutes and the use of butcher paper and marker pens.

Case studies

The case studies have been designed to give participants an opportunity to reflect on the material they have just learnt and apply it to situations that regularly occur in the foster care setting.

Some advice before we get started

Loss and grief is a part of life for all of us, and for many of us, our own losses can be deeply personal. Loss and grief as subjects is not something that we all feel comfortable talking about or discussing. Just talking and reading about loss and grief topics can bring back very painful and vivid memories of losses we have faced in our own lives. This is not something that needs to be avoided, or that you should feel ashamed of, it just shows your humanity and is a reminder of the ongoing journey and development of loss and grief in our own lives. Please be assured that recognising our own losses does not indicate a weakness in yourself, or your ability to work in this area or facilitate this workshop. Rather it affirms that your life experiences are a very important part of who you are, and that in fact your sensitivity and self knowledge are gifts that you bring and will be invaluable to the presentation of the workshop and the young people in care you will work with.

Having the opportunity to read through the additional notes, the trainer notes and the PowerPoint slides you will have had space to reflect upon your own losses. Before facilitating the workshop be aware that the foster carers will not have had this reflection time. Regardless of the context of loss and grief discussion, it is common for some one in the audience to become overwhelmed and emotional as a result. Before you get started here are some points worth considering:

- Before you facilitate this talk, take a few moments to reflect your own loss and grief experiences and where, and how comfortably they currently sit with you.
- Could some areas of this talk raise issues for you personally?
- Remember that grief becomes part of our life story.

- If you find that reading about loss and grief has opened painful memories and wounds for you, seek out the support of a trusted listener with whom you feel comfortable to talk

- Many of the foster carers attending this workshop will not have had an opportunity to reflect on their own grief issues. Chances are that they all have busy lives and they have been busy concentrating more on how to get to the talk, who will pick up or mind children etc. Suddenly they will be sitting in front of you and possibly have all these emotions rising up within them. This may take them by surprise and can even be quite frightening. The loss and grief issue for them may be quite separate from their lives as foster carers or be completely tied up with foster care issues. Should the person choose not to share their own history with you, consider strategies to ensure their safety and wellbeing.

- Consider management strategies if a foster carer becomes quite distressed in the workshop about loss and grief they have faced in their own lives eg the death of a parent, a miscarriage or divorce?

- It is up to each individual foster carer to decide whether they want to share their loss experience with the facilitator. We need to be respectful of each person's journey of loss and grief.

- What practices or response will you have if a parent starts talking openly about loss and grief for a child they have had or currently have in their care?

- What issues of confidentiality need to be considered?

- Given the very tight timeframes around each of the PowerPoint slides in order to get through all of the workshop material, how are you going to manage people's desire and need to talk?

- It may be wise to have someone co-facilitate this topic with you so that people can be observed and support offered should an issue arise. This co-facilitator may need to be open to sitting quietly and supporting someone throughout the workshop or if the person so requests taking them outside for support.

- This workshop may be quite draining on you emotionally and physically. Who do you have to go to for support and debriefing after the workshop has been run? Do you need to establish formal supervision and support for after the workshop?

Loss is universal

This educational module has been developed around the concept and philosophy that loss is universal.

Various people who work in the area of loss and grief ascribe to different interventions for different losses in life. This is not the goal or philosophy behind this educational module. This module recognises that loss is universal. Loss and grief are part of the lives of all. It could be argued that every adverse life event involves at least some elements of loss. Hence an understanding of loss and a development of a framework of loss into which life events can be examined provides us with some insight into the experience of a person facing adversity. The journey of grief is essentially a private experience along which others may be invited for a time. The route and progress of this journey will differ for each individual. It is important to remember that the experience of loss is unique to each individual. This is the most important underlying philosophy on which this workshop is founded.

To a child who may lack the communication skills of adults, the loss can be even more deeply and personally felt. However, grieving is normal, and essentially is the means by which healing will occur. Grieving that is able to proceed without interruption is the healing that will take children from a state of total disorganization, confusion and even fear to a state where they possess an ability to move on with their lives and may even have developed skills that will enhance their adjustment in later situations of loss. Unfortunately, for many this process of healing among children faced with loss can be complicated by many factors. As a consequence, the healing process of grieving is interrupted and short- and long-term problems can result.

This workshop will encourage a recognition and respect for children and their loss, and their individual journey through grief. It will encourage participants to determine how they can enhance the healing of grieving among children and avoid the hindrances to the process that may inhibit the ability of children to grieve in a way that will assist their ability to grow into adults able to adjust to losses in the future.

In working toward the enhancement of grieving among children, the workshop will essentially encourage a three-step model in providing care for the children from a theory of loss. This model argues that there are three interwoven but essential steps in care of children and adolescents that can be summarized by three words:

1. **RESPECT:** This is the essential first step of any care. The workshop will encourage the existing respect that each adult in the room holds for children. It will seek to further increase the respect for children, their loved ones and the experience of grieving itself. It also respects the current knowledge, wisdom and experience that foster carers already have about children who are in care.

2. **UNDERSTANDING:** It is vital that this respect is complemented by the gaining of an understanding of the grief that an individual is experiencing. This is in fact one of the greatest challenges in working with children. This is the reason the workshop contains

definitions of loss and grief, theories and examples of loss and grief and an entire session on Children and Development.

3. **ENABLEMENT:** The role of the foster carer is not to 'cure' a child's grief. Rather, it is to support and enhance the normal healing of grieving. Enablement can occur at all levels within the community, from professional activities to systemic intervention, and also can include activities associated with prevention or treatment. Consequently, all disciplines, no matter their level of interaction with children can be involved in the care of children confronted with loss.

If you would like more information on the concept that loss is universal please refer to the following articles:

Murray, J.A. (2001) Loss as a universal concept: A review of the literature to identify common aspects of loss in diverse situations. *Journal of Loss and Trauma. 6,* 219-241

The specific relating of these concepts and approaches to the care of children is outlined in the article:

Murray, J.A. (2000) Understanding loss in the lives of children and adolescents: A contribution to the promotion of wellbeing among the young. *Australian Journal of Guidance and Counselling, 10(1),* 95-109.

