"I Just Keep My Tears All Inside":

Experiences of Loss from Children

Whose Families Face Complex Challenges and Change

Debbie Noble-Carr

Bachelor of Social Work (RMIT)

In fulfilment of the requirements of the degree of

Doctor of Philosophy

Faculty of Health Sciences

School of Allied Health

Discipline of Social Work

Australian Catholic University

April 2017

Statement of Authorship and Sources

This thesis contains no material published elsewhere or extracted in whole or in part from a thesis by which I have qualified for or been awarded another degree or diploma.

No parts of this thesis have been submitted towards the award of any other degree or diploma in any other tertiary institution.

No other person's work has been used without due acknowledgment in the main text of the thesis.

All research procedures reported in the thesis received the approval of the relevant Ethics/Safety Committees (where required).

Debbie Noble-Carr   April 2017

Acknowledgements

Many people have assisted and supported me throughout my PhD journey. First and foremost, the study would not have been possible without the generous contributions of the children and families, who welcomed me into their homes and openly shared their views and experiences. Thanks must also go to the child and family service practitioners in the ACT, who referred children and their families to the study; offering children the opportunity to make their own informed decisions around participation.

The study would not have been possible without the support offered by the Australian Catholic University (ACU). In particular, I am very grateful for being awarded an Australian Postgraduate Award (APA) scholarship which provided essential financial support to undertake this study. I would like to especially thank my supervisors – Morag McArthur and Jo Zubrzycki – who were a consistent and reliable presence throughout my PhD, available whenever I needed support, advice, guidance, and the occasional challenging or stern voice. Thanks also to my talented social work colleagues, Elise Woodman and Steven Roche, who helped facilitate children's reference group meetings, and conducted phone interviews to obtain feedback after the pilot interviews. Thank you to Elise for also carefully editing the thesis. Thanks also to the academics who provided timely advice at my confirmation and pre-submission seminars (especially Anne Graham, Robert Bland and Tim Moore) and Bindi Bennett, who provided guidance around conducting research on loss with Aboriginal children.

Thank you to my PhD colleagues who provided much practical and emotional support along the way, especially: Rhys Thorpe, Vicky Saunders, Chris Helms and Barbara Knight. Likewise, my Institute of Child Protection Studies (ICPS) colleagues, both present and past, who have taught me so much about research, including: Gail,

Table of Contents

List of Figures

List of Tables

Abstract

Loss – the experience of having lost something, as well as the subjective experience of missing out on something desired or expected – is a common experience in children's lives. Many Australian children will experience the loss of a parent through divorce, separation, or death. The consequences of such losses can be severe and long lasting, affecting children's health and wellbeing throughout their lives. Children from families facing complex challenges and change – such as family violence, abuse, neglect, mental illness, disability, substance abuse, homelessness, poverty, and social isolation – appear to be particularly at risk. These children commonly experience multiple losses of significant relationships and possessions and are at an increased risk of negative outcomes as a result of these losses. Despite the significant impact of loss in these children's lives, understandings of childhood loss remain limited and contested. In addition, loss is afforded little attention in the Australian child and family service system. Current understandings primarily draw on adult perspectives of children's responses to parental death, and we are yet to fully understand how children perceive and experience loss.

This thesis aims to fill this gap by drawing on theory and techniques from childhood studies to explore how children, from families facing complex challenges and change, perceive and experience loss. A participatory qualitative approach was adopted to better understand children's experiences. A children's reference group provided advice and guidance throughout the study and 22 children, aged 6-12, participated in in-depth interviews. All children were recruited from the child and family service system in Canberra, Australia. Data was analysed using Interpretative Phenomenological Analysis (IPA). This method ensured the findings remained grounded in, and reflective of, children's perspectives and experiences.

Many common themes emerged across the diverse range of losses discussed by children. The children understood loss to be an inevitable part of life, often characterised by negative feelings associated with missing, or missing out on, valued family (including pets), friends and fun. The absence of these important people or things invoked a great depth and breadth of emotions, which were ever present and sometimes overwhelming for children. Sadness was evident in all the children's experiences of loss, and many spoke of feeling left out and lonely. Children's interactions with others were also inextricably linked to their experiences of loss. Silence, isolation, powerlessness, and an overriding complexity often governed children's interactions with others and caused, complicated and compounded their loss experiences. Children used many strategies to cope with their losses, including: fun, play and laughter; focusing on the positives; and, remembering and maintaining connections with lost people. Children also identified the need for adults to: just listen; include them and give them a say; provide information; and offer comfort, care, and support for them and their families.

In exploring children's own understandings and experiences of loss, this study extends and challenges dominant understandings of childhood grief and builds knowledge of the supports required for children to cope and thrive in the wake of loss. This thesis makes an essential contribution to the development of explicit, appropriate, and sensitive practice within child and family welfare that can better respond to the diverse losses experienced by children. Further, this thesis provides a platform to strengthen the links between the currently distinct fields of childhood studies, grief and loss, and trauma.

Glossary of Key Terms

Many of the key concepts in this study have contested meanings and may be defined in the literature in different ways. For the purposes of this study, the following definitions have been adopted:

- **Children** refer to people up to the age of 18 years, with the focus of this study on those aged 6-12 years.

- **Loss** refers to the experience of having lost something that you used to have, as well as the subjective experience of missing out on something desired or expected.

- The '**child and family service system**' describes the broad range of services in Australia which aim to provide prevention, early intervention, and intensive interventions with children, young people, and their families. The service system has a particular focus on responding to the needs of families facing complex challenges and change.

- **'Families facing 'complex challenges and change'** refer to those families experiencing a range of challenging issues and circumstances which may prevent them and their children from reaching their full potential. For the purposes of this study, this included families engaged with the child and family service system who may have experienced, or are currently experiencing, issues such as: family violence, abuse, neglect, mental illness, disability, substance abuse, homelessness, poverty, and social isolation.

A full description and the rationale for using these definitions is explored in more depth in Chapter 1 pages 29-33.

Chapter 1: Introduction

1.1 Introduction to the Thesis

Loss – the experience of having lost something we once had, as well as the subjective experience of missing out on something desired or expected (Currer, 2007) – is an inevitable part of life. In Australia, almost one-third of children will experience the loss of a parent through divorce, separation, or death (Newell & Moss, 2011). Most children adapt to these losses without detrimental effects to their mental health, but for a significant minority, the consequences can be severe and long lasting (Melhem & Brent, 2011; Worden, 1996). Children from families facing complex challenges and change – such as family violence, abuse, neglect, mental illness, disability, substance abuse, homelessness, poverty, and social isolation – appear to be particularly at risk. These children commonly experience multiple losses of significant relationships and possessions and are at an increased risk of negative outcomes and persistent feelings of insecurity (Linseisen, Pomeroy & Bradford Garcia, 2011; Penny, 2007). Despite the extent and impact of losses for these children, childhood loss is commonly overlooked within the child and family service system (Currer, 2007; Mudaly & Tucci, 2002). Children's researchers are also yet to fully consider this issue and, consequently, little is known about the experience of loss for these children.

The lack of knowledge on vulnerable children's losses reflects the limited interest in, and knowledge of, childhood loss more broadly. Today, understandings of childhood loss and grief remain in their infancy. Much of the current knowledge has developed from practitioner observation and the application of grief, attachment, and traditional child development theory, with the focus primarily on understanding the experience and consequences of parental death. Empirical evidence of children's experiences of loss and

grief has been slow to emerge and remains limited and contested (Melhem & Brent, 2011; O'Brien & McGuckin, 2013; Williams & Aber, 2016). Despite more recent efforts by some researchers to actively seek children's own perceptions of particular loss experiences, children's views or experiences often remain obscured and on the periphery of efforts to understand this phenomenon (Smart, 2003). Consequently, many grief and trauma scholars have identified an urgent need to research children's own perspectives and meanings on the diverse range of loss events and experiences they encounter (Alisic, Krishna, Robbins, & Mehl, 2015; Brewer & Sparkes, 2011b; King et al., 2015; Pfefferbaum, Noffsinger, Wind, & Allen, 2014).

This thesis makes an essential contribution by exploring how children, from families facing complex challenges and change in Canberra, Australia, perceive and experience loss. In doing so, it offers important insights into children's experiences, the support they want and need, and the ways in which current understandings of childhood loss can be challenged and extended.

1.2 Introduction to the Chapter

This chapter describes the impetus, aim, rationale and intentions of the study. The professional and personal experiences which influenced the study are outlined and the study is situated within the broader research and practice context. The issues and gaps evident in the literature on childhood loss are identified. The research question and scope is provided, and the theoretical approach which ensured children's perceptions and experiences were at the forefront, is introduced. To conclude, each thesis chapter is summarised.

Chapter 1: Introduction

1.3 Origins of the Study

Influences from my professional life. The origins of this study can be traced back 20 years to my social work education in Melbourne, Australia. This Bachelor of Social Work degree and the two accompanying practical placements – a child protection placement and a project assessing the needs of children from families affected by HIV/AIDS – were formative life experiences. Over the course of my professional life as a social worker and, more recently, as a social work researcher, I have continued to work with and for children. Consistent with social work values, this work has always been underpinned by principles of human rights and social justice, and oriented towards social change to enhance the wellbeing of children, families, and their communities (Australian Association of Social Workers [AASW], 2010).

In the last 10 years, this focus on working with and for children has been strengthened by my work at the Institute of Child Protection Studies (ICPS) within the Australian Catholic University (ACU), and my consequent engagement with the field of childhood studies. Throughout this period, I have developed a deep commitment to seeing, hearing, and listening to children, and utilising children's knowledge and experiences to inform child and family welfare policy and practice.

When it came to choosing a topic of study for my PhD, I wanted to continue my pursuit of understanding and improving the lives of children. I was keenly aware, however, that adults commonly determine which issues are deemed important for children (O'Kane, 2008). In contrast, I wanted to pursue a topic which children thought was important. To do so, I reflected on the issues children had raised with me and my colleagues during our research over the last 10 years. One topic was consistently raised by children across a diverse range of ICPS studies, despite never being the key research interest (see: Butler,

Chapter 1: Introduction

Winkworth, McArthur, & Smyth, 2010; Moore, Noble-Carr, & McArthur, 2007; Moore, Saunders, & McArthur, 2008; Noble-Carr, 2006; Noble-Carr, Barker, & McArthur, 2013; Noble-Carr, Moore, & McArthur, 2009). This issue was loss.

In my most recent study into identity and meaning making, vulnerable young people explained that issues of loss and longing were critical to their experiences (Noble-Carr et al., 2013). One young person captured the thoughts of many, when they described the experience of cumulative losses, instability, and disadvantage by the following phrase: "my childhood was taken from me" (Noble-Carr et al., 2013, p. 16). These stories of loss were familiar. I had heard similar stories when studying the lives of young carers, children experiencing homelessness with their families, and children who have a parent with a drug or alcohol issue (Carers Australia, 2002; Moore, et al., 2007; Noble-Carr, et. al., 2009). On closer examination, I realised that across these studies, and those of my colleagues, children's losses had often been left unexplained, unrecognised, and unsupported by the adults in their lives – including professionals from child and family services (Moore et al., 2007; Saunders & McArthur, 2013).

My curiosity and hope was sparked. I wanted to understand: what was loss like for these children? Why were professionals in the child and family service system seemingly unaware of, and unresponsive to, the losses in children's lives? I also wanted to discover what child and family services could do to better respond to these needs. An initial review of the literature provided few answers to these questions. I discovered that childhood loss is an emerging field of study, which has sought and received limited contributions about or from vulnerable children. This gap in knowledge, my curiosity to know more, and the hope of improving supports and outcomes for children, provided the impetus to commence this study.

Chapter 1: Introduction

Influences from my personal life. In the initial stages of reviewing loss and grief literature, I came across many grief scholars who argued the importance of professionals first engaging with the grief in their own lives (Boss, 2006; Currer, 2007; Neimeyer, 2001b). This correlated with the importance of reflexivity – the practice of self-reflection to understand and know oneself within the experience being studied – which is stressed by social work researchers and phenomenologists (Darlington & Scott, 2002; Moustakas, 1994). Although I did not consider my personal losses had been of great significance, in line with this advice, I set about the task of developing a loss inventory. This inventory required me to list all the losses which had occurred in my life, and to consider the impact they had at the time and any persistent impacts that remained (Boss, 2006; Currer, 2007; Harris & Gorman, 2011).

The losses I included on my inventory included the absence of my grandfathers from my life (they had both died before I was born), and the death and disappearance of my childhood pet cats. In one instance, my cat 'Flash' had gone missing. After many nights calling his name in vain, I presumed he was dead. Weeks later he was found enjoying a new home at my neighbours' house. I recalled how, at the time, I felt a strong sense of injustice that my elderly neighbours had stolen my cat. Anger, and a sense of powerlessness, featured strongly in this loss experience. I also included the losses of my early adolescence, which included the death of my grandmothers, an uncle and a cousin (who died of a brain tumour while aged in his 20s). These losses had made me feel immensely sad.

My loss inventory also contained many losses which I had not personally experienced, but which were deeply embedded, often subtly and silently, within my family narrative. One of these losses included the loss of my baby sister, which had occurred in the early 1970s, before I was born. The lack of compassion from health professionals,

recounted many times over my life by my mother, captures the ignorance and silence which pervaded loss experiences at this time (Jalland, 2013). Reflecting on her experience, I became aware of the power which professionals can wield on an individual's experience of loss (Walter, 2007).

Another of these family losses was the loss which could not be discussed in my family. This was the suicide of my mother's father, which had occurred when she was three years of age. This loss happened in an era when young children were completely shielded from death (Tracey, 2011). My mother and her siblings were sent away, rather than attending the funeral, and were not given any information about their father's death. While children are generally less shielded from death today, suicide still commonly carries this veil of secrecy and social stigma (Cerel, Jordan, & Duberstein, 2008; Mallon, 2011). The secrecy surrounding this death continued until my grandmother died and my mother and her siblings, then aged in their 50s, felt able to uncover and discuss the events surrounding their father's death.

Collating this inventory allowed me to appreciate, early in my PhD, that losses were not just events experienced by individuals but were whole family experiences, influenced and often governed by social and cultural contexts and norms. Later, I came across many scholars, such as Doka (2002, 2008), Boss (1999, 2006), and Walsh and McGoldrick (2013), who provided the theoretical constructs and empirical evidence to help me reconsider and make sense of these family losses. The constructs I found most helpful came from the more recent social constructionist understandings of grief. These theories draw attention to the active and variable nature of grief and the wider social, cultural and historical forces that impact upon it (discussed in Chapter 2 pages 52-57). These approaches provided further impetus for me to consider and study childhood loss in a way which incorporated social constructionist views of childhood and children. From my

initial review of the literature it appeared that childhood studies – which positions children as active and capable social actors who have variable experiences across different cultural, social, and historical contexts (Corsaro, 2011; Finn, Nybell, & Shook, 2013) – had rarely been used to explore experiences of loss or grief.

Throughout the PhD my ideas of loss, children and how to best conduct research with them, continued to evolve. This growth was influenced by my research endeavours and my personal experiences. The loss experiences which occurred during the course of my PhD were particularly influential and challenging. These included my father being diagnosed with terminal cancer and Alzheimer's, and the death of my close friend's baby. Finally, I cannot discount the significant influence of being a mother to three beautiful and energetic young boys who everyday propel my curiosity and hope of acquiring a better understanding of children's worlds.

1.4 Justification for the Study

A comprehensive literature review confirmed childhood loss is a significant issue, particularly in the lives of children from families facing complex challenges and change. Four dominant justifications to inform the study's research question and focus emerged from the literature review. These justifications included: the significance of loss (especially for children from families facing complex challenges and change); the gaps in current knowledge of childhood loss (including the lack of research conducted from children's perspectives); the lack of attention paid to children and their losses within the child and family service system; and the need to understand and incorporate the views of children into any responses which aim to meet their needs.

These gaps provided further impetus to explore loss in a way that included children's perspectives and paid careful attention to the social processes which impact on

Chapter 1: Introduction

childhood loss experiences. Details of the four justifications for the study are presented below.

The significance of the loss experience. The literature review uncovered experiences of change, loss, and grief feature significantly in the lives of many children. In Australia, up to one-third of children are expected to experience parental loss either through divorce, separation, or death (Newell & Moss, 2011). Parental loss leads to a wide range of challenges, with some children experiencing severe and long-lasting impacts on their health and wellbeing (described further in Chapter 2). In addition to parental loss, which is the childhood loss experience that has been most widely studied, children may experience a diverse range of losses, often more frequently than many adults realise (Graham, 2004; Malone, Bradford Garcia, & Pomeroy, 2011).

The multiple losses which may occur in the wake of disasters, such as loss of family, friends, home, school, possessions, and a sense of safety and security, provide one example of the diverse losses that children may experience (Modesto, 2011). Floods, bushfires, cyclones and storms affect many Australians (Gibbs et al., 2014). Children are particularly vulnerable during disasters, natural or otherwise (Baggerly & Exum, 2007; Dominelli, 2015; Powell & Holleran-Steiker, 2015). Evidence suggests that up to a third of children exposed to traumatic events may develop pathologic symptoms such as Post-Traumatic Stress Disorder (PTSD) (Alisic, et al., 2014; King et al., 2015; Salloum et al., 2016). Children affected by such traumatic losses may often be left with a persistent sense of fear and uncertainty about their future and who they can trust (Malone et al., 2011).

In addition to the more conspicuous loss events of parental death, separation, and disasters, children from families facing complex challenges and change incur many other losses which may be less obvious and often go unnoticed by others (Crenshaw, 2002;

Penny, 2007). When children describe what it is like to live within families who experience violence, mental illness, substance abuse, poverty and social exclusion, they often provide descriptions of loss that are remarkably similar to those who have experienced the full force of disasters. For example, children experiencing homelessness due to family violence, frequently cite the associated losses of family, home, friends, pets, neighbourhoods, safety, and security, as having significant meaning and impacts on their lives (Callaghan & Alexander, 2015; Ericksen & Henderson, 1992; Moore et al., 2007; Spinney, 2013). The key difference to children who have experienced disasters is that exposure to traumatic events is more likely to have been a consistent presence in these children's lives, rather than a one-off event and, as such, can further negatively impact on their sense of self and trust in the world around them (Abercromby, 2011).

The constant array of losses often faced by children living with complex challenges and change heightens the difficulties of coping with, and responding to, loss. Not only are these children much more likely to experience multiple losses (Mudaly & Tucci, 2002; Penny, 2007), which complicates coping (Bradford Garcia & Pomeroy, 2011; Hooyman & Kramer, 2006; Schwartz, 2010), but due to their life circumstances, they are particularly susceptible to the negative outcomes associated with losses (Penny, 2007).

In Australia, the significant effect of cumulative and continuing losses is most apparent in Australia's Indigenous population (Allan, 2003a). The transgenerational trauma experienced by Australia's Aboriginal people, stemming from colonisation and subsequent policies, such as the forced removal of children, has had devastating consequences (Arney, Chong, & McGuinness, 2013; Healing Foundation, n.d; Ranzijn, McConnochie, & Nolan, 2009). In Australia today, Indigenous children are much more likely than non-Indigenous children to experience negative life events such as, death of a significant other, family conflict, illness, and financial worries, and they are at increased

risk for developing social and emotional difficulties (Blair, Zubrick, & Cox, 2005; Department of Social Services, 2015). The rates of Indigenous children living in out-of-home care[1] are particularly concerning; currently 9 times higher than non-Indigenous children and continuing to increase (Australian Institute of Health and Welfare, 2016a).