Loss

Loss in the lives of children and adolescents

When thinking about loss in the lives of children and/or adolescents, it is likely that most people have thought about death and perhaps family breakdown. While these losses are indeed important, and are perhaps the most widely researched, it is important that we understand that losses impact our lives in many ways. Many children in care face numerous and ongoing losses. Many of these losses they have to face alone as they go unrecognised or no-one has had a chance to address these losses in a context of trying to keep them safe.

Loss can enter the lives of children and adolescents in many different ways. Loss is part of the 'normal' development of children. For some children the accumulated losses in their life time is unsurmountable. Here are some examples of loss for children:

Easily Identifiable Losses	**Less tangible, easily observable losses**
Death Accident Natural and Man-Made Disaster War Victims of Crime Loss of a Pet	Loss of trust in abused children Missing out on being in a desired group or team Learning difficulties Loss of self-esteem when rejected by peers Realizing you are 'different' Transgenerational loss
Developmental Changes	**Losses in deprivation**
Weaning Going to school Primary to secondary school Friend or child moving away	Poverty Migration / Refugees Cultural dislocation Disability 'Carer' children

Empirical evidence has shown a profound effect of loss on the lives of children and young people. The table below provides a brief review of some of the impacts that have been noted on children and adolescents who have encountered losses of this nature in their lives.

Loss Situation	Effects found in Empirical Studies
Childhood abuse and neglect *(Beitchman et al.,1991)*	Psychopathology, criminal behaviour, sexual dysfunction and promiscuity, relationship problems, substance abuse
Loss as a predictor *(Morano et al.,1993; Kosky et al.,1990; Cantor et al., 1998)*	Suicide attempts, suicide completions
Parental death *(Worden & Silverman,1996)*	Anxiety, social withdrawal and problems, lower self-esteem and self-efficacy
Sibling death *(Davies,1999; Hogan & Greenfield, 1991)*	Behavior problems, reduced social competence, anger, sense of responsibility
Peer death *(McNeil et al., 1991; Oltjenbruns,1996)*	Anger, distress, confusion, difficulty talking about death, disenfranchised grief
Chronic illness *(Capelli et al.,1989)*	Social problems, anxiety
Parental separation *(Wadsworth et al.,1990; Wallerstein,1991; Wolfinger,1998)*	Social problems, alcohol and nicotine usage etc.
Refugee status *(Ahearn & Athey,1991)*	Social problems, anxiety
Adolescent romantic loss *(Kaczmarek & Backlund,1991)*	Disenfranchised grief
Homelessness *(Cohen et al., 1991)*	Suicidal ideation
Victims of Crime *(Pynoos et al.,1996)*	Anxiety, PTSD

It is obvious that loss permeates the lives of many children and adolescents. However, it is difficult for those working with children to have significant knowledge and skills in working with all types of losses that affect children. While excellent programs are developed by experts in some areas of children's work, many of you are painfully aware that many communities will not have access to such experts and specialist facilities. Hence mental health workers, teachers, nurses, foster carers and many others are presented with a problem.

When we recognize that loss is an integral part of nearly all adverse life events, we begin to realize that if carers of children have knowledge of loss and grief and know how to care for

children faced with loss, they will at least have some approach that they can apply to many diverse situations.

Factors affecting children's loss

While it can be argued that there are many commonalities in the process of loss among children, it is vitally important that we remember and respect the individual journey of each child's loss. Below we will examine the many factors that may affect loss in the lives of children.

Type of loss / Meaning of the loss

In considering the effects of the type of loss on a child or adolescent, we have to understand:

What is the meaning of the loss to this child?

The interpretation of a particular loss by a child may be very different from the interpretation of an adult because their worlds are very different places.

We have to understand a loss in terms of its meaning to child, the importance of the loss in the security of the child.

Personality / Temperament

Children are different in their reactions. Their individual temperaments need to be taken into account during times of loss. Similarly, the intimate knowledge of parents and caregivers who have lived with a child's temperament for a long time must never be discounted, but considered a vitally important resource in tailoring care for each child.

Gender

Socialization in Western cultures leads to boys being more inclined than girls to react to loss by:

- Withdrawing and stifling emotions;
- Substituting anger and aggression for other feelings;
- Maintaining silence;
- Repressing guilt; and
- Experiencing confusion. *Staudacher (1991)*

Other differences in the patterns of grieving between boys and girls are:

- Boys tend to internalise their sadness and girls cry;
- Boys are likely to act out their grief by becoming boisterous or aggressive;
- Girls act out their grief through nurturing or through care-eliciting behaviour; and
- Boys may appear angry while girls appear depressed or withdrawn.

McKissock (1998)

Dyregrov (1988) found important differences in the grieving of boys and girls:

- Girls cried more, experienced more difficulty concentrating, became more anxious;
- Boys tried more than girls to distant themselves from thoughts of what had happened;
- Boys lacked the ability to express their feelings in writing;
- Almost all girls reported having a good friend in whom they could confide and who had been supportive. Less than 40% of boys reported the same; and
- Girls talked about the event more at home than had the boys.

Dyregrov concluded that girls acknowledge grief and crisis situations to a much greater extent than boys, and that boys process such situations through the help of words to a much lesser extent than girls.

Relationship with the lost object / Access to replacement

Attachment theories view of grieving would suggest that the relationships with a lost object prior to the loss will affect the ongoing relationship with that lost object after the loss.

Part of the process of mourning is moving to a point of being able to form attachments with new objects of attachment. A lack of acceptable replacement objects is likely to prolong the grieving for the object that was lost.

The circumstances in which the loss occurred

- Anticipation versus suddenness
- Trauma

- Chronic sorrow

The child's mental capacity

Children with limited mental capacity (children with disabilities) also grieve. Here are some points to remember when working with children with disabilities with regards to loss:

Children with Developmental delays

- Can be tendency for others to fail to inform them of the loss in an effort to 'protect' them;
- Reactions and the explanations that these children require will be consistent with stage of development; and
- Most of these children experience the same emotions and symptoms of grief experienced by others without this disability. Others around the child may be embarrassed by, and try to discourage the loud, boisterous behaviour of the child that may accompany his or her knowledge of the loss.
- Not only are symptoms similar, so are the needs of these special children.
- Children with reduced mental capacity still need to be involved in the family's loss.

Previous life experience

- Children's previous life experiences will have a lot to do with the psychological structure into which a loss must be integrated.
- Some past life experiences has given children lesser expectations of life.
- Children may differ in reactions depending on whether previous losses were of 'core' or 'peripheral' people or objects
- Societal context of the loss
- Social learning perspective would argue that children learn how to grieve from the environment in which they live. Social context can determine:
    - The meaning of the loss for the individual
    - Rituals and mores that form part of the experience
    - Social and emotional adjustments that will be made in this environment

Others' handling of the situation

Those influential people in children's lives, such as parents, teachers and peers will have an important impact on the reactions of children and adolescents in general, and mourning in particular.

- Ability of adults to provide children with an all-important sense of security is often most under threat during times of loss when adults coping resources are being severely taxed.
- Concept of resilience and protective factors, which have a moderating effect on the adjustment of children to loss. While many children will be adversely affected by the psychological problems of their parents, some will rise above them
- As children grow, are able to express themselves, and have their world expanded to consider independence as a positive alternative, they may be less affected by the reactions of parents.
- Family system can give children some very strong messages about loss and how it is to be handled.

(Silverman et al.1995)

Support available

- An extensive support network has been found to moderate the negative adjustment to a number of stressful life events among primary school children. (Pryor-Brown & Cowen,1989)
- Supportive role of peers also becomes important during adolescence.
- Long-term nature of adolescent peer influence may be overestimated to some extent, particularly during times of loss. (Bernt, 1992; Barrera & Garrison-Jones, 1992)
- Support for children and adolescents may also be affected by children and adolescents themselves e.g. attitudes to help-seeking

Attributional style

Many argue that this issue of attribution and responsibility is vital in helping children and adolescents overcome the effects of loss, and the sense of powerlessness that these situations may leave in a child.

Hegar (1989) suggests that this issue should guide the practice of social work with children.

"Like adults who lack power, children can successfully adopt a world-view that involves feelings of internal control and acknowledgement of external responsibility for many aspects of their lives….(I) propose principles for social work practice that is empowering, in the sense

of helping build a sense of efficacy and control, while still meeting children's needs for care and security."

Locus of control is the tendency of a person to interpret the source of, and the level of control one has over events and actions that occur in his or her life. Children or adolescents confronted with many losses in their lives that are basically out of their control such as death, family breakdown or abuse may develop an external locus of control and feel less confident in their ability to cope with later losses. In contrast, a child who already has a strong internal locus of control may feel more able to confront an event of loss. One with an external sense may feel more out of control. However, an external locus of control may help a child avoid feelings of responsibility for a loss. If it can be blamed on external forces, it may not be so threatening.

Of course we must be aware that at times children are responsible for a loss such as the case where a person is responsible for the death or injury of another. If this is the case, issues of shame and guilt become paramount which may be difficult to resolve in the long-term. These situations may require more in-depth care.

Coping styles and strategies

There is a tendency for people to use a variety of skills to cope with a situation.

These are:

- Problem-focused skills; and
- Emotion-focused skills (Lazarus & Folkman, 1984).

Problem-focused skills have the aim of finding a solution to the problem by considering alternatives. Children may have to be helped to develop the plans, generate the alternatives, and determine the consequences. With little of the sophisticated problem-solving skills available to them, many younger children may make use of other coping skills more frequently.

Emotion-focused skills aim to deal with the emotions generated by the situation, to reduce the amount of emotional distress that someone is experiencing. Emotion-focused coping may include escapism, self-blame, avoidance, doing other things to distract one's mind from the issue, avoiding memories, or 'going with the flow'. Being unable to rationalize them away, the child may have to use emotion-focused skills to cope with them. The child may need to be able to 'block them out'. Limited 'sadness span' of children.

Yet it seems that nature seeks to protect children, at least a little. Limited ability to fully comprehend the short- and long-term consequences of the situation can make them less fearful in these situations and need to call on fewer coping skills than do adults.

Older children and adolescents develop greater capacity to use problem-focused coping. However, if these skills have not developed, or have not been modelled or encouraged by those around the child such as parents, the adolescent may have to continue to use skills to avoid the pain or pay the consequences of not coping with the pain.

A child experiencing loss remains a child all the same

This comment may seem strangely obvious! Of course a child experiencing a loss remains a child! Unfortunately, the events that follow a loss often fail to recognize this obvious point. However, where we put the words of loss can make a huge difference to the way we treat a child.

A ‘bereaved child’ can be very different from a ‘child who has been bereaved’, a ‘disabled child’ from a ‘child who has a disability’, and a ‘state ward’ from a ‘child who has been made a ward of the state’. In all these instances, the word describing the loss experienced by the child or adolescent (‘the label’) is used in front of the word ‘child’ or ‘adolescent’ that defines the person.

Consequences that can occur as a result of the child being defined by the loss:

- All actions and behaviours, even normal developmental changes or moods, may be considered as a consequence of the loss;

- Normal behavioural controls may be withdrawn or altered ; and

- Other characteristics of the child, or other activities that could afford him or her some sense of mastery or control, can be overlooked.

Loss threatens a person’s sense of safety, mastery and control

Children from the time of birth begin to form assumptions about the way the world works. In the ideal world and in the lives of many children, these assumptions are positive and adaptive. These assumptions help them predict the world, react to it in away to be rewarded and make plans.

When children experience loss, the assumptions they hold about the world may be more negative, or positive assumptions they have held about some aspect of their world may be threatened by the loss. The abused or neglected child may assume that adults hurt you or won’t be there when you need something. The child who faces the death of a parent or sibling has the assumption of the security of the family shattered. The child with specific learning difficulties may assume that it’s not worth trying because you still won’t succeed. The child who has trouble making friends or is bullied may assume that it is safer to be your own

company, to reject others, or to start exerting control by bullying others. The child who lives with chronic illness or becomes acutely seriously ill may not assume that it is worth planning for, or working toward a future. The child hurt in an accident make stop assuming that it is safe to be outside your home.