Children in out-of-home care experience loss as a central feature of their lives (Denenberg, 2016; Gimson & Trewhella, 2014; Henry, 2005). In addition to the losses these children experience as a result of familial abuse or neglect, placement into foster care inevitably causes further temporary or enduring losses (Linseisen et al., 2011). Once removed into care, children often face the permanent loss of family, culture, community, friends, school, and important possessions (ACT Government Community Services, 2014). For the many children who endure multiple placements and multiple workers, this ongoing cycle of losses causes serious short and long-term harm (Driscoll, 2013; Linseisen et al., 2011; Mattison & Pistrang, 2000; Schwartz, 2010; Strolin-Goltzman, Kollar, & Trinkle, 2010). The significance of losses for these children are evident as children, as young as four living in out-of-home care, cite losses as one of their main concerns (Winter, 2010). These children commonly enter adolescence with an overriding sense of loss of childhood (Noble-Carr et al., 2013; Zupanick, 1994) and are at significant risk of experiencing recurring and intense feelings of grief (Slaughter Smith, 2009).

In considering this evidence, there is a clear need to better understand and mediate the presence of loss in the lives of children whose families experience complex challenges and change.

---

[1] In Australia, out-of-home care refers to: "Overnight care for children aged 0–17, where the state makes a financial payment or where a financial payment has been offered but has been declined by the carer" (Australian Institute of Health and Welfare, 2016a, p.132). It most commonly refers to a placement in residential care, family group homes, foster care, or relative/kinship care.

Chapter 1: Introduction

Gaps in knowledge of childhood loss. Despite the extent and impact of childhood loss, children's experiences of loss and grief have received little attention from child welfare scholars (Cooper, 1999; Penny, 2007; Schwartz, 2010). Understandings of childhood loss have relied upon the broader fields of loss and grief, which have primarily focused on adults' intrapsychic responses to death (Harris, 2011b, 2011d; Murray, 2001; Pomeroy & Bradford Garcia, 2011b). Empirical interest in childhood loss and grief has been slow to emerge, delayed by the previously widespread belief that children do not experience grief (Cooper, 1999; Crenshaw, 2002; Pomeroy & Bradford Garcia, 2011a). With agreement that children can and do grieve now well established, literature on childhood bereavement has been "growing exponentially" (Chowns, 2005, p. 130). To date, however, knowledge of childhood grief remains in its infancy with some clear gaps and limitations clearly evident (Brewer & Sparkes, 2011c; Melhem & Brent, 2011).

Empirical interest in childhood grief and loss has focused on establishing children's understandings of death, and measuring the extent of negative mental health and socio-emotional outcomes experienced as a result of parental death (Williams & Aber, 2016). Much of this research has been conducted in the absence of children. For example, many of the early studies in this field sought retrospective accounts of childhood loss from adults in lieu of engaging directly with children (Botsis, Plutchik, Kotler, & van Praag, 1995; Harris & Bifulco, 1993). Despite well-noted methodological limitations of using retrospective studies to gain accurate insights about past experiences, these methods remain popular with contemporary researchers who study the impact of adverse childhood experiences, such as parental death (Finkelhor, Shattuck, Turner, & Hamby, 2015; Tracey, 2011). Other studies have also excluded children, by relying on adult proxies – usually parents or professionals – to provide accounts of children's experiences (Abel, Chung-Canine, & Broussard, 2013; Brown & Kimball, 2012). The limitations of this approach

have been highlighted by studies which have found a disparity between parent-reported grief symptoms of children and children's self-reports; with parents of bereaved children often reporting fewer or less severe symptoms for their children (Pynoos, 1992; Roche, Brooten & Youngblut 2016).

While children often remain excluded from research into their experiences, the grief field has broadened its scope over the last two decades, with some very helpful mixed methods studies that have sought to directly engage with children (see: Christ & Christ, 2006; Worden, 1996). The majority of these studies are, however, restricted to the experience of Caucasian, middle-class children, who most often reside in North America (Brown & Goodman, 2005). In addition, studies which have sought the views of children often rely on the experience of the small group of children who have sought and received bereavement services (Brewer & Sparkes, 2011c). Even with these limited sample groups, results of studies on childhood grief continue to yield equivocal results (Williams & Aber, 2016; Worden, 1996). As a consequence, the impact of childhood bereavement remains inconclusive and contested (Melhem & Brent, 2011; O'Brien & McGuckin, 2013; Williams & Aber, 2016).

Research on children's experiences of parental separation has followed a similar path to childhood bereavement research. Smart (2003) explains it is only in recent times that researchers have moved away from a problem-focus that attempts to measure children's poor psychological outcomes in comparison to their peers who have not experienced separation or divorce. Over the last two decades, researchers with an interest in parental separation, have moved away from this problem-focus and increasingly sought children's perspectives to inform our understandings of children's lived experiences of loss and change (Bagshaw, 2007; Butler, Scanlan, Robinson, Douglas, & Murch, 2003; Jamieson & Highet, 2013; Smart, 2006). The majority of these studies have, however,

been conducted outside of Australia and the limited literature which reflects children's perceptions and understandings of loss remains a key concern for many scholars (Sharpe, Ribbens McCarthy, & Jessop, 2006).

Research from the expanding fields of trauma and resilience, which can extend our knowledge of childhood loss beyond parental loss, face similar criticisms that children's voices and direct insights are missing (Alisic, Boeije, Jongmans, & Kleber, 2011; King et al., 2015; Rabaia, Saleh, & Giacaman, 2014). To address this gap, researchers have called for an increase in qualitative investigations which ask children to express their own perspectives and meanings of loss (Alisic et al., 2011; Clarke, Sixsmith, & Barry, 2015; Clute & Kobayashi, 2013; King et al., 2015; Pfefferbaum et al., 2014; Potts, 2013).

The present study aimed to address existing research gaps by exploring children's experiences of loss directly with children and extending the focus of children's loss experiences beyond the most commonly studied loss events of parental death or separation.

The absence of loss and children's perspectives in the child and family service system. The limited consideration given to childhood loss in child and family welfare literature was another concerning finding in the literature review. This reflected a broader issue that *children* and *loss and grief* remain an uncomfortable pairing (Corr, 1984; Exley, 2004). Throughout the literature, children are commonly described as society's "invisible" (Rossetto, 2015, p. 3), or "forgotten" grievers (Kubler-Ross & Kessler, 2005, p. 160). These labels reflect the reality that children's losses are easily overlooked or minimised, and are often not taken seriously by adults (Champagne, 2008; McKissock, 1998). As a result, children are left at risk of having their loss and grief unrecognised and unsupported (Doka, 2002).

Chapter 1: Introduction

Australian child and family service professionals are not immune to such criticism. Social workers, in particular, have been criticised from within their profession for paying little attention to the issues of loss and grief which are inevitably faced by the individuals and families with whom they work (Allan, 2003a; Currer, 2007; Goldsworthy, 2005; Hooyman & Kramer, 2006). In addition, it is widely acknowledged that the child and family welfare field has struggled to fully understand, consider, and respond to children's needs (Costello, 2003; Tilbury, 2013). In response to these issues, there have been increasing calls on the child and welfare field to better identify and respond to the losses faced by children (Butler et al., 2013; Mudaly & Tucci, 2002; Sadowski & McIntosh, 2016; Thiara & Humphreys, 2015). Evidence presented in Chapter 3 indicates that these calls may have largely gone unheeded.

The need to incorporate children's views into service responses. The rights of children to give their opinion on issues of importance to them – and for adults to listen and take them seriously – provided important justification for this study. These rights became enshrined for children when Australia ratified the United Nations Convention on the Rights of the Child in 1990 (United Nations Human Rights Office of the High Commissioner, 2016a). Since this time, policy makers and practitioners have increasingly recognised that to respond effectively to children's needs, we must understand how children see and experience the world, and listen to and learn from them (Brown & Davies, 1994; Prout & Hallett, 2003; van Bijleveld, Dedding, & Bunders-Aelen, 2014).

We know that children relish the opportunity to provide their opinions on things which matter to them, and that they have clear ideas about what would improve their health, wellbeing, and everyday lives (Butler & Williamson, 1994; Hadley Centre for Adoption and Foster Care Studies & Coram Voice, 2015). Despite this, children remain dependent on professionals to make their voices heard and have influence (van Bijleveld et

al., 2014). Contemporary research confirms children are rarely consulted about their experiences of service systems and, when they are asked, their words are seldom acted upon (Te One, Blaikie, Egan-Bitran, & Henley, 2014). As such, children's perspectives are rarely incorporated into the operation of welfare services.

Adding further weight to the need to collect children's idea on loss, trauma and grief researchers have recently found that children's perceptions and subjective meanings impact on the trajectory and outcomes of their loss experience (Alisic et al., 2015; King et al., 2015). As such, effective interventions to support children in the wake of loss rely on a good understanding of their perspectives (Alisic et al., 2015; King et al., 2015). Research which seeks children's opinions on what they feel would help them cope with loss is essential (Brewer & Sparkes, 2011c; Chowns, 2005). This study, therefore, makes a timely contribution to understanding children's views of loss and the supports they may require.

1.5 Research Question

In response to the significance of childhood loss in the lives of children from families facing complex challenges and change, the established gaps in knowledge, and the need to better understand children's perceptions of their own loss experiences, the following research question was adopted:

How do children (aged 6-12), from families facing complex challenges and change, perceive and experience loss?

In answering this question, the thesis contributes children's perspectives to current understandings of loss. Consistent with the impetus for the study and my social work research values (AASW, 2010; Allan, 2003b; Bogolub, 2010; McDermott 1996) these insights will be used to consider how service system responses to children and their

families may be enhanced. The following section details the context and scope of the study.

1.6 Context and Scope of the Study

This section outlines the parameters of the study and considers the subjective and contested terms contained in the research question. First, it outlines the target research population: children aged 6-12, from families facing complex challenges and change, who were accessing services within the Australian Capital Territory (ACT) child and family service system. Current understandings of loss are then explored, and the decision to begin from children's understandings justified.

Children from families facing complex challenges and change. Over the last decade, researchers, policy makers and practitioners have commonly labelled the children and families who access services from the child and family service system as being 'at risk' or 'vulnerable'. Despite their prominence, concepts of 'at risk' and 'vulnerable' are difficult to define and are interpreted differently across the literature concerned with loss (Andresen, 2014; Potter & Brotherton, 2013). In addition, my past research experience revealed that participants may struggle to understand what the term vulnerable means, and may take offence to being labelled in what they perceive to be a negative way. This experience supports Willoughby's (2013) view that the term vulnerable may be not only unhelpful, but also potentially harmful.

In response to the complexities of labelling participants as 'at risk' or 'vulnerable', the present study adopted eligibility criteria that categorised children by their family experiences which had resulted in their engagement with the child and family service system. As such, the term, 'children from families facing complex challenges and change' was used. This terminology acknowledged that children most often encounter child and

family services due to the issues being faced by one or more individuals within their family, rather than as the result of any innate quality or difficulties they themselves experience. This term also acknowledged the importance of family in children's lives; thereby, addressing criticisms that childhood studies researchers in the past have sometimes minimised the impact of family in their efforts to highlight children's agency (James & Prout, 1996).

The terms complexity, challenge and change (used within the recruitment criteria) were also carefully chosen. These terms encompass the broad range of issues which families may experience prior to, or whilst connected with, the child and family service system. These issues include homelessness, financial stress and poverty, mental health issues, substance abuse, disability, abuse or neglect, social isolation, and family conflict, violence or separation. The majority of families engaged with child and family service systems are likely to experience more than one of these issues, either concurrently or over time (Fernandez, 2014; Hunter & Price-Robertson, 2014).

Focusing on children aged 6-12. The present study focused on the experiences of children aged 6-12. This age group reflects the primary school cohort in Australia and the policy settings of the ACT child and family service system, which define 12 to 25-year-olds as young people (ACT Department of Disability Housing and Community Services and ACT Health, n.d). Focusing on 6 to12-year-olds ensured the study's findings could easily translate to the primary school and child and family service sectors; both critical institutions in the lives of children from families facing complex challenges and change. Including children as young as six also ensured the voices of younger children, who are often excluded from children's research, could be heard (D'Cruz & Stagnitti, 2008; McNamee & Seymour, 2012).

Chapter 1: Introduction

Research within the ACT child and family service system. The study was conducted in Canberra, Australia's capital city that has a population of approximately 390,000 people (Australian Bureau of Statistics, 2015). Within Canberra, and the surrounding areas of the ACT, the services which are responsible for responding to children and families facing complex challenges and change are grouped under the banner of the 'child and family service system'. For the present study, all participants were recruited from this service system, which provides a range of "prevention, early intervention and intensive interventions with children, young people and their families" (ACT Government, 2012, p. 5). Chapter 3 provides more detail of this service system, providing a historical account of the service system's capacity to respond to children's needs, as well as outlining the contemporary policy settings and practice frameworks which govern its responses to children.

Loss. Loss is difficult and contentious to define. This difficulty is partly because the study of loss is yet to firmly establish itself as a distinct field of academic inquiry (Harris, 2011b; Harvey & Weber, 1998; Jakoby, 2015; Miller & Omarzu, 1998; Murray, 2005; Neimeyer, 1998). Confusion also exists as loss, grief, and bereavement are often used interchangeably in the literature (Corr, 2015; Cox, 2014). This thesis draws on commonly applied definitions. Grief is defined as "the emotional and psychological reaction" which loss events or experiences are likely to elicit (Melhem & Brent, 2011, p. 69). Bereavement is more narrowly defined as "the objective situation of having lost someone through death" (Stroebe, Hansson, Schut, & Stroebe, 2008b, p. 4).

This thesis avoided using a predetermined definition of loss so that children could consider what the term meant to them, unencumbered by dominant adult views. This approach is consistent with previous children's research concerned with subjective and complex constructs (Bessell & Mason, 2014; Moore, McArthur, Noble-Carr, & Harcourt,

Chapter 1: Introduction

2015; Moore et al., 2007). The conceptualisation of loss, co-constructed with children in this study, is outlined in Chapter 5, and then compared to existing understandings in the final chapter. To allow for this comparison, and to provide context for the overall study, a summary of existing conceptualisations of loss is now outlined.

Loss is most commonly defined with reference to its symbiotic relationship to change. Mongezulluzzo (2013) defines loss as "an experience that involves change in one's life" (p.3). This definition is consistent with the etymology of loss which captures the state of no longer having "someone or something that we used to have" (Miller & Omarzu, 1998, pp. 3-4). From this perspective losses occur throughout life, as an inevitable, necessary, and natural consequence of development (Bansel, 2013; Silin, 2013; Viorst, 1988). This definition allows us to recognise that the impact of losses may range from being subtle to overwhelming (Harris, 2011b).

Such expansive definitions of loss have been challenged by those who feel loss should only be applied in instances of deprivation, or to detrimental aspects of change (Hooyman & Kramer, 2006). This perspective, which moves away from an emphasis on events to an emphasis on the subjective experience and meanings of loss, is captured by Lofland's (1982) definition of loss, which states loss is: "the involuntary severance of a relationship defined by the person as being significant or meaningful" (p. 219). The inclusion of subjective meanings and the impacts of loss has led to attempts to categorise losses. In such categorisations, the term attachment is often used to signify the most meaningful of losses, such as loss of a partner or parent (Stroebe & Schut, 1999). Whilst, the terms secondary and tertiary losses are often used to encompass those losses resulting from the loss of a significant other, such as the loss of one's home or financial security (Jakoby, 2015).

Chapter 1: Introduction

In further developments, Miller and Ozmaru's (1998) definition includes additional components they consider to be essential to the loss experience: coping, adaptation, and adjustment. They describe loss as being "produced by an event which is perceived to be negative by the individuals involved and results in long-term changes to one's social situations, relationships, or cognitions" (Miller & Ozmaru, 1998, p. 12). This definition also stresses that loss is socially influenced and defined. This distinction was also made explicit by Parkes (1988), who described loss as a "psychosocial transition…[including] the psychological change that takes place whenever people are faced with the need to undertake a major revision of their assumptions about the world" (p.53). Rando (1984) also referenced the socially situated nature of loss with her categorisation of two distinct forms of loss, physical losses – where something tangible has been made unavailable (eg. the death of someone) and symbolic losses – where a psychosocial change occurs (eg. the loss of status or self-esteem).

Understandings of loss which emphasise the social context allow us to recognise that losses include the experience of having lost something we once had, as well as the subjective experience of missing something we may have desired or expected (Currer, 2007). These losses are described throughout the literature as being particularly insidious and enduring, something which Bruce and Schultz (2001) encapsulate well in their concept of 'non-finite losses'. When loss is examined using this broader lens, the wide ranging losses which children from families facing complex challenges and change may experience become evident. The importance of uncovering children's subjective understandings of loss, so as to avoid constraining their experience to commonly accepted or expected loss events, also becomes clear.

Chapter 1: Introduction

1.7 Study Approach

Adopting a childhood studies approach. Exploring children's perceptions of their lived experience, free from dominant discourses and adult interpretations, is a formidable challenge for researchers. Theoretical and methodological approaches from childhood studies, adopted in this thesis, provide important insights for researchers attempting to reflexively consider and respond to this challenge.

Childhood studies refers to the study of children and childhood, most commonly situated within sociology. Childhood studies emerged in the 1970s, offering an alternative perspective to dominant accounts of childhood. Childhood studies is particularly critical of the universality of traditional models of child development, which prioritise biological and psychological explanations of children's experiences (Prout & James, 1997; Wyness, 2012). These developmental models, which explain children's progression through linear stages, have been critiqued for presenting children as having limited competence and social agency, and failing to recognise diverse experiences (Connolly, 2008; Moore, 2012; Wyness, 2012).

Childhood studies offered an alternate view of children to developmental models. Building on the early work of Aries (1962), scholars argued that childhood is socially constructed (James & Prout, 1996). This recognised the ways childhood varies across different cultural, political, social and historical contexts, rather than being a fixed and universal biological construct that is best explained by predictable developmental stages (Finn et al., 2013). From this perspective, childhood researchers were encouraged to recognise the ways children both affect, and are affected by society (Corsaro, 2011). These explorations highlighted children's agency, a central focus of childhood studies.

Chapter 1: Introduction

This repositioning of children as social actors who experience, influence and contribute to life, rather than just passively prepare for adulthood, created new interest in the study of children and childhood (Corsaro, 2011). Childhood studies has encouraged a new depth of understanding in relation to children's lives and recognised children as capable of contributing unique knowledge and perspectives on a range of issues, particularly their own lives. Under this new paradigm, children were no longer considered to be objects of research and excluded from the research process, but were now encouraged to be active participants in the research which seeks to uncover deeper understandings of their experiences (Christensen & James, 2008b).

1.8 Outline of Thesis

This chapter has outlined the context, contribution and parameters of the study. It has positioned loss as being a potent and pervasive issue in the lives of children, especially those whose families face complex challenges and change. Despite this, contemporary policies and practices within the child and family welfare field rarely explicitly attend to children's concerns about their losses, or their resulting grief. Theoretical and empirical knowledge from the fields of grief, loss, and trauma provide insights into what may help, but these have seldom been informed by children's own perspectives or knowledge of their lived experiences.

The remainder of the thesis is devoted to critiquing and building our current understandings of childhood loss, and exploring the supports children require to cope with their losses more effectively. The thesis first reviews what is already known about childhood loss (Chapter 2) and examines the support children from families facing complex and challenges have available to them (Chapter 3). The methodology and methods for the present study are then described (Chapter 4). Following this, the research

findings on children's perceptions of loss (Chapter 5), experiences of loss (Chapter 6), and the ways they coped and wanted to be supported with their losses (Chapter 7), are detailed. The final chapter considers the implications of the findings. This chapter questions current conceptualisations of childhood loss and grief, and highlights the need to refocus child and family services to ensure loss is explicitly and more sensitively addressed. Further, the value of adopting a social constructionist lens to understand the experience of childhood loss is argued. A comprehensive outline of each chapter is now provided below.

Chapter 2: Understanding childhood loss. This chapter sets out what we know about childhood loss, acknowledging that empirical study into childhood loss remains limited and has often excluded children's perspectives and experiences. The chapter establishes that a coherent and overarching field of loss does not yet exist, and outlines the arguments for a more integrated field of childhood loss. The theoretical and empirical insights from the fields of attachment and grief – most often relied on for current understandings of childhood loss – are then outlined. Important developments in these fields, including the shift away from purely stage-, or task-based models of grief to social constructionist understandings of loss are outlined. The expected features of childhood grief and the impacts of childhood losses are detailed. The chapter concludes with a consideration of how these understandings are supported, challenged or enhanced by growing understandings of trauma, coping and resilience.

Chapter 3: Responses to childhood loss. This chapter explores the capacity of the Australian child and family welfare service system to respond effectively to children's experiences of loss. The chapter outlines how this system has struggled to identify and respond to children's safety and support needs. The recent changes in philosophy, policy and practice to reposition children at the centre of service delivery are outlined and examined. The chapter uncovers a distinct lack of explicit attention to loss and grief in

Chapter 1: Introduction

policy and practice; confirming that loss and grief rarely feature in child and family welfare service responses. The chapter then identifies the scarcity of specialist loss, trauma and grief services in Australia. Drawing on international literature, evidence for the effectiveness of current and emerging specialist services is provided.

Chapter 4: Methodology. This chapter presents the research question and the phenomenological approach adopted. The conceptual framework and theoretical lens of the study are outlined, including the role of childhood studies in guiding the research. The chapter details the management of ethical considerations, including informed consent and the privacy, anonymity, confidentiality and protection of the participants. Particular attention is given to the participatory methodology which attended to the power imbalances often present between child participants and the adult researcher. The research methods are explained, including a thorough explanation of the techniques used in the children's reference group and in-depth interviews. The interpretative phenomenological analysis (IPA) of the data is also detailed. Information on recruitment of participants and the profile of the 22 children interviewed are also provided.

Chapters 5 –7: Study findings. The study findings are presented over three chapters to provide a comprehensive account of children's lived experience of loss. Chapter 5 considers how children perceive loss by exploring how the participants understand and think about the concept of loss. The chapter highlights that children believed losses are an inevitable part of life that includes missing something you once had, or missing out on something you may never have had. Children considered losses harder to deal with when they involve losing something special or really important. For the children in this study, these really important losses most often included: family (including pets), friends and fun.

Chapter 1: Introduction

Chapter 6 explores children's experiences of loss. It presents how children were feeling (most often sad, left out, and lonely, and sometimes conflicted) and highlights how children's interactions with others impacted on their experiences of loss. The silence, powerlessness, isolation and complexity which often governed their lives and interactions with others, are emphasised.

Finally, Chapter 7 provides insights into how children were coping with loss. This chapter uncovers the range of self-initiated strategies children employed, often out of sight of adults. The support which children wanted from adults is also detailed.

Chapter 8: Discussion and conclusion. In this chapter, the research findings are used to corroborate, challenge, and extend current knowledge of childhood loss. The theoretical contributions of the thesis are presented and the benefit of adopting social constructionist understandings of childhood loss is argued. The value this approach can bring to better understanding the diverse and complex losses experienced by children from families facing complex challenges and change becomes particularly evident. Key learnings for policy makers, researchers, and practitioners interested in understanding and providing more appropriate responses to children's experiences of loss are presented. To conclude the thesis, reflections on the contribution and limitations of the study are explored and future research priorities are considered.

1.9 Chapter Summary

This chapter explained the rationale, intentions, and contribution of the study. It provided the foundations for the present study by outlining the pervasive impact of loss in children's lives, particularly for those children engaged with the child and family service system. The value of adopting a childhood studies lens to address the research question and elicit rich accounts of children's perceptions and experiences of loss was identified.

Chapter 1: Introduction

This study, which examines 'how children (aged 6-12), from families facing complex challenges and change, perceive and experience loss', addresses existing gaps in the childhood loss and grief literature, and allows us to consider the support children may require.

   To contextualise the study, the following chapter outlines existing knowledge of childhood loss, paying careful attention to how this knowledge has developed, and which theoretical fields have been the most influential.

Chapter 2: Understandings of Childhood Loss

2.1 Introduction

This chapter examines the literature which has informed our current understandings of childhood loss. Initially, the chapter establishes that a scholarly field of childhood loss is yet to be established. The arguments for a more expansive and integrated field of childhood loss, that can be informed by children's perspectives, are considered. As these issues remain in their infancy, the chapter is then oriented to the subject of grief, as this lens is most commonly used to understand and explain childhood experiences of loss.

Current understandings of childhood loss draw heavily on theoretical and empirical insights from the field of grief. The focus of grief scholars, however, has been on adult experiences of death, and only recently has the scope been broadened to consider children's intrapsychic response to parental loss. Due to the limited focus on children in the grief literature, theories of attachment and adult grief are commonly relied on to understand and explain experiences of childhood loss. Understanding these existing theories – the current lens through which childhood loss is positioned – provides an important basis for the study. To account for this, a brief history of grief theory and research is presented, highlighting the recent shifts from stage- or task-based models of bereavement, to social constructionist understandings. The strengths and weaknesses of these theories and their application to children's experiences of grief are considered.

Despite the reliance on adult experiences of grief for considering children's experiences, the literature often attempts to identify what is distinctive about childhood grief. The commonly identified features of childhood grief are outlined before reviewing the empirical evidence for children's short and long term responses to loss, and the

determinants which influence these responses. To expand upon the current evidence base within the grief literature recent findings on children's perceptions of a wide range of loss experiences, such as disasters and parental separation, are also incorporated in this section. The chapter concludes with a summary of how current knowledge of childhood loss is supported and challenged by growing understandings of trauma, coping, and resilience.

2.2 Understanding Childhood Loss: A Field in Development

Since the early 20th century, scholars from psychology and sociology have attempted to describe the universal process of adjustment to loss (Murray, 2001). These investigations have largely drawn from the distinct fields of thanatology (death studies), grief, attachment, trauma, stress, and coping, and have focused on understanding adults' intrapsychic responses to death (Harris, 2011b, 2011d). While most commonly associated with death, a sense of loss can stem from numerous experiences. Those with an interest in these experiences, however, are yet to resolve whether a study of loss – in all its forms – is appropriate or even possible. This question is central to this thesis, which asked children to consider how they perceive and experience loss.

Those hoping to pursue a field of loss point to the research conducted over the last two decades which has found people respond to a wide variety of losses in similar ways (Harris, 2011b; Harvey & Weber, 1998; Jakoby, 2015; Miller & Omarzu, 1998; Murray, 2005). These studies have found that most losses elicit a grieving response, which has the potential to greatly impact on our sense of self and the world. As a result of these common and significant responses, processes of coping and care are also embedded within most, if not all, loss experiences. This section outlines these common responses and presents the argument for developing a distinct field of loss that extends beyond the study of discrete experiences, such as death. Children and childhood loss have so far remained on the

periphery of these debates. This section considers these debates in relation to children's experiences and begins to consider whether it is appropriate to pursue a more integrated field of childhood loss.

Grief as a unifying feature of losses. Research with children and adults consistently confirms that grieving – the emotional and psychological reaction to loss – is a normal process common to most, if not all, types of losses (Bagshaw, 2007; Jakoby, 2015; Murray, 2001; Pomeroy & Bradford Garcia, 2011b). This common grieving response allows existing understandings of grief, mostly developed from adult's responses to death, to be applied to other types of loss experiences (Currer, 2007). Although the ability of grief theories to account for all forms of childhood loss remains untested, these theories have contributed important understandings in relation to children's responses to loss. For example, grief theories have been applied to explain and understand children's responses to a range of loss experiences including, parental death, separation and the more insidious losses resulting from experiences of child abuse and neglect (Bagshaw, 2007; Linseisen et al., 2011; Pomeroy & Bradford Garcia, 2011b).

The impact of loss on identity. The impact of loss on one's identity is integral to grief and loss theories (Harvey & Weber, 1998). It is generally agreed that all losses must be integrated into a person's basic psychological functioning (Murray, 2001). It is proposed that to adapt to loss, we must find new ways of living in the world which often involve the construction of a new sense of self (Attig, 1996; Davis, 2008). For example, Marris (1986) explains, "the fundamental crisis of bereavement arises, not from the loss of others, but the loss of self" (pp. 32-33). This resultant loss of self may be a particularly critical issue for children who are yet to develop a consistent and coherent sense of self (Erikson, 1950).

Chapter 2: Understandings of Childhood Loss

The impact of loss on the developing identity of vulnerable children has been evidenced by Australian and international research which asked vulnerable young people to reflect on their past experiences. These studies confirm that experiences of childhood loss markedly change young people's self-perceptions and attitudes about life and relationships (Kelly, Munford, Sanders, & Dewhurst, 2015; Noble-Carr et al., 2013). Such research supports practitioners who consistently claim that children, who experience loss as a result of trauma and neglect, can end up with a sense of self that is deeply wounded or even lost (Kauffman, 2011; Mudaly & Tucci, 2002). Due to the consequent grief response and the significant impact this has on our identity, some scholars have called for a more sophisticated sociology of loss grounded in theories of the self and the sociology of emotions (Jakoby, 2015).

Common forms of coping and models of care. As well as inciting emotional reactions that impact on our developing identities, all losses invoke coping strategies and frequently require the support and care of others (Murray, 2016). Much of the existing grief research, however, is focused on how we can best support individuals in the wake of death-related losses or, in some cases, better prepare for anticipated deaths. For children, specialised loss responses (outlined further in Chapter 3) are often restricted to the experience of parental death or separation, which is presumed by adults to be the most distressing type of loss. Murray (2016) argues that a broader research field of loss, which examines coping and models of support in relation to a wide range of losses – beyond death – has the potential to improve understandings of coping and enhance models of care. Such advances may also help reduce the reliance on siloed treatment services which focus on one loss experience.

A broader lens, which acknowledges the full gamut of losses, and the responses which may follow, may allow more effective, holistic and person-centred care to be

applied across practice domains (Murray, 2016). Such an approach may be critical to bringing children's subjective loss experience to the fore, and in addressing the wide range of devastating losses experienced by children engaged with the child and family service system (Mudaly & Tucci, 2002).

Developing a field of childhood loss. Despite the common features of losses presented above, and the benefits of a more unified approach, some scholars remain cautious about developing a single theoretical framework for loss (Neimeyer, 1998). With no consensus definition of loss and the expanding array of events and experiences now recognised as engendering loss, establishing a unified field of inquiry may appear ambitious. Despite these concerns, sceptics of a unified field of loss do recognise the merit of building greater communication between the various fields currently concerned with loss experiences (Neimeyer, 1998). This thesis is a testament to this approach; demonstrating the value of drawing on knowledge from the fields of grief, attachment, trauma, resilience, coping and childhood studies to better understand the diverse range of losses children experience.

A better understanding of children's lives is increasingly valued by a range of disciplines and fields of inquiry (Moore, 2014). Alongside the study of childhood grief, which has progressed slowly over the last three decades, new discoveries in acute and chronic trauma, early life experiences, and resilience are now available to help develop understandings of childhood loss. In addition, childhood studies research on a range of challenging and sensitive issues continues to provide insights into children's perceptions of their lived experience. Childhood studies researchers have made important contributions to our knowledge of childhood loss, by asking children about their experiences of parental death and parental separation (see: Bagshaw, 2007; Butler, Scanlan, Robinson, Douglas, & Murch, 2003; Jamieson & Highet, 2013; Smart, 2006; Wade & Smart, 2002). These

studies demonstrate that not all children will perceive experiences which are commonly seen as loss experiences by adults, such as parental separation, as a loss at all (Smart, Neale, & Wade, 2001). These studies provide important awareness that applying existing loss and grief frameworks to understand and explain particular childhood experiences can be problematic. These studies highlight the need to know more about how children perceive loss, and whether they think it applies to, or helps them to make sense of, their experiences of challenge and change.

To date, children have largely been excluded from contributing to debates on the development of a broader field of loss. Studies which value and prioritise children's perspectives of loss remain limited. We are yet to fully understand which events children may consider to be losses, or to fully understand their experiences of grief, loss and trauma (Alisic et al., 2015; Brewer & Sparkes, 2011c; King et al., 2015). Studies which have sought children's views on the concept of loss have been confined to a few small-scale explorations, most often conducted in school-based health and wellbeing programs, with small sample sizes (Coleman, 2009; McClanahan, 1998; Newell & Moss, 2011; Stylianou & Zembylas, 2016). As a result, we do not know how children define loss, which losses they perceive to be the most important, and whether they think there are common aspects inherent within their various loss experiences. Explorations of loss which have been conducted with children do reveal, however, that most children acknowledge loss results from many events, including but not limited to death, and that they often identify loss as a significant issue in their present and future lives (Coleman, 2009; McClanahan, 1998; Newell & Moss, 2011; Stylianou & Zembylas, 2016). Further, these studies highlight that, when given the chance, children appear keen and capable of sharing their views on loss. While it may be too early to argue for a distinct field of loss for children, bringing together existing knowledge from various disciplines may help inform these debates and address

existing gaps. In addition, asking children to contribute to contemporary debates on these important issues is essential.

2.3 Understanding Grief

In in the absence of a wider field of loss, a fundamental understanding of grief and bereavement is commonly accepted as the starting point to understand children's experiences of loss (Pomeroy & Bradford Garcia, 2011b). Therefore, to understand how knowledge of childhood loss has developed and is most commonly applied today, this section reflects the approach of the majority of childhood grief and loss literature, by firstly providing a brief history of grief theory and research.

Psychoanalytic beginnings. The study of grief is complex (Prosser-Dodds, 2013). Acknowledged as a theory driven discipline, until the 1980s theoretical treatments of grief were largely the domain of psychoanalytic practitioners (Archer, 2008). Sigmund Freud and John Bowlby were key early contributors, whose theories continue to inform scholarly work and practice on grief and loss (Stroebe et al., 2008b).

Most historical accounts of grief begin with an account of Freud's 1917 publication, 'Mourning and Melancholia'. One of the most influential ideas from this publication was that the specific function of grief is to allow individuals to detach from the dead person and move on with their life (Archer, 2008). Freud argued this process of detachment occurs through an active process, termed grief work, which, if avoided, would result in pathological grief (Archer, 2008).

Influence of attachment theory. Coming much later, John Bowlby's (1969, 1973, 1980) attachment theory, formed through his observations of young children, provides the foundation for understanding children's responses to separation and loss (Henry, 2005).

Chapter 2: Understandings of Childhood Loss

Attachment theory offers critical explanations of human behaviour and it is often positioned as the most robust, visible and empirically-grounded conceptual framework in the field of social and emotional development (Cassidy & Shaver, 2008; Howe, 1995). Attachment theory has also been highly influential in the field of grief and bereavement, and remains one of the most powerful forces in contemporary bereavement research (Stroebe, 2002).

The importance of affectional bonds throughout life underpins attachment theory. Bowlby (1980) posited that children seek attachments with their caregivers out of a need for security and safety. McIntosh (2001) explains these attachments are "different from liking someone, loving someone or even trusting someone. In its healthiest form, it is all of these things, but, first and foremost it is a bond of psychological dependence" (pp. 3-4). Early attachment relationships and an individual's drive to form consequent attachments play a critical role throughout our life (Bowlby, 1980).

Bowlby (1980) saw the loss of an attachment figure in childhood as a devastating event which caused strong emotional reactions, including: anxiety, anger and depression (Bowlby, 1980). The response from children is powerful because they "cannot imagine regaining a sense of security, support, protection and love without this lost person's availability and responsiveness" (Mikulincer & Shaver, 2008, p. 92). The importance of affectional bonds, and the strong reaction we have when they dissolve, helps explain why the loss of a caretaker in childhood is particularly critical.

In one of the most influential of his discoveries, Bowlby observed that the response to the loss of an important attachment relationship followed similar patterns across individuals. This prompted Bowlby (1980) to develop a theory of grief which comprised four stages: numbing; yearning and searching; disorganisation and despair; and,

reorganisation. Like Freud, Bowlby emphasised the need for individuals to progress through these stages using grief work. Although extremely popular at the time, this stage theory was later criticised for lacking empirical support (Weiss, 2008; Wortman & Silver, 1989).

Attachment theory has also helped account for the variation in individual responses to loss. Bowlby (1980) believed early life attachment experiences generate different internal working models which provide the child with a sense of self, other people, and the connection between themselves and others (Kroll, 2002). These models also regulate the way a person will react to loss (Bowlby, 1980). This theory was empirically strengthened by Mary Ainsworth, whose research revealed four styles of attachment – secure, insecure-avoidant, insecure-ambivalent and disorganised (Howe, 1995). In accordance with these categories, children who attach securely develop a self-schema which allows them to help themselves and trust that others will also help them. Conversely, children who experience insecure early relationships internalise negative aspects of these relationships and see others as untrustworthy or unpredictable (Frederick & Goddard, 2008). Secure and insecure attachment styles remain commonly used within the field of grief and bereavement to understand individual reactions to bereavement and complications in the grieving process (Brown & Symons 2016; Prigerson et al., 1997; Stroebe, 2002).

While attachment styles can help explain individual reactions to loss, attachment theory affirms loss as a difficult experience regardless of whether we are securely attached. For example, internal working models established within secure attachments can be threatened by losses, which can challenge the belief in predictably secure and safe worlds. To rectify the uncertainty loss may bring to our ideas of self and the world individuals are often required to rebuild their working models to fit the post-loss world (Harris, 2011b). Bowlby (1980) argued this rebuilding requires the "redefinition of self and situation" and

is the "cognitive act on which all else turns" (p. 94). This idea was later extended by others who developed the concept of assumptive worlds to explain how our interpretation of the past, and our expectations of, and assumptions about the future, are inevitably threatened and often completely shattered, in the wake of significant loss (Janoff-Bulman, 1989; Parkes, 1988).