Assumptions about the world are the consequence of learned responses associated with the fact that a certain action has been consistently followed by a particular reaction. These assumptions that facilitate understanding, prediction, and organization of the world, and hence security in it, are part of a person's assumptive world (Parkes,1971). Loss threatens an individual's sense of security because it can challenge, or even totally discredit, important assumptions about the world. Death can shatter assumptions concerning the "natural" cycle of life and death, the future, the role in the family and social networks, faith and beliefs, and the sense of invulnerability that many people have 'it won't happen to me'. Consequently, a death and other significant losses can rob a person of the confidence that he or she can accurately predict the world by relying on previously held assumptions. The loss of confidence associated with a threat to the assumptive world can interfere with a person's ability to make decisions, or to trust his or her own reactions and those of others in the social network.

How may feeling unsafe in the world affect the child?

- Children or adolescents may become confused, anxious and fearful.
- Children or adolescents may seek security from others or activity.
- Children or adolescents may become angry and embittered.

How may they try and correct the problem?

- If the loss is particularly severe, ongoing or unresolvable, children may have to find ways of blocking out the ongoing sense of instability.
- Children and adolescents may make efforts to rearrange and reorganize the world to what they feel they can control. They may choose to focus on what they believe that they can control.
- Children and adolescents may expand their worlds to accommodate this new knowledge. Loss is successfully integrated.

Grief

Schools of Thought About Mourning / Grieving

The Psychodynamic School of Thought

In 1917, Sigmund Freud published his book *Mourning and Melancholia* in which he attempted to compare grief and depression in an attempt to explain depression rather than grief. He argued that people become attached to others, who they express themselves to emotionally, who are important to them, and who satisfy their needs. In the terminology of psychodynamics, this attachment is described as a cathexis of libidinal energy to the psychological representation of the person. When someone dies, this energy is still attached to the thoughts and memories of the deceased even in the face of reality that the deceased is no longer there.

Each single one of the memories and situations of expectancy which demonstrate the libido's attachment to the lost object is met by the verdict of reality that the object no longer exists. (Freud,1917)

The person needs to detached this energy from the deceased through a process known as 'decathexis or 'grief work'. As this energy is removed bit by bit, it can be reinvested in other objects and relationships. The goal of 'grief work' is to free the mourning individual from:

- attachments to the lost object;
- inhibitions to becoming a person separated from the lost object; and
- Conflicts of ambivalence over the lost object.

He theorized that the failure to deal with ambivalent feelings about the lost object was at the core of pathological reactions to loss. An inability to come to terms with the negative aspects of the relationship with a lost object is at the root of problems in grieving. Freud's psychodynamic approach to mourning focused on the internal processes of the individual. The image of the grieving individual was someone isolated from the outside world as he/she worked through a process of detaching him/herself from the lost object.

The Attachment Theory School of Thought

While psychodynamic theory concentrated on the individual adaptation to loss, attachment theorists introduced the importance of taking an interpersonal perspective with respect to mourning. One of the most prominent proponents of attachment theory was John Bowlby

(1961,1971,1979). Bowlby was a psychoanalyst who developed his theories as a result of his study of the effects of separation and loss in early childhood.

Bowlby theorized that attachment needs are adaptive and present from birth. He stresses that attachment is necessary to ensure personal and species preservation, and that the loss of attachment is at the core of grief. In fact, he suggested that the essential element that distinguishes grief from other forms of distress is the pining and searching for the lost object of attachment. The longing for, and urge to regain, the lost object of attachment is in direct conflict with the reality of the loss. This unrealizable urge is the source of the distress we recognize as grief. The intensity of the pain of separation led Bowlby to suggest that certain reactions such as anger, anxiety, denial, depression and searching that had, up until that time, been considered as signs of pathology, were normal manifestations of grief.

Bowlby was the first to suggest that mourning could be understood as a process that moved through a number of stages from a point of complete disorganization to a point at which the person was able to make new attachments or accept a new reality. He described the process in terms of four phases through which a grieving person moves and which he observed among young children separated from their mothers: Shock and numbness, searching and yearning, disorganization, and reorientation. It is these phasic models of mourning that have been the most popularised models of mourning, with many other theorists describing grief in terms of phasic models:

Theorist(s)	Phases/Stages Described
Freud (1917)	Loss of capacity to invest energy in love energy Withdrawal of energy into self where reorganization occurs Gradual reinvestment of energy in new objects, people or activities
Bowlby (1980)	Shock and numbness Searching and yearning Disorganization
Parkes (1972)	Shock and disbelief Yearning and protest Despair and disorganization Resolution

Kübler-Ross (1969)	Shock Denial and Isolation Anger Bargaining Depression Acceptance
Raphael (1984)	Shock/Numbness/Disbelief Separation pain/Intense yearning Acceptance
Hardt (1978-79)	Shock/Denial False acceptance Pseudoreorganisation Depression Reorganization/Acceptance
Matz (1979)	Denial Undoing efforts Depression and Helplessness Re-engagement

The phasic model of mourning has become the predominant model for describing the progress of grief recognized within the professional and general community. However, problems have existed due to many considering the model to represent the reality of mourning. Unfortunately, it has become common for the phasic (or stages model, as it is commonly called) model to be adopted as a rigid formula for mourning. When confronted with the reality of individual loss that doesn't fit the model in the anticipated manner, practitioners have often incorrectly interpreted this deviation as evidence of pathology.

Social Constructionist /Social Learning Theory of Mourning

Over the last two decades, the interaction between the social and emotional aspects of loss has prompted new thinking in understanding mourning. While attachment theories had emphasized the central role of interpersonal relationships in the understanding of reactions to bereavement, some theorists, often with a sociological perspective began to argue for a much wider consideration of the factors affecting mourning beyond the individual and his or her significant others. Writers such as Glick et al. (1974) began to place greater importance on the fact that a person's loss does not occur in isolation from his/her environment! Loss occurs within a social context and this context affects the mourning associated with that loss.

- Social factors affect mourning in many different ways:
- The meaning of the loss for the individual will often been determined by the social context of the loss.
- Social and emotional adjustments will be necessary after the loss.
- The social environment dictates many of the rituals and mores that will form part of the experience of loss.
- Social factors affect the course of recovery and adjustment.