Despite the contributions and applicability of attachment theory, many scholars continue to point to its limitations. Most often these critiques centre on the unjustified focus it has given to primary maternal relationships in the care and wellbeing of children, the lack of transferability across cultures, and the continued lack of empirical evidence to support its claims (Buchanan, 2013; Ribbens McCarthy, Hooper, & Gillies, 2013; Weiss, 2008; Wortman & Silver, 1989). Despite these critiques, attachment theory remains one of the most commonly applied theoretical lenses for understanding childhood loss and grief.

The staging of grief. Like Bowlby's (1980) phases of grieving, many early grief scholars focused on the goal of developing an overarching description of the grief process (Doughty, 2009). Consequently, many stage theories were developed to understand adults' grief, ranging from the three phase model proposed by Parkes (1988), the popular five stage model of Kubler-Ross (Kubler-Ross & Kessler, 2005), and Westberg's ten stages (2011). Children's grief has also often been explained through the use of stage models, most of which closely resemble those initially proposed by Bowlby (Carter, 2002; Mallon, 2011). For example, Jewett Jarratt (1994), who explored the grief of children in fostering and adoption, outlines three phases of grief, including: early grief (characterised by shock and numbness), acute grief (which involves yearning and protest), and, finally, integration (where the child reorganises themselves to get on with life).

Chapter 2: Understandings of Childhood Loss

Many have emphasised that staged grief models were never intended to be viewed in a strictly linear fashion (Corr, 2015). Their dominance, however, has led to a widespread belief that normal grief involves an orderly progression, through prescribed stages, in which the intensity of grief declines over time until some sort of resolution is reached (Corr, 2015; Prigerson, Vanderwalker, & Maciejewski, 2008; Walter, 2007). Despite a lack of empirical evidence, these stage theories have remained popular as they offer a simple explanation for a highly complex experience, and provide much needed direction to guide individuals through the grief process (Arizmendi & O'Connor, 2015; Currer, 2007; Neimeyer, 2001a; Wortman & Silver, 1989).

Debates surrounding the final stage of these models, that indicate a definitive endpoint to grief, have proven to be particularly contentious (Balk, 2004). Described originally by Freud as reinvestment, and then variously across different models as, reorganisation (Bowlby, 1980), acceptance (Kubler-Ross & Kessler, 2005; Raphael, 1983), reestablishment (Rando, 1984), resolution (Parkes, 1988), recovery (Balk, 2004), and, more recently as closure or developing a new normal – this final stage of grief has been seen as the most necessary aspect of normal grieving. Failure to complete this final stage, or to continue with chronic grief, has long been identified as a major cause of pathological mourning (Wortman & Silver, 1989).

The importance of this final stage of grief has been disputed by many contemporary grief scholars who argue that "closure" is a myth reflective of broader social values which encourage "knowing answers, fixing problems and moving on" (Boss, 2006, p. 17). It is now accepted that closure inadequately reflects the experience of many individuals. For example, we now acknowledge that some individuals achieve growth as a result of bereavement, while conversely, many may be confronted with losses so profound that their grief never completely ends (Boss, 2006; Bowman, 2007; Hooyman & Kramer,

2006). Despite widespread criticisms of the concept of closure and the demise of stage models within academia, these models continue to be utilised by contemporary childhood grief scholars and practitioners (Fineran, 2012; Mallon, 2011). While it is difficult to say why these discredited stage models continue to be used, the accessible insights they offer appear appealing.

The need to pursue grief work. Alongside the belief that grief progresses through pre-determined stages, the need for individuals to work through their grief to avoid pathology has become ingrained in practice responses to the bereaved (Baugher et al., 2012; Wortman & Silver, 1989). The importance of grief work was first articulated by Freud, later reinforced by Bowlby, and remains present today evidenced through pervasive warnings of the dangers of unresolved grief (Boss, 1999; Bylund-Grenklo, Furst, Nyberg, Steinbeck, & Kreicberg, 2016; Dyregrov, 2008; Jimerson & Miller, 2008; Koolmatrie & Williams, 2000). Today, grief work is often promoted through the adoption of task models of grief.

Task models have become increasingly popular due to the active role they attribute to the bereaved in the grieving process; viewed as an important progression from stage models which designated a more pre-determined and passive response to grief (Thompson, 2002a; Worden, 2009). Task models have been readily adopted by practitioners, as they demystify the grief process and allow for the recognition of the ways in which grieving may become complicated, or supported, at different times through the grief journey (Murray, 2016).

Some task models have been specifically devised for children (Baker, Sedney, & Gross, 1992; Fox, 1985). The most prominent task model is Worden's (2009) tasks of mourning, originally developed for adult mourning, but then later confirmed to be

applicable to children through his Harvard Child Bereavement Study. Worden's (2009) tasks include: accepting the reality of the loss; processing the pain of grief; adjusting to a world without the deceased; and, finding an enduring connection with the deceased as one embarks on a new life. Worden's (1996) finding from the Harvard Child Bereavement Study that children's grief requires the same navigation of tasks as adults was significant. This American study used a longitudinal mixed-method design to interview 125 parentally-bereaved children and a matched non-bereaved cohort across two years. The study remains regarded as one of the most robust childhood bereavement studies conducted to date, and has led to the widespread adoption of Worden's task based model to explain, understand and support children's grieving in relation to parental losses caused by parental separation and death (Graham 2004; Jackson 2015).

Social constructionist understandings of grief. In 1989, in an important turn away from stage and task based grief models, Wortman and Silver published a seminal paper, claiming that most of the commonly adopted norms of grieving were myths, unsupported by empirical evidence (Wortman & Silver, 1989). These myths included: recovery always occurs given time, grief work is always necessary, and a lack of distress indicates delayed grief. This paper reflected a growing sentiment within academia and practice that new understandings of grief and loss were urgently required to attend to the complexity of individuals' loss experiences. Models which could better account for varied grief responses, acknowledge the spiritual, social, cultural and structural dimensions of grief, and recognise the possibility for resilience and growth post-loss, were viewed as overdue and necessary.

In response, a new wave of grief theory emerged (Neimeyer, 2001a). Broadly described as social constructionist understandings of loss and grief, these theories now dominate research and practice approaches to grief and loss. The most influential of these

theories include: continuing bonds (Klass, Silverman, & Nickman, 1996); meaning making (Neimeyer, 2001a); disenfranchised grief (Doka, 2002); ambiguous loss (Boss, 1999, 2006); and non-finite loss (Bruce & Schultz, 2001). Highlighting their relevance for this thesis, these newer models are also considered more able to account for non-death losses (Harris & Gorman, 2011). All these theories, however, were derived from practice and research with adults and their potential to be applied to childhood grief has been largely underexplored. Due to their contemporary influence, a summary of each of these theories is provided, with due consideration given to their applicability to childhood loss.

Continuing bonds. The theory of continuing bonds, developed by Klass, Silverman and Nickman (1996) countered the notion in early grief theories that the most important task after a loss is to detach from the deceased. Continuing bonds sees maintaining a memory and inner representation of the deceased person as normal and part of healthy adaptation to loss (Silverman & Nickman, 1996). Rather than letting go of the deceased or absent person, the emphasis of grief work is on "negotiating and renegotiating the meaning of the loss over time" (Silverman & Klass, 1996, p. 19).

A range of studies have described the ways children seek continuing bonds with the deceased. Children seek to continue this bond by speaking with, remembering, thinking, dreaming, or feeling watched by the deceased parent, and valuing items which had belonged to the deceased (Andrews & Marotta, 2005; Brewer & Sparkes, 2011c; Christ, 2000; Worden, 2009). The Harvard Child Bereavement Study found these efforts largely go unnoticed and unsupported by the child's surviving parent (Silverman & Worden, 1992).

Meaning making. Many of the newer sociological models of grieving propose that a search for meaning or meaning reconstruction is central to the processes of loss and grief

Chapter 2: Understandings of Childhood Loss

(Boss, 2006; Marris, 1992; Neimeyer, 2001a). Throughout the literature, meaning is described as both a process and an outcome (Davis, Wortman, Lehman, & Silver, 2000). In line with this understanding, meaning reconstruction in the wake of loss is said to occur within three contexts – "sense making regarding the loss, benefit-finding in the experience, and identity reconstruction in its aftermath" (Neimeyer & Anderson, 2002, p. 48).

Neimeyer's meaning reconstruction theory builds on earlier work which considered the search for meaning to be especially necessary when loss challenges an individual's existing assumptions about the world (Harris, 2011c). This is most likely to occur in response to traumatic losses which disrupt an individual's sense of a secure and predictable world. Davis et al. (2000) warn, however, that a search for meaning should not be regarded as essential to grieving. Their research demonstrates that many individuals coping with traumatic loss find searching for meaning a painful and fruitless task (Davis et al., 2000).

Despite some scholars declaring that meaning making may be even more important for children than it is for adults (Currer, 2007), the process of meaning making in the wake of loss has been underexplored with children and young people (Brewer & Sparkes, 2011b, 2011c). Some researchers who have talked with children about parental death and separation claim children have difficulty putting together a coherent story, making sense of, and gaining meaning from loss (Andrews & Marotta, 2005; Birnbaum & Saini, 2012). Others have highlighted the active role of children in revising meanings of loss over time and making meaning from their experiences (Dent, 2005; Worden, 2009). These divergent findings indicate that the way children make meaning from losses may differ from adults and further research is required to understand the importance, and process, of meaning making in childhood loss (Andrews & Marotta, 2005).

Chapter 2: Understandings of Childhood Loss

Ambiguous loss, non-finite loss and chronic sorrow. Social constructionist theories recognise some losses will persist throughout our lives. Theories of ambiguous loss (Boss, 1999, 2006), non-finite loss (Bruce & Schultz, 2001) and chronic sorrow (Bowman, 2007; Roos, 2002) have been developed by grief and loss practitioners to help explain these ongoing or living losses (Roos, 2002). These theories argue that persistent losses occur commonly and have more to do with the context of the loss, and the lack of control people have in relation to them, rather than being reflective of individual pathology (Boss, 2006). The relentless and uncertain nature of these losses can be physically and emotionally exhausting and often engender little recognition, validation, or support from others (Boss, 1999).

Ambiguous loss – which occurs when someone is "physically absent but psychologically present" or "physically present but psychologically absent" (Boss, 1999, pp. 8-9) – is increasingly used to explain many of the non-death losses faced by vulnerable children. In recent times, researchers and practitioners have found this concept, and its attention to absence, useful for explaining a range of children's experiences, including: parental illness or disability (Butera-Prinzi & Perlesz, 2004; Kieffer-Kristensen & Gaardsvig Johansen, 2013); parental incarceration (Bocknek, Sanderson, & Britner, 2008; Easterling & Johnson, 2015); parental military deployment (Huebner, Mancini, Wilcox, Grass, & Grass, 2007); and, out-of-home care (Benson, 2006; Linseisen et al., 2011; Samuels, 2009; Schwartz, 2010; Wojciak, McWey, & Helfrich, 2013). Children in these circumstances often report experiencing both types of ambiguous loss in their everyday lives. Increased recognition of these often hidden losses in children's lives, and the cumulative effect they can have on children's emotional and physical wellbeing, may be particularly important for children who reside in families facing complex challenges and change.

Chapter 2: Understandings of Childhood Loss

Disenfranchised grief. Of the social constructionist approaches to grief, disenfranchised grief is most commonly applied to children's experiences of loss. Doka (2008) formulated this theory to account for the way that every society has norms which frame grieving and govern "what losses one grieves, how one grieves them, who legitimately can grieve the loss, and how and to whom others respond with sympathy and support" (p.225). Doka (2008) explains that when one's experience of grief does not meet the dominant rules of grieving, they are left unsupported and their grief unrecognised and invalidated.

Doka (1989) outlined three main ways an individual can become disenfranchised in the wake of loss. These include the relationship not being recognised (sometimes affecting children in blended families), the loss not being acknowledged (often occurring for children in pet loss), and the griever being excluded from mourning rituals such as funerals (less common today, but children are sometimes excluded due to adult's concerns for their welfare). Later, Doka added two more categories of disenfranchised grief, including the circumstances of the death – such as suicide, which still carries much stigma – and the way the individual grieves – especially problematic if it is not in line with social norms (Doka, 2008). Selby (2007) adds that shame in relation to the loss may also lead to self-initiated disenfranchisement, where the griever alienates themselves from mourning rituals. This may be particularly applicable to children who experience stigmatised losses due to poverty, family violence, substance abuse, or mental illness.

Throughout the literature many examples are provided for how children may be disenfranchised through one or a combination of the categories of disenfranchised grief outlined above (Crenshaw, 2002). Disenfranchisement can have serious consequences for children's health and wellbeing post-loss; with failure to accept or recognise children's grief being acknowledged as seriously hampering long term resolution of losses

(Dyregrov, 2008). Others warn lack of recognition may also intensify children's feelings of anger, guilt, powerlessness and ambivalence, whilst also minimising the support they receive (Doka, 2008; Hooyman & Kramer, 2006).

Social constructionist approaches, such as those summarised above, emphasise the importance of the social processes and structures which impact on grieving. The summary on childhood grief, provided below, demonstrates that much of the research on children grief has neglected this social aspect, instead concentrating on children's intrapsychic response to loss and their consequent negative socio-emotional mental health outcomes.

2.4 Childhood Grief

To expand on the theoretical understandings of grief and loss presented so far, this section now examines what we know of the distinct experience of childhood grief. It outlines what is known about childhood loss, how this information has been gathered, and the current gaps in knowledge. To do so, a broad base of literature was reviewed, including practitioner-authored publications, and empirical studies – both large and small. In an effort to represent children's perspectives, findings from mixed methods studies, which have attempted to quantify and describe the impact of childhood loss are included, alongside the few studies or program evaluations which have given voice to children's perceptions and experiences. The literature review incorporates empirical evidence relating to a diverse range of childhood loss, including death, parental separation, disasters, and various other traumatic events and experiences.

The structure of this section mirrors the majority of the childhood grief literature by outlining how children's grief is differentiated from adults', the impacts of childhood loss, complicated forms of childhood grief, and finally, the determinants of children's grief.

Chapter 2: Understandings of Childhood Loss

Why and how is children's grief different to adults'? As outlined above, children's grief has most often been understood by applying theories formulated in relation to adult reactions to death (Pomeroy & Bradford Garcia, 2011b). Childhood grief scholars, however, stress there are distinguishing features of children's grief which set it apart from adults. Primarily, it is commonly accepted that it is necessary to understand children's grief within the context of their emerging cognitive, emotional, and social development (Worden, 1996). The specific features of children's grief commonly presented in the literature, which are consistent with this approach, include: children grieve in bursts, they express their grief in actions not words, and are dependent upon adults. These features are explored below after due consideration is given to why there is a strong and steady emphasis on the adoption of a developmental lens within the current literature.

The importance of a developmental lens. The importance of adopting a developmental lens to understand childhood grief is largely unchallenged. Almost every account of childhood grief sees the child's stage of development as central in determining their capacity to understand and cope with loss (Jimerson & Miller, 2008; Kaufman & Kaufman, 2006). Children's less advanced cognitive development is said to pose an obvious challenge for grieving (Currer, 2007; Doughty 2009; Galanos, 2007; Naumann, 2015). This was most obvious in the claims, prevalent up to the 1970s, that children's limited development made them unable to mourn (Cooper, 1999; Melhem & Brent, 2011; Rando, 1984).

Today, developmental understandings of childhood grief are largely based on the large body of research which has explored children's cognitive understanding of death, and that indicate children's understanding of death are consistent with Piaget's theory of development (Bonoti, Leondari, & Mastora, 2013; Wittkowski, Doka, Neimeyer, & Vallerga, 2015). That is, children's understanding of death occurs in an orderly sequence

from less to more mature comprehension (Bonoti et al., 2013; Swain, 1978; Wass et al., 1983). It is not until children have mastered the pre-requisite understandings of death – including universality, irreversibility, non-functionality, and causality[2] – that their comprehension of death is considered consistent with adults and insightful enough to allow them to master all the required tasks of mourning (Jimerson & Miller, 2008; Mannarino & Cohen, 2011; Worden, 1996). The importance of children's comprehension of death was strengthened by Christ's (2000) American study with 157 children aged 3 to 17, who were coping with the terminal illness and subsequent death of their parent. This research established a strong link between the child's developmental stage and grief responses (Christ 2000; Christ & Christ, 2006).

It has proved difficult to shift away from the developmental focus of child grief literature despite studies which have found variation in children's understanding of death, and criticisms that children's emotional and cognitive capacity to cope with death are commonly underestimated (Bugge, Darbyshire, Grelind Rokholt, & Helseth, 2014; Rosengren, Guitierrez, & Jiang, 2016; Worden, 1996). More recent accounts of childhood loss, informed from children's own perceptions, also highlight the limitations of a developmental perspective. These studies have found children's loss experiences are often less influenced by their age, and have more to do with the social processes that restrict children's access to information and participation in important family matters (Butler et al., 2003; Jamieson & Highet, 2013; Smart, 2006).

Despite the limitations and concerns of adopting developmental explanations of children's loss experiences, this approach continues to dominate the childhood grief

---

[2] Universality is the understandings that "death is ultimately unavoidable for all living things"; irreversibility is the understanding that "dead things cannot become alive again"; non-functionality is the understanding that "all bodily functions cease after death"; and causality is the "accurate understanding of the causes of death" (Poling & Hupp, 2008, p. 165).

literature to the extent that childhood grief publications commonly categorise children's grief by outlining expected understandings and responses to loss according to age (Balk, Zaengle, & Corr, 2011; Boyd Webb, 2003; Christ & Christ, 2006; Clute & Kobayashi, 2013; Crenshaw, 1996; Hooyman & Kramer, 2006; McKissock, 1998; Nader & Salloum, 2011; Raphael, 1983). The summary which follows on the next page provides an example of how publications, such as those listed above, link children's age to their expected grief response.

Developmental Understandings of Children's Grief

Children aged 2-4:

- At this age children are in the pre-conceptual stage. Children are usually egocentric; they believe the world centres around them. They have very little language and may assume others will know how they are feeling. They cannot understand the notions of universality, irreversibility, non-functionality or causality of death. They may experience losses as personal abandonment.

Children aged 5-7:

- At this age children are starting to explore the world outside themselves. They are moving from preoperational to concrete operational thinking. It is a time characterised by magical thinking and guilt. These children may blur reality with fantasy and many may believe they are to blame for the loss event and will still see death as reversible. They have strong emotions and will likely state and act on their feelings.

Children aged 7-11:

- These years see the rise of rapid cognitive development. Children have graduated to the concrete operational stage, and now realise that death is irreversible. They can apply a range of problem-focused coping skills. The death of a parent during this developmental period can cause the child genuine sadness and longing because s/he knows that s/he will not see the parent again. They are often reluctant to share these feelings with their peers.

Children aged 11-12:

- This developmental stage allows children to feel the pain of loss and ponder the significance and meaning of death. Children at this age can be severely shaken by losses, as they are more able to understand the long-term consequences of a loss.

Chapter 2: Understandings of Childhood Loss

Despite the prevalence of such age-based classifications, many researchers acknowledge the variation in children's developmental functioning and warn against the rigid application of these developmental expectations. Considering children's responses as universal and fixed may be particularly problematic for children who have experienced early trauma, for whom development rarely follows a normative pattern (Nader, 2011; Zilberstein, 2014). This will be particularly relevant for many of the children who reside in families facing complex challenges and change, and who have experienced trauma through family violence, neglect or abuse.