These sociological perspectives were further enhanced by the emerging area of cross-cultural studies. Differences in the mourning patterns of diverse cultural groups highlighted the important influence of the social context of grief. However, while accepting the great diversity of mourning behaviour among different cultural groups, some theorists and researchers argue that there do appear to be aspects of mourning that are universal.

Cognitive/Behavioural Theories of Mourning

The cognitive approach to 'grief work' is that it is an active process. It can be moulded and encouraged or discouraged by others. From this perspective, if a person can be introduced to a new, more adaptive pattern of coping, the process of mourning can be accelerated. As a result, foci of research from this perspective centres on identifying adaptive and maladaptive coping methods, the manner in which people interpret loss and, techniques that can be used to alter maladaptive coping.

Attig (1994/1996) makes one of the strongest arguments from a cognitive viewpoint:

> Although bereavement may be a choiceless event, the grieving experience understood as an active coping process is permeated with choice. …The bereaved can choose whether or not to indulge in the paralysing grief emotion… or to struggle against what tempts them in it…The bereaved can choose their own timing and pacing in undertaking the tasks… They can choose the focus of their attention…

Conceiving the grieving process as active is preferable because:

- it is descriptively more accurate and encompasses more of the complexity of the experience of bereavement,
- it is powerful in promoting self-understanding, and
- it provides better direction for those who would help the bereaved.

Personal Construct Theory

While the concepts of the theory have a long history from the Greek poet Xenophanes onwards, personal construct theory was first formally espoused by the psychologist George Kelly in the 1950s. The basis of the theory as put forward by Kelly is that, though reality exists, we are incapable of 'apprehending it directly'. All a person can know is the patterns or 'templets' that he or she creates and then uses to try to fit in the realities of the world. Neimeyer (1997) argues that care of people that evolves, as a consequence of Personal Construct Theory, returns the person who is experiencing loss to his or her rightful place at the centre of an interaction with a carer.

The core belief of the theory is that there are not absolute truths or knowledge, as all reality is filtered and perceived uniquely by every individual. With respect to those experiencing loss, we need to understand the contrast between the perceived world of the person that existed prior to the loss 'the world that was', and the perceived world of the person following the loss 'the world that is'.

Do children grieve?

Children unable to grieve	The Compromisers	Young children grieve
Psychodynamic theorists: Wolfenstein (1966) Deutsch (1937) Anna Freud (1960)	Furman (1964) Kliman (1968)	Bowlby (1963,1980)

Childhood grieving should not be regarded as "A different version of adult mourning but rather as one unique to the child's capacities" (Sekaer and Katz, 1986, p. 292).

One of the most comprehensive discussion of the process of mourning in children has been provided by Baker, Sedney & Gross (1992) :

Tasks of Grieving for Children

Early Tasks

- Understanding the fact that a loss has occurred and the implications of that fact.
- Self-protection of themselves, their bodies and their families.

Middle Tasks

- Accepting and emotionally acknowledging the reality of the loss.
- Exploring and re-evaluating the relationship to the lost object.
- Facing and bearing the psychological pain that accompanies the realization of the loss.

Late Tasks

- Child evolve a new sense of self-identity that includes the experience of the loss and some identification with the deceased person, but not limited to them.
- To invest in new emotional relationships without an excessive fear of loss and without a constant need to compare the new person to the dead person.

- Child must be able to consolidate and maintain a durable internal relationship to the lost object that will survive over time, in such a way that the lost object becomes a new type of sustainable inner presence for the child.

- Child must be able to return wholeheartedly to age-appropriate developmental tasks and activities.

- Child must be able to cope with the periodic resurgence of painful affect, usually at points of developmental transition or anniversaries.

(Baker, Sedney & Gross, 1992)

There are two particularly important aspects of grieving among children that require a stronger emphasis than they receive in that of adults'. These are:

- The need for protection and

- The need to maintain an internal representation and relationship with the lost object.

Children often have a strong sense of loyalty to the ones they have lost. When there has been a strong attachment with the person who was lost, it will be important for the child and adolescent to be able to maintain some part of this relationship in their emotional lives. They are more likely to be able to move on and form new relationships once he or she has " found a liveable place in their heart" for the person who has been lost to him or her.

Grief reactions in children

Some things to consider:

- Interest should be in changes in behaviour rather than single behaviours.

- It is important to realize that intensity of outward displays of behaviour is not always indicative of the turmoil occurring internally.

- Grief reactions of children and adolescents are fluid.

- Children's emotional and behavioural expressions of their grief may not be continuous.

- Reactions of children in terms of loss and grief have received the most detailed consideration by those working in the area of death and dying.

- The huge range and often obscure nature of the possible expressions of children's needs (both verbally and in behavioural terms) make recognizing them difficult.

- The same behaviours may just be part of 'normal' development and therefore not reflective of distress related to the loss.

- The behaviours may not add measurably to the repertoire of the child's existing behaviour pattern and so are easily missed.

Dyregrov (1990) categorizes children's grief reactions in terms of immediate grief reactions, usual grief reactions among children, and other possible grief reactions.

Immediate Reactions

- Shock and disbelief
- Dismay and protest
- Apathy and being stunned
- Continuation of usual activities

Usual Grief Reactions

- Anxiety
- Vivid memories
- Sleep difficulties
- Sadness and longing
- Anger and acting-out behaviour
- Guilt, self-reproach and shame
- School problems
- Physical complaints

Other Possible Reactions

- Regressive behaviour
- Social isolation
- Fantasies
- Personality changes
- Pessimism about the future
- Preoccupation with cause and meaning
- Maturing and growing

There is much to challenge us in coming to an understanding and facilitating the process of mourning in children. This challenge is related to four major difficulties:

1. The limits placed on children's understandings by their intellectual, emotional and social development and the limited nature of their life experiences.

2. The fact that the grief that reflects mourning in children can 'look' very different from the grief of adults. In fact, the grief can lead to behaviours that can tax the patience of the adults caring for the child.

3. The fact that the symptoms of grief in children can be intermittent and fluid.

4. The fact that children have greater difficulty in communicating their needs verbally. In fact, most are reacting to emotions, not analysing them as do adults. Therefore, children and many adolescents may not even be aware of their needs. They just know when what we try to do for them isn't what they need!

Children and development

All are agreed that a very important influence on the reactions of children and adolescents to loss is their developmental level. Oltjenbruns (2001) argues that:

> "A child's understanding (or misunderstanding) of the concept of death, particular manifestations of grief, and the availability of certain coping mechanisms are all related to developmental capacity."

The differences in understandings may occur due to differences in the experiences of the child including their exposure to previous losses, their exposure to popular culture and media, or their cultural context. For example, Florian & Kravetz (1985) found that ten-year-old Christian and Jewish children in Israel had internalized the Western scientific view of death more so than Muslim and Druze children.

The differences may also appear depending on:

- Who the child is talking to;
- The context in which the child's views are being brought out;
- The cognitive level required of the question being asked; and
- The child's interpretation of the question being asked. (Bluebond-Langner, 1998)
- Intellectual understandings are only one factor that will affect a child's reaction to loss. Intellectual functioning will both affect, and be affected by, other factors affecting children's reactions to loss. Therefore, intellectual functioning must be considered within the context of the total life and loss of this child or adolescent.
- Perhaps more useful is to understand the developmental tasks that confront children.

Oltjenbruns (2001) defines developmental tasks as:

> "Those major tasks defined by one's culture, that are to be mastered at a specific life stage if one is to be successful in a particular society."

Below are given some tables that may assist in understanding the challenges in each phase of a child's development that may show themselves in very different patterns among individual children. These many tasks that challenge the child will affect their comprehension of, and their reactions to the losses with which they are confronted.

The Challenges of Infancy – The First Year of Life

Physical	Emotional	Intellectual	Social
Focusing the eyes on objects Grasping and manipulating objects Sitting unaided, coordinating arms and legs, crawling, balancing on two feet, standing, walking Grow teeth and experiencing teething Sucking to eating pureed food to eating food in usual forms Eye-hand and eye-mouth coordination	Differentiation of emotions such as affection, fear, anger, jealousy Dealing with the extremes of emotion and reactions of others to these emotions Extremes of emotions can confuse, even frighten Emotions as a reaction to emotional responses of significant others	Vocalisation Responding to own name Communicating with self and others The beginnings of language from single words to simple structured sentences Development of object permanency Learning to understand relations between objects, mainly through trial and error	Smiling Becoming attached to primary care givers Learning to trust others and differentiate those who can meet their needs Completely egocentric Learning to cooperate in areas such as dressing Beginning to learn power of the word NO Beginning to enjoy having an audience leading to the repetition of acts that gain a response

The Years of Exploration and Wonder – The Young Child

Physical	Emotional	Intellectual	Social
Rapid body growth Learning to coordinate body movement, vision and hand movements e.g., kicking, running, catching a ball, writing with a pencil, climbing, hopping, skipping Hand dominance becomes consistent Toilet training and perfection Overcoming bed-wetting	Differentiating self as a person separate from primary caregivers Becoming confident in new abilities or suffering from a faltering self-concept due to problems Imaginary friends are not uncommon Verbal labelling of basic emotions Beginning to recognize emotions expressed by others	Development of more complex language in terms of sentence structure, expression of emotion Ability to follow a number of directions in sequence Learning to read Beginning to represent thoughts pictorially Ability to represent objects not present with symbols Ability to form mental images Concepts of ‘right’ and ‘wrong’ Understanding cause and effect Thoughts fixed on visual evidence and concrete objects and events Able to apply logical thought to concrete problems	Exerting own will and wishes on a situation ie., becoming autonomous Close identification with parents Learning about dominance/ submissiveness, and the pecking order in relationships with peers Changing friendships Learning behaviour limits Morality based on fear of punishment or to gain rewards Child highly egocentric Learning sex differences Learning to play ‘with’ other children rather than just ‘beside’ Comparison of abilities of self with those of others ie. self-confidence vs. self-consciousness.

The Years of Consolidation – The Older and Prepubescent Child

Physical	Emotional	Intellectual	Social
Periods of rapid growth interspersed with periods of slower growth, 'growth spurts' Some early 'maturers' developing secondary sexual characteristics Consolidation and refinement of gross motor skills Laborious printing to fluid cursive handwriting	Learning about the social constraints placed on emotional expression Learning self-control Learning to be a success or failure. The development of an image of self Recognition of nonverbal clues to emotion	Greater ability to sustain attention and follow directions The move toward abstract thinking Beginning to use concepts that help deal with the immediate environment Master logical operations and present an argument	Establishment of patterns of peer relationships Morality may be based on reciprocality ie., 'I'll be good to you if you're good to me' or the conforming of behaviour to please significant others More stability of friendships with peers Development of conscience

The Years of Challenge – The Younger Adolescent

Physical	Emotional	Intellectual	Social
Development of strength Development of secondary sexual characteristics and their implications Rapid muscular and skeletal growth often resulting in coordination problems and clumsiness	Dealing with sense of role confusion Finding an 'identity' Hormonal effects on emotions. Mood swings The struggle to develop self-esteem and self-acceptance The struggle with feeling 'ugly' Conduct often according to what is	Increased ability to think abstractly Can deal with hypothetical problems Logical problem-solving	The balance between being treated as a child and an adult ie., new freedoms The importance of peer influences. Friendships often determined by peer group relations Morality often motivated by fixed external rules determined by what is good for those in the society

	pleasurable as opposed to conscience		

The Years of the Future– The Older Adolescent

Physical	Emotional	Intellectual	Social
Further physical maturation and refinement Continued muscular development	Linking abilities and achievements to future directions e.g., career decisions Consolidation of own values Truth accepted on the basis of evidence rather than authority Developing interest in humanistic and ethical principles	Able to use information and experiences to build more and more complex cognitive structures Ability to develop theories	Emphasis on intimacy with the risk of isolation if intimacy with others not achieved Morality more internalised and according to making social contracts. Guidance by conscience and personal values Friendship determined by personal choice rather than peer groups Looking for life-time mates

Current models of child development suggest important implications for those of us who will work among children experiencing loss.

Important implications of development for children experiencing loss

- Children of different ages will understand the situation of loss and its implications in different ways.
- Explanations concerning loss must be tailored to suit the cognitive and emotional development of the child.
- Children's understandings of a situation of loss may change over time and their needs to re-explore earlier losses may occur as they develop.