Despite the obvious limitations and potential difficulties of applying a developmental lens to explain childhood grief responses, this approach does help acknowledge and explain the way children's losses inevitably resurface and change throughout their lives (Biank & Werner-Lin, 2011; Gabrielli, Gill, Koester, & Borntrager, 2014; Heath & Cole, 2011). Those interested in childhood experiences of death, remind us that children need to revisit their grief as developmental changes incite powerful reminders of their losses, and in turn, allow them to understand and question a deceased person's life and death in new ways (Biank & Werner-Lin, 2011; Christ, 2005; Crenshaw, 2002; Tracey, 2011).

The dominance of the developmental lens is also reflected in the other commonly defined features of childhood grief which appear consistently across the literature. These further features are now explored.

Children grieve in bursts. A common observation in the childhood grief literature is that children's grief is episodic (Hemmings, 2005; Hooyman & Kramer, 2006; Morris, 2012; Sood, Razdan, Weller, & Weller, 2006). Children are said to "switch their sad moments on and off", going from being sad to listening to pop songs, singing, laughing

and playing games and being in an apparently normal mood (Jones, 2001, p.8). This is often noted as being confusing and sometimes upsetting to the adults around them (Hooyman & Kramer, 2006).

This observed response originally led to a belief that children do not understand or recognise the implications of loss, or are unaffected by it (Bowlby, 1980; Marino, Thornton, & Lange, 2015; Rando, 1984). Today, however, it is more commonly explained as being characteristic of children's affective states in general and their limited capacity to tolerate intense emotional pain for long periods (Mannarino & Cohen, 2011). Other researchers, particularly those who have talked directly with children, indicate children may have a more active role in this process. These researchers assert that children may be making a concerted effort to control their emotions, either because they do not want to burden or add distress to those around them, or because they do not want to be regarded as different from their non-grieving peers (Pynoos, 1992; Silverman & Worden, 1992; Sood et al., 2006; Worden, 1996). These more active interpretations of children's lack of grief expression indicate that environmental circumstances may be impacting on their response, rather than their lack of expression being purely attributable to a global and pre-determined condition of their childhood.

Children express their grief in actions not words. Children's grief response is also said to be constrained by their limited verbal communication skills, which do not allow them to articulate their feelings in words (Cox, 2014; Green & Connolly, 2009; Sood et al., 2006). Green & Connolly (2009) observe that it is "in the showing, rather than the telling, that children can explore their conceptualizations of life, death, dying, grieving, and surviving" (p.89). Children's feelings are acted-out in their behaviour, bodily expressions and play (Bugge et al., 2014; Scaletti & Hocking, 2010). Prominent Australian psychiatrist and researcher, Raphael (1983), observed that boys have particular difficulty expressing

their sadness and longing, frequently exhibiting aggressive responses and play. Lack of verbal expression is often considered indicative of the limited coping strategies available to children and as contributing to the likelihood they will receive insufficient support (Baker et al., 1992; Pynoos, 1992).

Children's dependence on adults. Children's grief is further differentiated due to their dependence on adults to provide information, care, support, and stability in the wake of loss (Baker et al., 1992; Mallon, 2011; Steck & Steck, 2016). Children have limited control over what happens in their lives before, during and after loss (Currer, 2007). In a qualitative study on children's experiences of family separation and change, Wade and Smart (2002) found that children were highly aware of their powerlessness in relation to their family circumstances. This may lead to heightened feelings of uncertainty and a vulnerability to ongoing, cumulative or secondary losses (Currer, 2007). Children's dependence on adults to mediate their grief ensures it critical to consider the responses available to them.

Expected responses to childhood loss. The need to outline children's expected or normal reactions is consistently argued throughout the grief literature. Primarily, this is considered essential to ensure children who may be at risk of mental health issues, or complicated grief, can be easily identified and provided with appropriate therapeutic support (Cohen & Mannarino, 2004; Kuban, 2011; Pomeroy & Bradford Garcia, 2011a). The line between normal and complicated forms of grief is, however, not easily distinguished. Even children experiencing 'normal' grief, can experience intense reactions, which must be incorporated into their daily life and emerging identity (Cohen & Mannarino, 2004; Linseisen et al., 2011). Although the expected response and impact of childhood bereavement remains relatively inconclusive and contested (Melhem & Brent, 2011; O'Brien & McGuckin, 2013; Williams & Aber, 2016), children's expected responses

to grief are commonly grouped into emotional, cognitive, physical, social, behavioural, and less often, spiritual responses to loss. As is often done in the literature, each of these expected responses are explored separately below.

   Emotional responses. The emotions most commonly reported in children post-loss are sadness, anxiety, guilt, and anger (Long, 2005; Worden, 1996). Not all children, however, report negative emotions. A scoping review of qualitative studies conducted with children after separation, found that some children feel relieved after parental separation, especially in cases where conflict and violence preceded the split (Birnbaum & Saini, 2012). Identifying specific emotional responses is made more difficult by children's reported lack of emotional expression. Sadness, for example, is not always visible; some children cry very little while others seem inconsolable (Worden, 1996). There is also some evidence that sadness may be felt more severely by children when they are viewing other people's shared grief, or conversely, other people's happiness that they cannot share (Dyregrov, 2008; Worden, 1996). A definitive link between affective expression and impact is also difficult to establish, as research has found that while children's initial responses such as crying and sadness often decrease over time, mental health or socio-emotional problems may only manifest years after the loss event (Haine, Ayers, Sandler, & Wolchik, 2008; Worden, 1996).

   Along with sadness, research with primary school aged children who have experienced parental separation or parental death, has shown that these children experience anger more often than their non-grieving peers (Butvilas, 2007; Worden, 1996). Bowlby (1980) asserts anger is a normal response to separation. He explains that when separations are temporary this anger is useful, but when the separation is permanent the anger becomes problematic (Bowlby, 1980).

Chapter 2: Understandings of Childhood Loss

Feelings of guilt are also common in the case of parental separation and parental or sibling death (Hooyman & Kramer, 2006; Raphael, 1983). This guilt can include regret for things done or not done (Worden, 1996). Guilt in the form of self-reproach and shame has also been noted (Dyregrov, 2008).

Qualitative research into parental separation confirms children can also be consumed by worry, which can manifest as anxiety (Birnbaum & Saini, 2012). Anxiety is also common in children following the death of a significant person (Dyregrov, 2008). Practitioners and parents report that children's anxiety after death often centres on the fear that they, or others, may become ill or die (Bowlby, 1980; Bugge et al., 2014; Dyregrov, 2008). Worden (1996) found that these worries increased significantly during the first year after the death of a parent. Two years after the death of their parent, those who had experienced numerous changes and disruptions in daily life, and who felt limited control over their circumstances, were more likely to suffer from ongoing worry. These findings suggest that children's anxiety may be heightened in complex family environments characterised by challenge and change.

Behavioural responses. Grief can also impact on children's behaviour. Negative behavioural responses are seen to manifest in two distinct ways – regression in developmentally appropriate behaviours, and acting out aggressively (Dyregrov, 2008; O'Brien & McGuckin, 2013; Tichon, 2015; Weston, 2009). Studies on the impact of parental loss on family members have shown that behavioural difficulties are common in bereaved children, and when present, can increase the risk of children developing conduct disorders (Luecken, 2008; Melhem, Moritz, Walker, Shear, & Brent, 2007). The Harvard Child Bereavement Study found that during the first 2 years after a death, 33% of children were at risk for high levels of emotional and behavioural problems (Worden, 1996).

Chapter 2: Understandings of Childhood Loss

Some scholars consider behavioural issues as indicative of the inner terror, anger, fear, and helplessness which bereaved children may experience and have attempted to live with silently for years (Kuban, 2011; Mallon, 2011). In fact, efforts by children to constrain their behaviour have been found to be more common than acting-out; 42% of the children in the Harvard Child Bereavement Study thought their behaviour should be restrained to avoid troubling their surviving parent (Silverman & Worden, 1992). This highlights the need to talk directly to children to ascertain the feelings which may lie beneath their more obvious behaviours.

Physical responses. Children's grief can also manifest in physical symptoms. Bodily complaints, in the form of headaches, stomach complaints or sore muscles may appear in children experiencing loss (Coffman, 1988; Dyregrov, 2008; Penny, 2007; Worden, 1996). Further, sleep difficulties or appetite and habit disturbances, which are commonly noted across the literature, may also develop into physical ailments and problems (see: Bugge et al., 2014; Penny, 2007; Raphael, 1983).

Cognitive responses. It is broadly acknowledged that intense grief can lead to temporary cognitive problems for children, such as confusion, memory problems, or trouble concentrating (Dyregrov, 2008; Galanos, 2007). These responses may lead to a decline in academic performance (Luecken, 2008; O'Brien & McGuckin, 2013). The Harvard Child Bereavement Study, however, reported a similar percentage of children thought they had improved at school, to those who reported doing worse after a death; over 70% of children reported that they could still deal effectively with school (Silverman & Worden, 1992).

Disturbing memories, flashbacks, and nightmares, have also been associated with children's experiences of loss (Galanos, 2007; O'Brien & McGuckin, 2013). Nightmares

and night terrors are common and can occur for years after a parent's death (Raphael, 1983; Worden, 1996). Cooper's (1999) study of fourth and fifth grade students in the USA found that grieving children tend to recall dreams more frequently than non-grieving children. Many school-age children find dreams related to the deceased frightening, but by adolescence up to a third may find them comforting (Pynoos, 1992).

Many studies of bereaved children also measure self-esteem and children's sense of control which helps us to understand what children may be thinking about themselves and the world around them. Loss events often lower children's sense of control, as children no longer believe their fate is in their hands (Balen, 2000; Schuurman, 2003 cited in Stokes, 2005). The Harvard Child Bereavement Study reported that at the two-year point, bereaved children reported significantly lower self-worth than non-bereaved children (Worden, 1996). Other studies have also reported lower levels of self-esteem in bereaved children (Schuurman, 2003 cited in Stokes, 2005).

Social responses. Losses can dramatically impact on children's social skills and resources. After a loss, children can particularly miss activities which they shared with the person who has died (Worden, 1996). Losses, such as parental separation, may also result in children having less time to spend with friends (Birnbaum & Saini, 2012). For many children, these loss experiences can result in: persistent feelings of difference and loneliness (Bugge et al., 2014; Dowdney, 2000; Galanos, 2007; Worden, 1996), social withdrawal (O'Brien & McGuckin, 2013), and decreased social competence (Birenbaum et al., 1989 cited in Mallon, 2011). These difficulties, and issues of school refusal, may be heightened if children are teased by others (Raphael, 1983). Unfortunately, some children experiencing parental separation report that they experience bullying at school as a result of their family circumstances (Wade & Smart, 2002).

Spiritual responses. Children's spiritual response to loss receives less attention in the literature. Corr (2004c) finds this lack of attention surprising, particularly given spiritual issues are commonly raised by children and adults in the wake of death-related events. Limited research with children confirms that spiritual aspects are intricately woven into children's loss experiences (Andrews & Marotta, 2005). In Brewer and Sparkes' (2011c) research with children and young people who were participating in a post-bereavement support program, several children spoke of an additional and "secret sense" that allowed them to evoke and access the spirit of their parent (p. 287). A study with children in Nepal and Madagascar, reported the experience of "soul loss" – "a state of shock, losing control, heightened fear and losing mental balance" – was central to their responses to trauma (Evers, van der Brug, van Wesel & Krabbendam, 2016, p. 428). These studies highlight the social, cultural and spiritual aspects of childhood grief which are important to further explore.

Long term impacts of loss. Impacts of grief are difficult to quantify. Loss and grief brings both positive and negative changes, which can occur across a long and complicated trajectory (Tedeschi & Calhoun, 2007). Worden (1996) points to "the continuing sense of emptiness" which will remain with children in the wake of loss (p. 110). Studies with vulnerable youth have found that childhood losses often act as pivotal experiences, markedly changing self-perceptions and attitudes about life and relationships (Kelly et al., 2015; Noble-Carr et al., 2013). Attempts to quantify the long term effects of childhood loss, however, have produced mixed findings (Luecken, 2008). Although it is accepted that losses will continue to reverberate throughout the life course, the extent and course of the change loss promotes, remains largely unpredictable (Goldsworthy, 2005; Holland, 2008; Long, 2005; Williams & Aber, 2016).

Chapter 2: Understandings of Childhood Loss

Many early studies with adults sought to establish a link between childhood loss and adult depression. Although positive associations were often discovered, methodological concerns such as biased samples and a reliance on retrospective accounts, has undermined the reliability of these results (Currier, Holland, & Neimeyer, 2007; Kaufman & Kaufman, 2006; Luecken, 2008; Melhem & Brent, 2011). Despite these concerns, more recent longitudinal population based studies have found childhood loss, specifically parental bereavement, does appear to increase the risk of depression in later life (Coffino, 2009; Melhem, Walker, Moritz, & Brent, 2008).

In addition to depression, grief during childhood and adolescence has been linked to increased rates of alcoholism, drug use and other addictions (Landau & Saul, 2004; Melhem et al., 2008; Raphael, 1983), anxiety disorders (Melhem & Brent, 2011; Tyrka, Wier, Price, Ross, & Carpenter, 2008), and suicide (Melhem & Brent, 2011). Large population based studies have also associated adverse childhood events, including bereavement, with a range of health problems in adulthood, including early death (Finkelhor et al., 2015; Li et al., 2014).

In contrast to these studies, the longitudinal Australian Temperament Project (ATP) found that children and adolescents from families who had experienced transitions such as parental separation, divorce, remarriage and death did not differ significantly from their peers with regard to behavioural or emotional adjustment (Ruschena, Prior, Sanson, & Smart, 2005). Some researchers also remind us that loss can also be the source of growth and gain (Davis, 2008; Gorman, 2011; Tedeschi & Calhoun, 2007). Although post-traumatic growth has not been extensively studied with children, research indicates some children emerge from loss experiences more mature, empathetic, altruistic, and creative (Hooyman & Kramer, 2006). In addition, some children gain a positive outlook on life,

valuing relationships and living it to the full (Brewer & Sparkes, 2011b). This resilience

and growth in the wake of loss is further explored on page 83 of this chapter.

Complicated grief in children. The vast range and severity of grief reactions

highlights why developing definitive concepts of normal and complicated grieving is such

a difficult and contested task (Brown et al., 2008). Despite this challenge and ongoing

debates, evolving definitions and explorations of pathological grieving remain prevalent in

adult and child grief theory and research (Pomeroy & Anderson, 2013; Prigerson et al.,

2008; Rubin, Malkinson, & Witztum, 2008; Thieleman & Cacciatore, 2013; Wakefield,

2013).

Consistent with adult literature, complicated grief in children is said to manifest in

numerous ways, differentiated from normal grief by the nature, duration, and severity of

grief symptoms (Melhem & Brent, 2011). Problematic grief reactions commonly

mentioned throughout the literature include chronic, delayed, exaggerated, masked, and

absent symptoms (Cox, 2014; Worden, 2009). In children, there are concerns that

complicated grief may undermine development and functioning, and persist for years if left

unresolved (Nader & Salloum, 2011). Complicated grief as a syndrome was first described

for children and adolescents in 2004 (Melhem & Brent, 2011). This initial description and

subsequent constructs of childhood complicated grief are modified versions of those

originally developed and validated with adults (Brown et al., 2008).

Childhood traumatic grief. An additional construct from early child development

and child trauma research, increasingly applied in the bereavement field, is Childhood

Traumatic Grief (CTG) (Brown et al., 2008). Distinguished from normative grief reactions

and other psychiatric syndromes, such as PTSD or major depressive disorder (Brown &

Goodman, 2005), CTG is used when "a child or adolescent has lost a loved one in

circumstances that are objectively or subjectively traumatic and in which trauma symptoms impinge on the child's ability to negotiate the normal grieving process" (Cohen & Mannarino, 2004, p. 819). When this happens, children avoid remembering the deceased person due to the concurrent recall of painful trauma memories (Mannarino & Cohen, 2011). In these cases, the trauma needs to be addressed and treated first before grieving can occur (Kuban, 2011; Pynoos, 1992; Yule, 2005).

Although relatively new, CTG has been explored with children in several studies (Brown et al., 2008). This research indicates that most children who lose a loved one in traumatic circumstances will not develop CTG (Cohen & Mannarino, 2004). A more recent study, however, conducted with 158 parentally bereaved children aged 7–16, found a large percentage of children may be at risk of developing CTG. In this study, just under half of all children who had experienced an expected, sudden, or violent loss, experienced CTG symptoms at a moderate or severe level (McClatchy, Vonk, & Palardy, 2009).

Determinants of children's grief. The desire for guidance on who may be at greater risk of detrimental grief outcomes and the recognition that the course and effects of grief and loss are personal, unpredictable and variable, has led to attempts to determine the sources of individual grief variations (Archer, 2008; Stroebe & Schut, 2015). The factors which are believed to influence the meaning, course, and outcomes of loss are most commonly referred to as 'determinants of grief'.

Research into the determinants of children's grief is limited and the factors which predict the trajectory of childhood losses have not been definitively determined (Williams & Aber, 2016; Worden, 1996). The course and outcome of childhood grief is generally accepted to be complex and multi-layered, extending beyond individual characteristics, to include the nature of the loss, and the influence of family, society, and culture (Doka,

2002; Stokes, 2005; Tracey, 2011; Worden, 2009). The main determinants known to influence children's grief are reviewed below. These determinants indicate that children, from families facing complex challenges and change, may be particularly susceptible to the negative outcomes associated with loss.

Individual influences on grieving. The individual influences on grieving most often considered in the childhood grief literature include age and developmental stage of the child, gender, coping or attachment style, and the child's sense of self-efficacy and self-esteem. In line with developmental understandings, it is generally accepted that younger children may have more difficulty and be at higher risk of poor outcomes after bereavement (Sood et al., 2006; Worden, 1996). Despite conflicting findings on the impact of age (McClatchy et al., 2009), a recent longitudinal population-based study conducted in the Netherlands (Coffino, 2009) supports findings that children aged 5-7 are particularly vulnerable (Worden, 1996).

There is less evidence of gender differences within childhood grief research. Current evidence appears to suggest that girls, on average, exhibit greater internalising problems following the death of a parent, whereas boys exhibit greater externalising problems (Dowdney, 2000; Haine et al., 2008). Longitudinal studies have also suggested a heightened vulnerability for girls persists over time (Haine et al., 2008). Alisic et al.'s (2014) meta-analysis of 72 studies found girls were significantly more likely to develop PTSD after trauma exposure. This meta-analysis, and others, also suggests pre-teen or adolescent boys may also be particularly vulnerable in the wake of parental loss (Alisic et al., 2014; Sood et al., 2006; Worden, 1996).