Children's development and their reactions to loss

Babies

- No concept of death or time
- May not be able to form permanent image of object or person lost
- Mainly affected by their carer's emotional state
- One twin may be affected by loss of the other twin

Toddlers and Pre-Schoolers

- Little understanding of the permanence of some situations of loss including death
- Difficulty distinguishing fact from fantasy
- Separation anxiety and fears are common
- Pre-logical thinking can lead to misconceptions or misinterpretations
- 'Magical', egocentric thinking
- Often very curious about facts.
- May not understand that the functions of life have ceased in death
- A lack of understanding of the consequences of a loss may result in a lack of reaction to news of the loss

The three most painful grieving emotions of the under threes are likely to be:

1. Separation fear

2. Ambivalence
3. Guilt and hostility *(Salladay & Royal, 1981)*

Very young children's grief may revolve around three questions:

1. 'What is death?'
2. 'Can it happen to me?'
3. 'Can it happen to you?' *(Furman, 1978)*

Early School-Age Children

- Children beginning to understand consequences
- Can understand others perspectives to some extent
- Children may try to sort out their ideas through playing out a situation
- Children of this age are gradually beginning to understand that death happens to everyone, but not themselves initially
- At this age, socialization is becoming important. Isolation from peers after loss is common at this age
- Children of this age can begin to plan and develop more coping strategies

Late School Age / Adolescence

- Adolescents develop a mature understanding of death including fear of death
- The need to deal with loss may be complicated by normal crises of adolescence
- Peer support is important but not always available
- May deal with their sense of helplessness by engaging in 'risky' behaviour
- Adolescents may also be very judgemental
- Shame may also play an important part in the loss of adolescents
- Paradoxically, the more intense the emotions an adolescent feels, the more he or she may try to repress them

In terms of death, an important body of research has grown up around the issue of what constitutes an adult understanding of death and when does this develop. Most researchers agree that a child needs to understand three concepts of death as they mature. These are the concept of:

- **Universality/ Inevitability** is the understanding that all things die and that there is no avoiding it

- **Irreversibility** / **Permanency** is the understanding that once a living thing dies, its physical body cannot be alive again

- **Nonfunctionality** is the understanding that all life-defining functions cease at death.

Losses for children in care

Children in care and attachment

One of the greatest and most damaging losses for children in care is the loss of attachment:

> "Attachment in not an optional extra in a child's life. It is one of their core needs. It is an affectional bond, but different from liking someone. In its healthiest form, it is all of these things, but first and foremost, it is a bond of **psychological dependence.** Children's emotional, social and cognitive journeys can take some curious even deviant, paths when they experience long stretches of time without the genuine, focussed and consistent care of one devoted carer or family, or when they endure the loss of such care. Often too, children in care may never have developed a foundation of trust, and have no clear understanding or what care means, as the link between their needs and having them consistently and reliably met was never met."
>
> *(McIntosh 2003, p12)*

The experience of a child in care can be one of consistent attachment disruption and loss. In no other circumstance, other than foster care, would people think it is acceptable to move a small baby or child from one household to another on their own.

The constant disruption to children's attachment is becoming more concerning with the latest research showing that attachment damage eats into the baby's developing neurological systems. (Siegal 2001)

McIntosh found in her study of infants and children with repeated attachment disruptions and loss that:

- Despite the many workers and foster parents that moved in and out of children's lives, the children felt their childhood had been one of isolation;
- By the time children met with 'good enough' foster care it was years before they could make use of it;
- The child experiences themselves as a 'victim';
- Because children in care feel they do not belong and are unwanted they interpret almost all care as persecutory and devoid of empathy and respond accordingly;
- Believe they are never in anyone's thoughts; and
- The world is a place of prolific loss *(McIntosh 2003)*

> When a child is securely attached they can cope better with change or when faced with other challenges in life.
>
> *(Berridge & Cleaver 1987)*

Contact with birth parents

Contact with birth parents is often a difficult issue for children in care and their foster parents. Many children who have been in care long term have little knowledge of their birth family and general family history. In Leahy et al's study of good outcomes for children in foster care contact with the birth family was identified as very important. Summations of their findings are as follows:

- The greatest negative cited by children in care in their research was an incomplete knowledge of their birth family.
- Children in care desire to obtain relevant information about all members of the extended natural family and maintain links with them.

Berridge (1997) found:

- Children who continued structured contact with their parents positively influenced their social and emotional development and led to placement continuity
- Children in care have little contact with their natural extended family
- Contact with grandparents is rare but often has major benefits for the child
- The majority of children in care are more likely to sustain contact in their adult life with biological family members than with foster families
- According to the evidence longterm outcomes for children in foster care appear to be linked to successful birth family contact and access

Triselitois (1989) found that key factors in influencing birth family contact were:

- Social worker or case manager encouragement
- Attitude of the foster family
- Circumstances of the child's family
- Perception of the birth family in relation to the importance in their child's life. (Leahy, Little, Mondy, & Nixon, 1999)

Leahy et al made several recommendations as to how birth families could be more involved in their children's lives and how children could have a greater individual focus:

- Special events such as birthdays, school events etc could be recorded and shown to birth parents. This would also add depth to the life history of a child in later years.
- A book that could contain summaries from all the child's workers as to their impressions and understandings of the relationship with that child. Something they could share with the child once or twice a year as a means of promoting a sense of identity and integration for the child
- Writing of journals, photo exchange and sending of cards between the child and extended family as means of strengthening bonds and forming a stronger history for the child.

(Leahy, R. Little, C., Mondy, L & Nixon D. 1999)

Providing security for the child in care

How do we provide security for the child in care?

Schofield and Beek (2005) in their research found that there are five caregiving traits that promote attachment and security and link well with the theories of resilience. They are:

1. promoting trust in availability
2. promoting reflective function
3. promoting self esteem
4. promoting autonomy
5. promoting family membership.