As mentioned previously in this chapter, attachment style is also recognised as being an important predictor of variability in the grief response (Field, Orsini, Gavish, &

Packman, 2009; Stroebe, 2002). Most research linking maladaptive attachment styles to problematic grieving has however, been conducted with adults, with children's relational and coping styles given much less attention. When children's coping styles have been considered, active coping styles are associated with better outcomes (Wolchik, Ma, Tein, Sandler, & Ayers, 2008; Worden, 1996). Children are more likely to have favourable outcomes if they have a higher sense of self-efficacy (believe they can influence what is happening to them), the ability to maintain a positive sense of self in the face of adversity, and are confident in their coping capacity (Howell, Shapiro, Layne, & Kaplow, 2015; Sandler et al., 2003; Worden, 1996).

Circumstances associated with the loss. The thing or person that is lost and the meaning attached to it; whether the loss involved an element of trauma; the type of death (expected, sudden, or violent in nature, including suicide); and whether the bereaved person had any involvement in the death, have also been found to be important determinants of grief.

The more central the lost person, place, or object is to the bereaved person's sense of everyday well-being, the more intensely they are likely to grieve (McKissock, 1998). The loss of a parent, and especially a mother, is widely regarded as the most devastating loss children may encounter (Melhem & Brent, 2011). Some research, however, suggests a sibling's death may be more traumatic for children (Hooyman & Kramer, 2006). Loss of other family, such as grandparents and pets, may also be significant to children, and are usually the first losses children have to learn to contend and cope with (Corr, 2004a, 2004b; McKissock, 1998).

Losses that result from a traumatic event are those most associated with complicated grieving. Traumatic events can include disasters (man-made or natural),

violent or sudden deaths, suicide, or other loss-inducing childhood events such as neglect, abuse and family violence. All these losses are thought to contain unique and complex challenges (Cacciatore & Flint, 2012). For example, it is commonly accepted that sudden and traumatic deaths may inhibit or complicate the normal processes of grieving and place children at risk of developing severe and persisting mental health problems (Dyregrov, 2008; Jones & Tesch, 2011; Yule, 2005; Brown & Goodman, 2005; Dowdney, 2000). Other studies, however, found no evidence of increased detrimental outcomes for children who experienced sudden or violent death when compared to those who had lost a parent to an expected death (McClatchy et al., 2009; Melhem & Brent, 2011; Worden, 1996).

There are some indications that children or adolescents bereaved by suicide may be at the highest risk of detrimental outcomes when compared to either non-bereaved children or those bereaved by other means (Melhem & Brent, 2011; Veale, 2014). Much of the literature attributes these detrimental outcomes to the isolation and limited social support which follows suicide (Kastenbaum, 2008; Raphael, 1983; Shields, Kavanagh, & Russo, 2015).

External influences on grieving. The role of family and the social system is increasingly recognised as an important determinant of children's grief. Family is widely perceived as the most important factor in a child's grief course and outcome. The support family can provide to children, the concurrent stressors faced by families, and the social support the family receives, are all influential. This ensures children from families who experience additional stressors are particularly vulnerable.

The role of family. There is general agreement in the literature that a child's loss must be viewed in the family context. The post-death family environment is an important predictor of children's mental health (Raphael, 1983; Tein, Sandler, Ayers, & Wolchik,

2006). Families are important in the wake of loss in many ways. Children learn from their families about the rules, roles and rituals for making sense out of loss (Boss, 1999; Raphael, 1983; Walsh & McGoldrick, 2004). Loss also creates many changes and challenges for families, including the new structure, roles and practical realities which affect the day-to-day functioning of the family (Dent, 2005). How parents respond to these stressors, and their ability to maintain stability and security for the child, is critical to children's outcomes (Dyregrov, 2008; Worden, 1996).

The support families provide is critical to a child's adaptation to loss (Rossetto, 2015). The role of an available and responsive parent to act as a core resource in meeting the basic needs of children, and assisting them to reconcile losses, is one of the most prominent and undisputed concepts within childhood loss literature (Henry, 2005; Luecken, 2008). Research suggests the surviving parent's level of adjustment is the best predictor of the child's adjustment (Luecken, 2008; Melhem & Brent, 2011; Sood et al., 2006; Wolchik et al., 2008). The parent's ability to provide positive parenting, warmth, and discipline, has often been found to be the most important factor in reducing risk of pathology in children experiencing adverse events, including death (Alisic et al., 2011; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004; Melhem & Brent, 2011). These supportive interactions help children to feel heard and understood, receive the support they require and help them connect with their surviving parent (Howell et al., 2015).

Parents must provide a range of supports, including: structure and routine; space to express emotions; encouragement and reassurance; love and warmth, and for children to know they will be cared for; involvement; facilitating ways to remember the dead person; and honest information (Christ & Christ, 2006; Dominelli, 2015; Hooyman & Kramer, 2006; Lin et al., 2004; Pomeroy & Bradford Garcia, 2011b; Sandler et al., 2003; Worden, 2009). The question of who can provide this necessary support to children, when parents

are facing structural inequalities and complex challenges and change, is a critical issue which is largely unaddressed within the literature.

Providing children with information. Although few studies have asked children what helps them to cope with grief, when qualitative researchers do consult them, the provision of honest information appears particularly important (Bagshaw, 2007; Birnbaum & Saini, 2012; Chowns, 2005; Maclean, 2004). Research on parental illness, death, and parental separation, consistently demonstrates children rarely receive adequate information (Bagshaw, 2007; Beale et al., 2004; Butler et al., 2003; Chowns, 2013; Tracey, 2011). For children in out-of-home care, a lack of information can be particularly detrimental. Practitioners in this field assert that a child's sense of loss is intensified when they are given limited information, detrimentally impacting on their ability to make sense of their past, present, and future (Atwool, 2016; Hooyman & Kramer, 2006).

The impact of multiple stressors. Loss events are known to cause stress and compound existing stressors. Christ's (2000) study found the cascade of events which can occur after bereavement can be more harmful to the child than the death itself. Financial stress and familial conflict are common stressors after loss (Hooyman & Kramer, 2006). Detrimental outcomes for children increase with exposure to multiple stressors, traumas and losses (Dowdney, 2000; King et al., 2015; Maclean, 2004; Melhem & Brent, 2011; Olafson et al., 2016; Worden, 1996). Qualitative research with children on parental separation has particularly highlighted conflict between parents as being a major source of continued stress and difficulty for children (Butler et al., 2003; Davies, 2013; Smart, 2003).

A pre-existing ambivalent relationship with the deceased can also complicate children's bereavement (Dyregrov, 2008; Heath & Cole, 2011; Raphael, 1983). Children

who lose abusive or neglectful parents, through parental separation, child protection removal, or death, face additional challenges. Although these separations may bring some safety benefits to children, these children still grieve for their parents, and their grief is often complicated by ambivalent feelings and a lack of recognition and support from others (Penny, 2007; Schneider & Phares, 2005).

The broader challenges which social disadvantage may bring rarely features within grief research. We currently know little about how the various determinants of grief may coalesce, and potentially increase risk, for those children or young people who experience social disadvantage (Ribbens McCarthy, 2006). Ribbens-McCarthy's (2006) study with bereaved youth in the UK, however, suggests that when young people already experience disadvantage, death related losses, are likely to place them at increased, and significant levels of risk. Qualitative studies on parental separation have also found that children who come from families experiencing poverty or financial stress are more likely to experience problems with adaptation to family changes (Davies, 2013; Maclean, 2004).

Recognising the wider social context. Support from outside the family can buffer the effects of trauma and loss (Landau & Saul, 2004; Pomeroy & Bradford Garcia, 2011b; Werner-Lin & Moro, 2004). Those with inadequate or conflicted social support experience more difficult transitions when parental separation or deaths occur (Butler et al, 2003; Highet & Jamieson, 2007; Worden, 2009). Peer support is important for children after disasters, parental separation, and death related losses (Bagshaw, Quinn, & Schmidt, 2006; Trethowan & Nursey, 2015; Worden, 1996). Close friendships appear to be especially important for vulnerable children at risk of developing mental health problems and those who have experienced parental separation (Butler et al., 2003; Ford, Collishaw, Meltzer, & Goodman, 2007). Participation in socially sanctioned, cultural or religious practices, such

as mourning rituals, is also important for bereaved children (Jimerson & Miller, 2008; Worden, 1996).

2.5 Trauma

The link between trauma and grief is often highlighted in the childhood grief literature. A wide range of events may be traumatic for children and while not all losses are traumatic, trauma inevitably brings loss (Herman, 2001; Powell, 2014). Trauma can be defined as "a psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror and helplessness" (Perry, 2002, p. 23). There are two main types of childhood trauma: acute trauma which is brought on by one sudden shock such as an unexpected death or natural disaster; and complex trauma which is precipitated by a series of external blows, common in cases of childhood neglect and abuse (Terr, 2003). Further, the specific trauma faced by Indigenous Australians is often captured, or compounded, by the experience of inter- or trans-generational trauma (Atkinson, 2013; Atkinson, Nelson, & Atkinson, 2010; Rule & Rice, 2015).

Empirical inquiry into childhood trauma has grown exponentially in the last two decades. There have been major advances in neuroscience, revealing how maltreatment and adverse experiences trigger cascading physiological, hormonal, and neurochemical changes that have far-reaching consequences on children's brain development (Perry 2002; Zilberstein, 2014). These changes greatly affect how children regulate and attend to sensory, emotional and social stimuli, consolidate memories, and understand and make meaning of experiences (Zilberstein, 2014). Research into childhood experiences of traumatic events such as war and disaster has also rapidly expanded over the last fifteen years (Gibbs et al., 2014; Modesto, 2011).

Children respond to traumatic events in numerous ways, depending on the context of the event and the supports available to them (McLean, 2016). A meta-analysis of 72 studies investigating the prevalence of PTSD in children and adolescents exposed to acute and complex trauma found that up to a third of those exposed to a traumatic event may develop PTSD (Alisic et al., 2014). PTSD affects daily functioning in three main ways: hyperarousal, intrusion and constriction[3] (Berzoff & Drisko, 2015; Herman, 2001). Four characteristics are often present for children, including: strongly visualised or otherwise repeatedly perceived memories; repetitive behaviours; trauma-specific fears; and changed attitudes about people, aspects of life, and the future (Terr, 2003).

Alisic et al. (2014) found incidents of PTSD were highest for females experiencing interpersonal trauma. Children exposed to interpersonal trauma – psychological maltreatment, neglect, physical and sexual abuse, most often within the child's caregiving system – experience specific and additional difficulties (Gabrielli et al., 2014; King et al., 2015). This type of trauma is often described as leaving an "invisible wound" (Abercromby, 2011, p. 31). Herman (2001) explains this notion:

> "Survivors of complex trauma face the task of grieving not only for what was lost but also for what was never theirs to lose. The childhood that was stolen from them is irreplaceable. They must mourn the loss of the foundation of basic trust, the belief in a good parent" (p. 193).

Trauma can be further complicated when it occurs alongside bereavement. Trauma reactions and grief responses seem to exist in direct opposition to each other, further overwhelming a child's capacity to cope (Gaffney, 2006; Terr, 2003). For example, the

---

[3] Hyperarousal: a state of persistent expectation of danger. Intrusion: the interference of past trauma into present day existence – such as flashbacks. Constriction: the shutting down of normal responses in order to block or prevent the intrusion of trauma into the present – an attempt to numb the pain (Herman, 2001).

trauma response can inhibit or protect against painful memories that are necessary to acknowledge when working through bereavement. Many studies have shown that rates of PTSD rise when children experience a death-related loss alongside trauma (Brown & Goodman, 2005). The pervasive impact of traumatic losses may be particularly apparent for children from families facing complex challenges and change.

2.6 Coping with Losses

There is still much to learn about how adults and children attempt to cope with their various losses, and which strategies are likely to be effective and for whom (Stroebe, Hansson, Schut, Stroebe, 2008a). To understand these issues, loss and grief scholars often rely on traditional stress and coping models, particularly Lazarus and Folkman's (1984) model of transactional coping. Lazarus and Folkman (1984) proposed two major ways of handling stressful experiences. The first is active and focused on the problem, whilst the second is passive and focused on the emotions caused by the stress. When applied to children, active problem focused coping is generally associated with better psychological adjustment; whilst emotion-focused coping is often associated with raised levels of distress (Clarke et al., 2015; Schneider & Phares, 2005; Worden, 1996). This appears to contrast with grief theories which stress that individuals, including children, need to express their emotions and work through the emotional pain of losses (for example see: Bruce & Schultz, 2001; Dyregrov, 2008; Hagman, 2001). Lazarus and Folkman (1984) do clarify, however, that emotion-focused strategies may be adaptive in situations, like loss, where the stressor is unchangeable. Howell (2015) also found that expressive coping can be helpful as long as children can sufficiently regulate their emotions.

To better account for the distinct coping required for loss experiences, some grief scholars have posed specific grief coping models. Many of these models emphasise the

need to accept the changes loss has bought to one's identity and ideas of the world (Davis, 2008). One of the most prominent models is Doka and Martin's theory of adaptive grieving styles (Doughty, 2009). Doka and Martin (2010) propose two adaptive grieving styles which exist on a continuum, similar to Lazarus and Folkman's (1984) model. On one end of the continuum is an intuitive style oriented towards emotional expression, and on the other, an instrumental style focused on more cognitive, action-oriented, and problem-solving approaches. Most commonly, the griever sits in the middle of the continuum and uses a variety of these styles, referred to as blended-grieving. Coping difficulties occur when individuals adopt strategies which are inconsistent with their natural grieving style (Doka & Martin, 2010).

One further coping model, which is more easily applied to non-death losses, is the dual process model (DPM) (Harris, 2011a). Stroebe and Schut (1999), who formulated the DPM, suggest adaptive coping requires two orientations following bereavement. This involves a loss orientation involving remembering the lost person and focusing on what is no more, and a restoration orientation where the stressors associated with the change the loss has bought are addressed, and new ways of doing things are adopted. The defining aspect of the DPM is that individuals oscillate continually between loss and restoration tasks and that the model places coping processes within everyday life experiences, acknowledging that people are not coping all the time (Stroebe & Schut, 2010).

The DPM is seen to be applicable to children's experiences of grief (Brewer & Sparkes, 2011c; Currer, 2007; Dent, 2005; Mallon, 2011). The lack of research into children's unique coping styles, however, has made it difficult to prove these claims (Howell et al., 2015). With limited research, children's coping has most often been understood as immature and underdeveloped, in line with developmental understandings of childhood grief. It is not uncommon for children to be described as unaware of their own

coping strategies and the environmental supports available to them (Pomeroy & Bradford Garcia, 2011b). The almost universal neglect of integrating discussions and education on grief and grieving into homes and schools is also seen to limit children's coping strategies (Stylianou & Zembylas, 2016).

In contrast to the view that children are unprepared and unequipped to cope with loss, and unable to identify appropriate coping strategies, when children are directly consulted by researchers, coping skills and strategies surface far more strongly than the general childhood grief literature indicates (Alisic et al., 2011). Researchers who have directly talked to children have found that children possess and choose to employ a wide range of coping strategies at different times to deal with family changes, such as separation and death (Davies, 2013; Wade & Smart, 2002). Alisic et al.'s (2011) findings on trauma point to a multifactor model of coping, reflective of other models specific to grief and bereavement. For example, in Ayers' (1996) research of parentally bereaved children, four coping dimensions were displayed including: active coping, distraction, avoidance, and support seeking. This study, and further work by Sandler et al. (2007), contributed to a contextual resilience theory for understanding children's adaptation to loss. This theory highlights the benefit of seeing children's coping in the context of their family environment and incorporating conceptual understandings of resilience (Sandler et al., 2007). This approach highlights the potential to increase our understandings of how children experience and cope with adverse events by incorporating understandings from the grief field with other emerging fields, such as resilience.

2.7 Resilience

Resilience is "the ability to bend but not break, bounce back, and perhaps even grow in the face of adverse life experiences" (Southwick, Bonanno, Masten, Panter-Brick,

& Yehuda, 2014, p. 1). Resilience is more than an individual personality trait, and can only be understood by exploring the complex interplay between risk and protective factors across individual, family, community, and cultural contexts (Luthar, 2006; Powell, 2014; Werner, 2012). Due to its many facets, it is unlikely that a single measure of resilience, appropriate across all contexts, and for all types of adversity and trauma will be developed (Ungar, 2013). There are, however, some protective and resilience-enhancing factors which consistently emerge as important for children facing a range of life circumstances (Southwick et al., 2014). Consistent with grief research, the dominant protective factor for children's resilience is a caring and protective parent or caregiver (Kiser, Backer, Winkles, & Medoff, 2015; Southwick et al., 2014).

Despite some important contributions from Boss (2006), Bonnano (2008), and Sandler (2007), the application of resilience in the field of grief and bereavement is limited. Resilience does, however, encourage a much needed shift away from individual pathology, to the environmental factors which may impact on adaption to grief (Sandler et al., 2007). Despite these benefits, Ribbens McCarthy (2006) and Boss (2006) caution against simplistic interpretations of resilience, arguing that resilience may not always be the primary goal, and many current interventions aimed at promoting resilience do not adequately account for structural inequalities. Ribbens McCarthy (2006) argues that a resilience framework should only be applied when we have a better understanding of the interplay of vulnerabilities and strengths which exist for bereaved children and young people over time.

The contextual resiliency framework developed by Sandler et al. (2008) is currently the most sophisticated model developed in research with children to capture the risk and protective factors which affect childhood grief. Sandler's (2007) research has located "risk and protective factors at the family (e.g. parenting, caregiver mental health

problems, stressful events) and individual (e.g. coping efficacy, threat appraisal, control beliefs, self-esteem) level as being related to mental health problems in bereaved children" (p.69). In the USA, intervention programs which target these critical factors in children and families, have been successfully implemented for many years, demonstrating the value of resilience theory to understand childhood loss (Sandler, Ingram, Wolchik, Tein, & Winslow, 2015; Sandler et al., 2008; Sandler et al., 2003; Sandler, Wolchik, Ayers, Tein, & Luecken, 2013).

2.8 Conclusion

This chapter reviewed available knowledge on childhood loss, to provide context for the present study and establish the importance of speaking directly to children to understand their experiences. While there is extensive knowledge to help understand children's experiences of loss, including emerging understandings from fields of trauma, resilience and childhood studies, the field of childhood loss is still under development and most often relies on traditional understandings of attachment and grief. Grief scholars, focused primarily on understanding adult's intrapsychic responses to death, offer the most comprehensive treatment of childhood loss to date. These understandings formed a key component of the literature review as they are most commonly relied upon to understand children's grief.

The chapter outlined the progression of knowledge within the theoretical and practice driven field of grief over the last three decades. Traditional stage based models of grief have been challenged by new social constructionist understandings of loss which emphasise the importance of social context. Childhood grief scholars are, however, yet to capitalise on these developments. Childhood grief remains largely understood through developmental models that prescribe children's expected responses by their age. The lack

of sociological understandings of childhood grief, which would help to recognise the impact of social processes and structures on children's grieving, and the limited research which captures children's own perspectives to the diverse range of losses they face, present key gaps in knowledge.

It is important to further develop knowledge on childhood loss to ensure support for children is most effectively directed. There is strong agreement that loss experiences pose a serious risk to children's immediate and long term health and wellbeing. While most children adapt to losses over time, a significant minority face increased challenges and require support. Those children most at risk experience multiple losses or trauma, are socially isolated, and reside in stressful family environments where parents are not available or able to respond to their needs. These children require further research to better understand their experiences and the supports they need, and are the focus of the present study. In the final chapter the voices of these children and their perspectives on loss help to reconsider current understandings of, and approaches to supporting, children who experience loss. To understand the service context in which these children are embedded, the next chapter explores how the Australian child and family service system currently responds to childhood experiences of loss and considers whether our most vulnerable children are receiving the support they require.

Chapter 3: Responding to the Losses of Vulnerable Children

3.1 Introduction

Chapter 2 reviewed the theoretical and empirical knowledge relating to childhood loss. Children, from families facing complex challenges and change, emerged as particularly at risk of negative outcomes as a result of losses. Despite this evidence, and the recognition that some children's needs may only be met with support from outside their family (Silverman & Nickman, 1996), the role of the child and family service system in assisting children with their losses has received little attention. This chapter explores the current and potential role of the child and family service system to respond to children's losses, particularly for those most vulnerable in our community.

To establish the context in which the present study and its participants were embedded, this chapter describes the Australian child and family service system. All children participating in the study were recruited from this service system. The descriptive account of the service system provided highlights the barriers to identifying and responding to children's needs which have become evident within this service system, and the policies and practices recently introduced to remedy these barriers. The chapter then builds on current literature to consider the extent to which children's loss experiences are, or could be, addressed within contemporary policy and practice frameworks of the child and family service sector. This potential is then further considered in the final chapter, drawing on the insights provided by the children in this study.

The chapter highlights how children, and their losses, often remain hidden beneath their families' other, more tangible and immediate, needs. The range of specialist loss and grief supports available to supplement responses of the child and family service system are

assessed. Current critiques of the appropriateness, accessibility, and effectiveness of these interventions are considered.

The review of services offered in this chapter, exposes the limited and ad hoc nature of existing supports, and the lack of evidence to support the effectiveness of current models. Through this consideration of the current service system, the contribution made by the present study and the importance of understanding children's views of the support they want and need, becomes evident.

3.2 Historical Responses to Children within Australia's Child and Family Service System

This section provides a historical account of the attempts made by Australia's child and family service system to respond to children's needs. The review highlights the continuous struggle of the service system to keep children safe and respond to their diverse needs. It becomes evident that in stressed and chaotic family environments, and within the context of overwhelmed and ill-equipped service systems, children's needs in the wake of significant loss may often be left unrecognised, minimised, or completely ignored.

Children's needs – unseen, unheard and unmet. The Australian child and family service system has a long and chequered history, stretching back to the early period of white settlement (Fernandez, 2014). Since this time, a number of government inquiries have highlighted the consistent failure of child welfare policies and practices to protect and care for children (Gillingham, 2016; Swain, 2014). Australia's Indigenous population have been particularly devastated by such policies; evidenced today by high levels of intergenerational trauma and overrepresentation in Australia's child protection, youth justice and prison populations (Atkinson, 2013; Australian Institute of Health and Welfare, 2015, 2016a, 2016b; Ranzijn et al., 2009). At the time of writing this thesis, the Royal

Chapter 3: Responding to the Losses of Vulnerable Children

Commission into Institutional Responses to Child Sexual Abuse (2016) and the Australian Human Rights Commission's (2014) report into children in immigration detention were attracting intense media coverage as they highlighted the continuing inability of governments, child and family welfare systems, and the broader community, to prioritise the needs of children and protect them from harm.

The powerful role of adults in regulating children's lives and determining their needs is highlighted by the service system reviews mentioned above. The family has long been considered critical to children's wellbeing and development (Scott, Arney, & Vimpani, 2013). The importance of family is reinforced by consistent empirical knowledge identifying parenting as the most influential factor for child outcomes (Dawe & Harnett, 2013; Fox et al., 2015). This has ensured that state resources allocated for the protection and wellbeing of children are targeted towards promoting and supporting safe and supportive family environments for children (Department of Social Services, 2015; Fox et al., 2015; Mullan & Higgins, 2014).

In Australia, services and supports which work towards safe and supportive family environments include: universal parenting information, education and support programs which aim to provide parents with the requisite skills and knowledge to support their children, and more targeted family support programs. Many of the targeted family support programs are designed to meet the needs of particular populations (such as migrant and refugee families, Indigenous populations, or low-socio-economic families), or respond to particular issues (such as family conflict, separation, and divorce). Alongside the child and family sector charged to provide these services, additional adult-oriented welfare services, such as drug and alcohol, mental health, disability, homelessness, and family violence programs, provide further supports and safety nets for vulnerable individuals and families.

Chapter 3: Responding to the Losses of Vulnerable Children

This service system is often described as fragmented, siloed, and adult-oriented (Hunter & Price-Robertson, 2014). Unfortunately, such a system does not adequately respond to the circumstances of those who require its help (Bessant & Broadley, 2016). The problems encountered by parents engaged with these services most often include a combination of drug and alcohol abuse, mental health issues and family violence, existing within environments of social isolation and poverty (Moore, 2014). Therefore, unlike the neatly demarcated systems that offer help and assistance, families present with multiple and complex issues stretching across traditional service boundaries (Tilbury, Walsh, & Osmand, 2016).

Amidst the challenges of dealing with a range of multi-faceted social problems, children are often forgotten. The focus of services and programs in Australia has almost exclusively centred on addressing the issues and needs of adults (Tilbury, 2013). The needs of individual children and parenting practices of adult clients are largely unacknowledged (Fern, 2014b; Hunter & Price-Robertson, 2014; Scott, 2013; Tilbury et al., 2016). In this environment, it is only when children are deemed to be 'in trouble' or 'troubled', and when their family is no longer able to care for, or control them, that they are seen, heard, or recognised as clients in their own right (Butler & Williamson, 1994; Finn et al., 2013; Prout, 2003). Within this context, and in line with legislated mandatory reporting requirements first introduced in Australia in the 1980s – which require a range of professionals to report concerns of abuse or neglect to child protection authorities – the common response of services has become limited to "identify and notify", leaving children's needs to be met by statutory child protection services (Scott, 2015, p. 16).

Child protection services are also experiencing systems stress, with the numbers of children encountering their agencies increasing at an alarming rate (Australian Institute of Health and Welfare, 2016a; Bath, 2015). Today, the rates of children in out-of-home care

are amongst the highest on record, with children being admitted to out-of-home care at a younger age and staying in the system for longer periods of time (Australian Institute of Health and Welfare, 2016a). The pressure placed on the child protection system has resulted in these services being able to do little more than respond bureaucratically and reactively to children assessed to be at the highest and most imminent risk of abuse (Higgins, Goodyear, & Whittaker, 2015). This is contrary to best practice, which would identify unique needs and pre-emptively provide ongoing support to children and their families (Higgins, Goodyear, & Whittaker, 2015). Research confirms that children connected to child protection systems struggle to get the intensive support they require and continue to experience disadvantage and poor educational and negative health and wellbeing outcomes (Mendes, 2009). Within these stretched systems, other vulnerable children and their families, who do not meet the strict legislative requirements of children protection authorities fall through the cracks and often fail to receive any help at all (Fernandez, 2014; Gillingham, 2016; Moore, 2014). In consideration of this, it is not surprising that many children's losses will remain unrecognised and unaddressed.

Due to the widespread challenges outlined above, government and community agencies are now unanimous in the belief that reform of the failing child and family service system is essential. Prominent Australian child protection scholar, Dorothy Scott (2015) believes that such an overhaul can only occur, however, when we are ready to acknowledge that our service system, which was set up to protect and provide safety to children has in many cases caused them significant harm.

3.3 Efforts to Reposition Children at the Centre of Child and Family Services

The summary provided above evidences that children and their needs have often been rendered invisible within child and family service systems. For Mason (2008), this

lack of recognition of children reflects the broader "structuring of adult-child relations as a dichotomy between competent, mature adults and incompetent, developing children" (p.367). Claims of a symbiotic relationship between conceptualisations of children and child and family welfare policy and practice are strongly supported in the literature (Fern, 2014b; Finn, 2013; Goodyear, 2013; Hendrick, 2003; Moore, 2012; Wyness, 2012). As such, many scholars suggest, for children's needs to be met by child and family service systems, a change is required in the way that children are seen and conceptualised (Fern, 2014a; Goodyear, 2013; Simpson, 2015; Te One et al., 2014). The previous chapter indicated that such a shift in children's social positioning may also benefit those children confronted with loss and grief, to ensure that they can move beyond being our "forgotten" grievers (Kubler-Ross & Kessler, 2005, p. 160).

Although shifting beliefs about children and childhood is considered essential, this has proven a slow and difficult task (Fern, 2014a, 2014b). Support for service systems to change the way children are seen, and treated, has grown significantly, but slowly over the last three decades. During this time the children's rights movement and scholars within the field of childhood studies have challenged traditional paradigms; repositioning children as rights holders and active and capable social agents (Corsaro, 2011). The following summary outlines the potential of these movements to influence the way children are supported within child and family welfare practice.

Children as rights holders. The protection of, and provision for, children has underpinned interventions in the child and family service system since the early twentieth century (Prout, 2003). In 1989, these goals became enshrined as children's rights, with the implementation of the United Nations Convention on the Rights of the Child (UNCRC) (United Nations Human Rights Office of the High Commissioner, 2016b). Furthermore, governments who ratified the convention, as Australia did in 1990, became committed to

upholding 54 articles in total. These articles not only designated children's rights to protection and provision, but also their right to participation (Lee, 2005).

Participation Articles 12 and 19 are regarded as the most forward-thinking articles in the UNCRC; breaking new ground and having an important influence on child welfare practice and attitudes to children more broadly (Rasmusson, Hyvonen, Nygren, & Khoo, 2010; Young, McKenzie, Schjelderup, Omre, & Walker, 2014). These articles, which recognise the child as the principal stakeholder in their own well-being, with a right to express their views and feelings, and to be consulted on matters that affect them, are gradually becoming embedded in legal and social work practice (Fernandez, 2014; Gunn, 2008). Increasing children's participation in decisions and matters affecting their day-to-day lives has been widely promoted as both "a basic right, and as a precondition for the promotion of health and wellbeing" (de Winter, Baerveldt, & Kooistra, 1997, p. 16). Research which has demonstrated participation can improve children's sense of self-worth and well-being supports this stance (Graham & Fitzgerald, 2011; van Bijleveld, Dedding, & Bunders-Aelen, 2015).

Reform of child welfare systems to achieve better balance between children's vulnerability and need for protection, and their right to empowerment and self-determination, has proven a difficult task (Brannen & O'Brien, 1996). Enabling children's participation in decision making remains a complex and contested area of policy and practice (Cossar, Brandon, & Jordan, 2016; Lee, 2005; van Bijleveld et al., 2015). Full and meaningful participation of children is often hampered by caveats, including 'best interests', which keep the participation of children subject to the final decisions of adults (Commerford & Hunter, 2015; Young et al., 2014). As such, a large gap still exists between the promise for, and practice of, participation across child and family service systems (Graham & Fitzgerald, 2011; Leeson, 2014; Rasmusson et al., 2010). Practices

which can enact children's right to be heard, informed, and involved in decision making, and which ensure their views are taken seriously and acted upon, remain limited. It has become apparent that participatory practices are often left to the discretion and goodwill of individual adults, such as parents and professionals (Ferguson, 2016; Kiraly & Humphreys, 2013; van Bijleveld et al., 2014). In section 3.5 of this chapter, and later in the findings chapters, it becomes clear that children's voices may remain particularly silenced in the wake of significant loss events and experiences.

Children as capable social actors. New understandings of children and childhood, which differ from developmental understandings, are offered by the field of childhood studies. These understandings, introduced in Chapter 1, have encouraged professionals working in child welfare to see children as capable of enacting their rights. This approach has helped to elevate the position of children by acknowledging children's agency and valuing children as "human beings", rather than just "human becomings" (Qvortrup, 1994, p. 4).

Under previous frameworks, there was a "reticence to acknowledge problems that affect children as children"; with children's pain only ever considered in regard to the effect it may have on their later adult functioning (Wyness, 2012, p. 98). Perceiving children as important in the here-and-now has ensured supports for children are focused on their present needs as well as their future outcomes. There are now a range of services which directly engage with children to seek their views. This approach ensures children's felt needs can be identified and attended to, alongside the other needs which adults are likely to more readily identify as impacting on their safety and wellbeing (Goodyear, 2013; Hultman & Cederborg, 2013; O'Reilly & Dolan, 2016; Winter, 2010). These policies have been adopted within traditionally adult-oriented services, now mandated to treat accompanying children as clients in their own right (NSW Department of Family and

Community Services, 2014). This ensures that children's needs can be identified, considered and met directly, rather than relying on trickle-down benefits of interventions with parents (Poso, Skivenes, & Hestbaek, 2014). These changes to service provision may be particularly helpful when considering the impact and needs which accompany children's losses, which are often not immediately obvious or acknowledged by those around them.

3.4 Contemporary Policy and Practice Settings

The following section provides a summary of the policies and practice frameworks developed to respond to the ineffectiveness of the child and family service system and reposition children as active clients. Specific attention is given to the policy to practice nexus, considering whether changes in policy and rhetoric are reflected in the experiences of children and families engaged with the service system. This summary offers important context for discussing the service system practices which currently work to support or constrain responses to childhood loss, provided in section 3.5 of this chapter. Further, this discussion sets the scene for the final chapter to consider the potential for, and possibilities within, Australia's current child and family service system to better respond to the specific needs which the children in this study identify as important to them.

The national framework for protecting Australia's children. Over the last decade reforming ineffective child protection services has become a priority for western countries (Gillingham, 2016). In 2009, Australia's state, territory, and commonwealth governments released a landmark document – The National Framework for Protecting Australia's Children (Council of Australian Governments, 2009). This document sets an important goal for Australia's children, stating:

Chapter 3: Responding to the Losses of Vulnerable Children

"Australia's children deserve a safe, healthy and happy childhood. Our children must be able to grow up nourished and supported in loving and caring environments. They must have time to be children with all the wonder, happiness and innocence that childhood should bring" (Commonwealth of Australia 2009, p.5).

Chief amongst the reforms of this framework is the positioning of child protection within a broader child welfare agenda. Under the framework, services and systems are reoriented away from a reactive response to abuse and neglect, to active approaches consisting of early intervention and prevention to promote the safety and wellbeing of all children (Council of Australian Governments, 2009). This reflects a public health approach to child safety and wellbeing. This task involved "inverting the pyramid" reflected in the current child and family services landscape (The Allen Consulting Group, 2008, p. 5), to achieve the allocation of services and programs pictured on the following page (Figure 1).

As the diagram indicates, the new framework acknowledges child protection departments are not the best service entry points for most families struggling with multiple and complex problems (Healy, Harrison, Venables, & Bosly, 2016; Hunter & Price-Robertson, 2014). This builds on the reforms already introduced by many states and territories, which allow community based welfare organisations to assume a more central role in supporting and strengthening families. As no one agency can address all the needs of families facing complex issues, interagency collaboration is critical to implementation of the framework (Coates, 2015).

Chapter 3: Responding to the Losses of Vulnerable Children

Figure 1: A System for Protecting Children
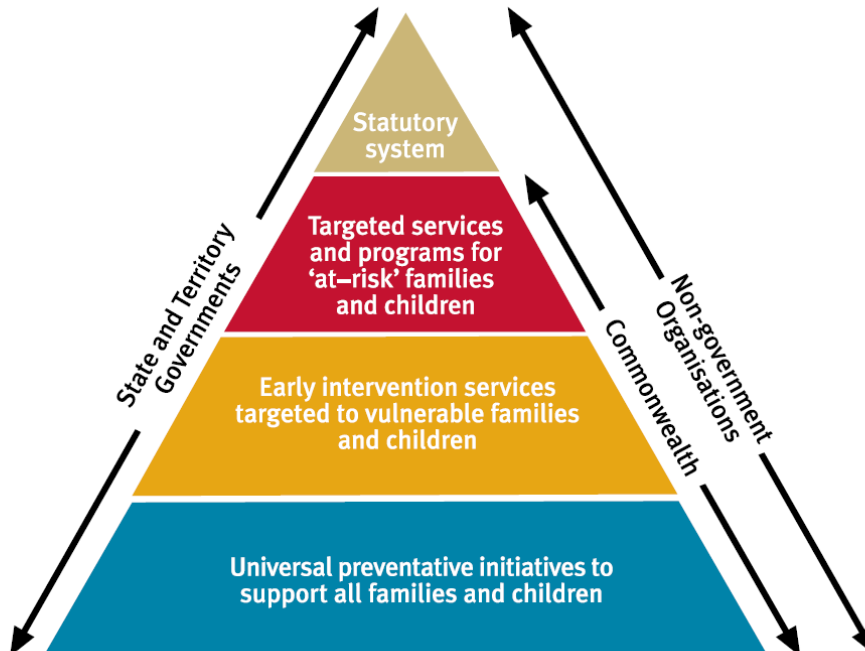
(Council of Australian Governments, 2009, p. 6)

A priority action of the National Framework has been to address the gap within adult-oriented services, which results in children's need not being seen, heard or responded to (Council of Australian Governments, 2009; Tilbury et al., 2016). Seven years after the framework was announced, concerns about the capacity of services to re-orient their practice and sustain new approaches remain. Audits of service systems reveal they are still falling short of meeting the needs of vulnerable children and their families (Victorian Auditor-Generals Report, 2015). This is particularly evident for children in out-of-home care and for Indigenous children, whose outcomes are declining (ACT Government Community Services, 2014; Healing Foundation, n.d.; Victorian Auditor-Generals Report, 2015). The neglect of these children is particularly concerning as both groups are among those most likely to experience multiple losses.

Chapter 3: Responding to the Losses of Vulnerable Children

Child centred practice. A child-centred approach, which addresses the

shortcomings and failures of an adult-centred system, is critical to the National Framework

for Protecting Australia's Children (Council of Australian Governments, 2009).

Developing a common understanding of child-centred practice has, however, proven a

difficult and contentious task (Rasmusson et al., 2010; Winter, 2014). The vast array of

terms, such as child-aware, child-inclusive, child-focused and child-centred, which are

used interchangeably across the service system to denote work with, and for, children has

added to this difficulty (Hunter & Price-Robertson, 2014; Tilbury et al., 2016).

To ensure consistency of practice, the ACT government developed and mandated a

child-centred and family-focused practice framework for all their funded services and

programs (ACT Government, 2012). The ACT government's interpretation of child-

centred practice was informed by Winkworth and McArthur's (2006) four key principles

of child-centred practice:

- "Recognising critical time frames in childhood and adolescence including

  assisting children and young people as early as possible – early in the life of the

  child and early in the life of the problem

- Taking into account the developmental needs of children and young people in

  all interventions

- Providing children and young people with appropriate opportunities to

  participate in all aspects of child protection interventions which affect them

- Promoting a collaborative approach to the care and protection of children,

  including the strengthening of networks that are critical to their wellbeing" (pp.

  13-14).