The above traits are consistent with the secure base that most children are offered by their parents in infancy. Children in care need to discover or rediscover reliable close relationships as it will increase the likelihood that they will:

- explore and learn the pleasures of life
- fulfil their potential to find rewarding and positive relationships in the social world beyond the family. *(Schofield and Beek, 2005)*

Attachment theory can be applied to older children and adolescence though the major challenge in parenting maltreated children is their profound lack of trust and their need to control others. Such children have often adapted to the previous lack of a secure base and the distorted caregiving frightening or frightened caregivers by becoming warily self-reliant. They monitor the environment (especially the face and mood of the caregiver) closely, but are

highly resistant to accepting or learning from new experiences of responsive and secure caregiving. (Schofield and Beek, 2005, p 5) Children who have been abused find it hard to process that the reality in the foster home may be different from their previous experiences. Paradoxically, the more the foster carer may try and offer good care the more devious they may appear to the child.

Previous adverse experiences may lead to behavioural strategies that reject or alienate the foster carer. (Stovall & Dozier, 1998)

> "Some infants histories placed them at risk for failing to develop secure relationships with even the most available and responsive caregivers."
>
> *(Stovall & Dozier, 1998, p 65)*

Promoting trust in availability

For healthy emotional development, all children need to trust in the availability of a care giver who is:

- accessible but not intrusive
- dependable
- is conscious and alert to looking for signals of need from the child
- ready to provide whatever nurture and protection that is needed

(Schofield and Beek, 2005)

When children feel they can trust in a secure base they feel free to explore, learn, thrive and manage anxiety well. (Bowlby 1988)

The problem with trying to provide this trust and security with children who were in middle childhood and beyond, had a history of abuse, and were emotionally and cognitively younger than other children their age is that they often simultaneously:

- craved and resisted;
- needed and resented; and
- demanded and rejected the care and concern of their foster parents (Schofield and Beek, 2005, p10)

How can foster parents promote trust?

- By always being mindful and thinking of their foster child even when the were apart.
- By being consistently available to meet their foster child's needs, an experience most of the children had not had previously.
- For some parents the intense and constant mental awareness and availability was very similar to the maternal preoccupation that Winnicott (1965) in relation to newborn infants
- Anticipated concern and availability into the future is a key part of offering security
- Availability to their foster children was communicated in a range of verbal and non-verbal cues eg: constant affection, tucking them into bed at night, telling them they are loved
- Being met reliably from school has been a foundation for building intimacy and trust with the children
- Being held in mind while apart gave a powerful message for children.
- Uses availability to reduce stress and anxiety for the child.

(Schofield and Beek, 2005, pp 10-12)

How can foster parents promote reflective thinking?

Foster parents need the ability to reflect, to think flexibly and empathically towards the child and to express this to the child so that the child may build the skills to do the same for themselves.

An important skill that any parent can give their child is the ability to help their child make sense of themselves, other people and the world around them.

Reflective Function or Thinking: the child's ability or emerging ability to think about his or her own mind and the minds of others. Reflective function enables a child to conceive of others' beliefs, feelings, attitudes, desires, hopes, knowledge, imagination etc.

The foster carer can promote reflective thinking by:

- putting themselves in the 'shoes of the child' – thinks of their mind and experience
- reflects on the impact of the child and the self as parent and generates theories around this – "why does this child behave this way?"
- Makes connections between the past and the present about the child
- Observes and listens to the child carefully

- Provides a structure for the child to think about themselves and their lives
- Helps child make sense of experiences both past and present.

(Schofield and Beek, 2005 p 12 & 24)

> "The capacity to reflect enables children to review the origins of a challenging or distressing event and the effect that it has had on themselves and others involved, They can then regulate their feelings, take a step back and plan a response."
>
> *(Schofield and Beek, 2005, p 13)*

How can foster parents promote self esteem?

- Parents begin the process of a positive sense of self by providing the child with full and unconditional acceptance
- They can convey unconditional acceptance through loving words, gestures, tone of voice, letting the child now they are a constant subject of interest, joy, concern and value to others.
- By generating environments where children can feel a sense of achievement, accomplish tasks, receive praise and experience themselves as valued and special
- Parents are sensitive to the child's realistic potential and provide unconditional acceptance in their positives and negatives
- They trust in the child's potential for good

From this children learn to tolerate a degree of acceptance in their own lives and to know that they will always be loved and valued for who they are. Children also learn to accept that everyone is different and that we all have strengths and difficulties and to tolerate this in others. (Schofield and Beek, 2005 p 15 & 24)

How can foster parents promote autonomy or self-efficacy?

From birth, sensitive and reflective parents create opportunities for their babies and children to feel influential and effective. They do this by reacting promptly and predictably to signals of distress or pleasure. Babies quickly learn that it is their own behaviour that brings about such responses. Babies and young children learn that they can rely on their own resources to ensure that their needs are met and that they have some control over their environment.

Foster Parents can promote autonomy by:

- Recognising the child as a separate person
- Accepts, values and promotes the child's need to be effective and autonomous

- Trusts in the child's potential to make developmentally appropriate decisions on their own eg what clothes to wear
- Sets safe boundaries without being too intrusive
- Offers choice, allows the child to take some risks, accepts assertiveness and can even identify where defiance may be healthy
- Uses negotiation and co-operative measures to manage behaviour- not punishment

(Schofield and Beek, 2005 p 17 & 24)

How can foster parents promote family membership?

The research shows that the sense for children that they belong to and are a part of a family has a great stabilising and reassuring effect. Family membership is a vital component of healthy emotional and psychosocial development.

> We live in a family based society. The child who feels they have no right to belong to a family or lives in a family of which they do not feel fully a part will carry a powerful sense of psychological and social dislocation.
>
> In contrast the child who has the certainty of unconditional family membership can provide the reassurance of practical and emotional solidarity and support through life
>
> *Allan 1996; Schofield 2002, 2003 in Schofield and Beek, 2005 p 19*

How can foster parents promote family membership?

- Believes and openly states that neither blood nor legal ties are necessary to belong fully to a family. That children can belong to more than one family
- Helps child manage membership of foster and birth family
- By including the foster child in family rituals within the immediate and extended foster family eg the way greeting cards are worded
- By making statements about 'home' and 'belonging' rather than 'placement'
- By including and making clear to the child the norms and values of the foster family
- Offers full inclusion in the family in language and rituals.
- By valuing the child within the family life and context

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