Chapter 3: Responding to the Losses of Vulnerable Children

Encouraging signs are emerging of the capacity of previously adult-oriented services to re-orient their practice to become more child-aware or child-centred (Hunter & Price-Robertson, 2014; Scott, 2009). Despite this, there are a wide range of service system barriers including differing philosophies and priorities, conflicting ethical and legal considerations, and funding models across the range of services (Coates, 2015; Huntsman, 2008; McDougall & Gibson, 2014; Scott, 2013; Tilbury, 2013). The best evidence suggests traditional adult-oriented approaches remain the norm in the Australian service system, despite the push for children to be more central (Bagshaw et al., 2006; Daniel, Vincent, Farrall, & Arney, 2009; Scott, 2009). Where successes have been noted, these tend to be somewhat isolated areas of good practice, reliant on local initiatives and individual professionals (Higgins et al., 2015; Roche et al., 2014).

The ability of local initiatives and individuals to influence practice change indicates child-centred work is reliant on individual professionals to develop meaningful and respectful relationships with children and their families (Goodyear, 2013; Winter, 2014). These relationships require time, resources, skills and moreover, a willingness to engage with children about deeply personal and painful issues (O'Reilly & Dolan, 2016; Winter, 2014). Unfortunately, consistent research demonstrates many professionals feel unsupported and ill-equipped to engage in this complex, but important, work (Moore et al., 2007; Zufferey & Gibson, 2013). The reasons why these difficulties may be further heightened when engaging children in conversations about loss are discussed in full in section 3.5 of this chapter

Assessing and responding to children's needs through a bio-psycho-social approach. Standard approaches to the care and support of children help govern and shift a focus to child-centred practice. Over the last few decades, alongside the developmental paradigm, an overarching bio-psycho-social approach has become dominant across

professions working with children and families (Goodyear, 2013; Schofield, 1998; Scott, 2013). A bio-psycho-social approach encourages practitioners to attend to the nuances of individual children's lives and circumstances, whilst also considering the complexity often present within their environments (Berzoff & Drisko, 2015). In doing so, they avoid a one-size-fits-all plan for children and promote holistic assessments and support (Pinto & Woolgar, 2015). Holistic assessment and support models may be particularly useful in highlighting often neglected issues such as loss.

Common approaches to assessment, referral and support. The Common Approach to Assessment, Referral and Support (CAARS), developed within the National Framework for Protecting Australia's Children, is indicative of a bio-psycho-social approach (Australian Research Alliance for Children and Youth, 2013). The aim of CAARS was to provide the range of service providers and professions who may encounter children and their families "with a common approach and practical resources to strengthen their capacity to identify and respond early to indicators of need" (Australian Research Alliance for Children and Youth, 2013, p. 5). The resources and tools provided with the model emphasise the meaningful participation of children and their families and identify strengths and risks across the many domains of children's lives (Australian Research Alliance for Children and Youth, 2013). The capacity for these new generic assessment and support models to identify losses, however, remains unknown.

Strengths and resilience based approaches. The CAARS model aligns with the ACT practice framework's emphasis on a strengths-based practice approach. This also follows international trends within welfare services which now preference "theories and strategies that focus on clients' capabilities and resources, rather than the more traditional focus on deficits and pathologies" (Hunter & Price-Robertson, 2014, p. 26). Strengths-based practice encourages professionals to draw on resilience research in their work with

children and families (Hunter, 2012). Outlined in Chapter 2, resilience research has demonstrated the capacity of individuals to overcome major life stress, including losses, and identified the protective and risk factors which influence this process.

Together, resilience-led perspectives and strengths-based approaches have become widespread across child care, education and child protection settings, underpinning a range of initiatives to improve children's social and emotional wellbeing (Daniel et al., 2009; Graham & Fitzgerald, 2011). Despite this, the application of resilience-led strategies can be impeded by a lack of common language and shared understandings across key professionals, and other significant adults in children's lives, such as foster carers (South, Jones, Creith, & Simonds, 2016). Many interventions also remain focused on trying to modify individual attributes and characteristics, rather than improving access to informal and formal networks of support, which are essential to resilience (Ungar, 2013). Chapter 2 highlighted that prominent grief scholars have cautioned against such narrow applications of resilience, as they are unlikely to address the losses faced by children who experience structural disadvantage.

Acknowledging the importance of ecological factors. Understanding resilience as a multifaceted construct, which is influenced by access to, and use of resources, ensures professionals focus beyond the child's interactions with their parents, to consider ecological factors impacting on families (Shaw, McLean, Taylor, Swartout, & Querna, 2016; Ungar, 2013). Alongside growing empirical evidence, Bronfenbrenner's ecological theory of human development (1979) has long provided the theoretical basis for an ecological approach to assessing and supporting children; significantly influencing child welfare concepts and practice (Scott et al., 2013; Terry, 2013; White & Wu, 2014).

Chapter 3: Responding to the Losses of Vulnerable Children

In Bronfenbrenner's (1979) model the developing child is influenced by a complex process of reciprocal relationships between individuals and their wider environment (Andresen, 2014). The model identifies five layers within the ecological environment. At the most inner level is the immediate setting containing the developing person, referred to as the microsystem, such as the child's home (Bronfenbrenner, 1979). The next step, the mesosystem, considers how the relationship between two or more settings in which the child actively participates affects their development (Bronfenbrenner, 1979). This could include relations among home, school, and a neighbourhood peer group.

Distinct to traditional developmental psychologists, Bronfenbrenner's (1979) model also places emphasis on settings that do not involve the developing person as an active participant, but which can affect, or is affected by, what happens in the child's direct settings. This is referred to as the exo-system (Bronfenbrenner, 1979). This may include a parent's workplace or a siblings' school. The fourth level – macrosystem – refers to belief systems, attitudes or ideologies, which exist in the overall cultural setting and any of the lower level settings which impact on the child (Bronfenbrenner, 1979). These may include societal or cultural ideologies around death or grief. The final structure, the chronosystem, refers to environmental events and transitions over the life course, and takes account of sociohistorical circumstances which may impact on these (Bronfenbrenner, 1979).

Recognition of the various contexts in which children and young people develop requires interventions to "focus not only on the child, but also on supporting the child's relationship with their parents, carers, and siblings and strengthening connections to their school, community and wider service sector" (Gimson & Trewhella, 2014, p. 12). The influence of Bronfenbrenner's theory is clearly apparent in the CAARS model and its accompanying resources designed to assist professionals to identify and respond to the

Chapter 3: Responding to the Losses of Vulnerable Children

wide range of children's needs (Australian Research Alliance for Children and Youth, 2013).

The need to consider the full range of environmental levels in responding to children's losses is reinforced by the impact of wider social determinants on children's grieving. As mentioned in Chapter 2, a lack of understanding and support from family, peers and children's wider social environments, has negative impacts on children's grieving and increases the risk of social and emotional difficulties. As such, the move to ecological assessment and support is aligned with children's needs in the wake of loss.

The introduction of therapeutic relationship-based responses for children. One of the most ambitious reforms of the child protection system is the new emphasis on therapeutic and relationships-based support (McLoughlin & Gonzalez, 2014). In 2015, the ACT government joined other jurisdictions around Australia, committing to the provision of a therapeutic trauma-informed care system for all children in out-of-home care (ACT Government Community Services, 2014). Trauma-informed therapeutic approaches have largely emerged from new empirical understandings of the impact of trauma and disrupted attachment on the developing brain (Perry 2002; Zilberstein 2014). Trauma-informed approaches build on traditional attachment based interventions which for many years provided the dominant theoretical approach applied with children in out-of-home care (Blakely & Dziadosz, 2015; Fernandez, 2007; Howe, 2005; McLean, 2013; Purvis et al., 2015).

Far from designating one mode of therapy, trauma-informed attachment frameworks provide an overriding structure from which different practices can be applied according to individual contexts and needs (Gimson & Trewhella, 2014). In Bath's (2008) review of the available literature, he proposed any trauma-informed care aiming to assist

children to heal from complex trauma required three key elements: "Felt-Safety, Self-Regulation, and Connection" (p. 17). Critical to all three elements are caring relationships which provide the context for neurobiological development and healing (Berzoff & Drisko, 2015; Herman, 2001; Purvis et al., 2015; Zilberstein, 2014). Therefore, relationships-based approaches, which social workers have long considered important, become critical to interventions with children and their families (McAuliffe et al., 2015; Winter, 2010).

Establishing safety and positive relationships is, however, a complex and time-consuming task (Herman, 2001). All key adults in the child's life must be enlisted into the therapeutic alliance to ensure they are supported to: provide a secure base for children, understand children's behaviours, and assist children to develop self-regulation and secure attachment styles (Blakely & Dziadosz, 2015; Gimson & Trewhella, 2014). To achieve these aims, carers, social workers, teachers, and schools, are all increasingly expected to adopt trauma-informed responses and cultures (Berzoff & Drisko, 2015; Chafouleas, Johnson, Overstreet, & Santos, 2016; Downey, 2007; Holmes, Levy, Smith, Pinne, & Neese, 2015).

Governments within Australia have recognised the enormity of the systems change required to provide a fully functional trauma-informed service system (ACT Government Community Services, 2014). The capacity of a workforce which is predominantly under-qualified and under-paid, to implement such approaches is chief amongst these challenges (Bath & Smith, 2015). Evidence of the effectiveness of current programs remains limited (Wall, Higgins, & Hunter, 2016), but promising signs are emerging from program trials around Australia, and governments remain determined to pursue this much needed reform (Bath & Smith, 2015; Gimson & Trewhella, 2014). The intensive and comprehensive nature of these trauma interventions has much to offer children from families facing

complex challenges and change, who may be struggling to cope with a diverse range of losses.

3.5 Situating Loss Within Contemporary Child and Family Work

Loss and grief issues have long been hidden from view, and are rarely considered or addressed by health and welfare professionals (Allan, 2003a; Clark, 2003; Currer, 2007; Goldsworthy, 2005; Lloyd, 2002; Thompson, 2002b). New policy and practice reforms within the child and family service sector, outlined above, provide hope that children's needs, including their loss experiences, will no longer go unnoticed and unaddressed. How effective these reforms will be in assisting services to attend to children's losses remains unclear.

This section considers the capacity of the current child and family service system to attend to children's losses. Attention is given to the barriers and possibilities which currently exist within the service system to provide effective identification of, and responses to, children's losses. The barriers to identifying losses, the tendency of adults to minimise children's losses, and the current and emerging practice responses which provide the possibilities for more effective support, are outlined. The findings of this study allow children's perspectives to further inform these deliberations, and many of the barriers and enablers for effective practice responses with children are reconsidered in Chapter 8.

Barriers to the identification of losses. One of the largest obstacles to effectively responding to children's losses is that they often go unrecognised. Many factors impact on losses remaining hidden from view within the child and family service system. Firstly, loss and grief issues are rarely singled out as the presenting issue for children and their families entering the service system (Lloyd, 2002). Even where losses have occurred, parents may underestimate the significance they hold for children and fail to raise loss issues as a

concern for their children (McKissock, 1998; Pynoos, 1992). Non-death losses are particularly susceptible to disenfranchisement, and professionals have been criticised for lacking interest in, and awareness of, the presence and potency of these losses in children's lives (Jones, Deane, & Keegan, 2015). In addition, children are rarely given the opportunity to raise their own feelings and concerns, and sometimes remain silent in an effort to protect themselves or others from unwanted and unhelpful intervention (Butler & Williamson, 1994; Sandbæk, 1999). Without others bringing these issues to the fore, losses are likely to be overlooked in favour of the many more immediate and tangible needs of children and their families such as, safety, housing and health requirements (Linseisen et al., 2011; Sandbæk, 1999).

Current assessment and support models do little to help professionals identify losses. Even though Bronfenbrenner (1979) stated that the most destructive effect other people can have on a child's development is "the damage produced by their absence" (p. 81), practitioners are often focused on things which are currently available or present in children's lives. Little attention is given to locating felt or real absences – those things which are missing, that may or may not have been available in the past. Without explicit guidance encouraging practitioners to explore the absence of significant others, such as absent parents, this absence will often go unnoticed and unaddressed (Currer, 2007; Sadowski & McIntosh, 2016; Thiara & Humphreys, 2015).

Losses may also go unnoticed because they are not amenable to the future focused, action/change philosophy and problem solving orientation that professionals are often encouraged to adopt (Howe, 1995; Lloyd, 2002). In the child-centred practice training I provide to child and family service professionals, I have noted professional's tendency to focus on the dynamic and present issues they feel they can more easily influence. Losses are commonly viewed by practitioners as immutable events which belong in the past, and

despite often contributing to individual's present lives, most losses tend to remain hidden from view, minimised or dismissed (Currer, 2007).

Minimising children's losses. Despite the real possibility that children's losses may never surface in practice, when they do it appears professionals may still not address them. Bowlby (1980) reminds us of the "tendency to underestimate how intensely distressing and disabling loss usually is and for how long the distress, and often the disablement, commonly lasts" (p. 8). This tendency to underestimate the impact of loss is amplified for children by the many assumptions and myths which permit adults to minimise or dismiss their losses. Adults often hold dismissive and naïve attitudes about childhood loss, assuming that the carefree and happy nature of childhood provides some immunity to the experience of loss (Goldman, 2001; Kaustenbaum, 1972). When viewed in this way, children often become situated at one end of an unhelpful spectrum – either too young to understand or be affected by loss, or as naturally brave and resilient (Duffy, 2003; Gibbs et al., 2014; International Work Group on Death, 1999; McKissock, 1998; Pisano & Aldemir, 2015). When adults step outside of these binaries, and acknowledge the pain of grief for children, intervention can be stifled by other myths of childhood. For example, the pervasive belief that talking to children about traumatic events will re-traumatise them, often ensures adults, including professionals, stop short of addressing children's losses (Gibbs et al., 2014). These myths, all disproven by empirical evidence, are in urgent need of redress (Gibbs et al., 2014).

Professionals may also dismiss children's feelings out of concern for others or themselves. Some professionals think that directly engaging with children is unnecessary and harmful, not only to children, but could also be unhelpful to their relationship with parents (Roche, et al., 2014). Other professionals may dismiss children's feelings because they have had a role in causing their losses and are uncomfortable confronting their own

feelings of discomfort or inadequacy (Currer, 2007; Thompson 2002a; Jones, et al. 2015).

Social work intervention to remove children from their families offers one potent example

of professional discomfort stifling responses to children (Currer, 2007). When given the

chance to address their feelings about removal, children often display a great deal of anger

which some professionals want to avoid (Palmer, 1990).

In regard to any loss, professionals may feel anxious and uncertain, fearful of

saying or doing the wrong thing, or worried they cannot manage children's painful feelings

(Bright, 1996; Jones et al., 2015). These feelings are exacerbated by the limited knowledge

most professionals have of grief and loss issues. Many scholars have noted that

professionals' knowledge of loss and grief is often constrained to out-of-date stage based

models of grieving, with most lacking any knowledge of contemporary theoretical grief

work (Thompson, 2002a). In considering the above, it becomes clear that many

professionals wanting to assist children with their losses feel ill-informed and unequipped

to identify and respond to children's needs (Jones et al., 2015).

Current practices which acknowledge and address the past. Despite the

obvious challenges, acknowledging the pain of children in out-of-home care and

understanding this pain is often linked to unresolved loss is vital to children's wellbeing

(Henry, 2005). Researchers have discovered that, even in cases where "children are

removed from home at a very young age, birth families will often continue to have a

powerful co-presence in a child's emotional world" (Holland & Crowley, 2013, p. 62).

Children and young people in care often think constantly of the past and their family

(Penny, 2007). Most children want help with these feelings and will respond when given

the opportunity to do so (Palmer, 1990; Penny, 2007; Winter, 2010). Many children in out-

of-home care do not, however, get the opportunity to navigate and make meaning of the

things which are absent in their lives (Palmer, 1990; Rice, Primak, & Girvin, 2013; Winter,

2010). Interventions which can focus on assisting children with these complex losses are urgently required (Denenberg, 2016; Hooyman & Kramer, 2006; Slaughter Smith, 2009).

Arguably the most widespread intervention successfully adopted with children in out-of-home care to address loss, grief and identity is 'life story work' (Rose & Philpot, 2005; Ryan & Walker, 1993). Life story work emerged in the UK in the 1980s, emphasising the therapeutic process of constructing a narrative of one's life and experiences. This work often includes assisting children to create memory boxes, photograph albums, collages, or digital records of their life (Atwool, 2016; Braband, Faris, & Wilson-Anderson, 2014; Fineran, 2012; Watson, Latter, & Bellew, 2015a, 2015b). The value of life story books for assisting children in out-of-home care to work through loss and grief is well supported (Henry, 2005). To be used to its full potential, life story work must be supported by adequate training for social workers and carers (Gutsche, Hoosain, & Chigeza, 2015). Research has uncovered that although life story techniques are often included in policy or practice frameworks, they are regularly overlooked in the field, viewed by social workers as "an optional extra" or "nice to have" rather than integral to good practice (Atwool, 2016, p. 1). Foster carers are often expected to take the lead in these processes, and without the skills to employ them, many struggle with the task of becoming loss managers for the children in their care (Mitchell-Welch, 2014; Murphy & Jenkinson, 2012).

Emerging possibilities for loss and grief work. New reforms which promote child-centred practice, aim to build resilience of children, and mandate professionals at the tertiary end of the system to provide attachment and trauma informed services, offer many possibilities for addressing children's loss experiences. Resilience, attachment, and trauma informed approaches, easily align with understandings of childhood loss. Like loss and grief models, attachment and trauma informed practice consider it impossible to make

sense of the present, without developing a cohesive narrative about the past, and creating new meanings on which to proceed into the future (Herman, 2001; Schofield, 1998; Zilberstein, 2014). Some newly developed trauma models and programs advocate explicit attention to children's grief and loss narratives (Olafson et al., 2016).

Trauma informed practice also, however, emphasises that "therapeutic interventions focused on exploring past trauma and losses cannot effectively take place until the child's safety and attachment needs are met" (Gimson & Trewhella, 2014, p. 13). Unfortunately, for many children connected to child welfare services, instability and complexity are constant throughout their childhoods. For these children, the establishment of safety and attachment, reliant on positive relationships, can take an inordinate amount of time. If professionals feel compelled to wait for some stability before engaging children about their losses, they may never get a chance to do so. How professionals balance and respond to children's many needs with the help of these new approaches remains to be seen. Current policy and practice documents offer little or no explicit attention to loss and grief issues and, consequently, little guidance on when and how to broach loss experiences with children (ACT Government Community Services, 2014). As such, although trauma-informed approaches facilitate the identification of losses, the processes required to discuss or help children to reconcile these losses, are yet to be well considered or documented.

The lack of guidance on these issues continues despite a small number of child welfare professionals now asserting the need for practice approaches with children that can centrally locate, and explicitly address, grief and loss. The need for developing loss frameworks of practice for children experiencing out-of-home care (Denenberg, 2016; Schwartz, 2010; Slaughter Smith, 2009), family violence (Callaghan & Alexander, 2015; Thiara & Humphreys, 2015), parental separation (Bagshaw, 2007; Bagshaw et al., 2006; Sadowski & McIntosh, 2016), and child sexual abuse (Murthi & Espelage, 2005), have

been particularly highlighted. Programs aimed at the resilience or healing of Australia's Indigenous people also strongly advocate for loss to be included in practice responses (Atkinson, 2013; Dobia et al., 2013; Rule & Rice, 2015). Rule and Rice (2015) argue that without this focus on loss we continue responses which address symptoms rather than the root causes of children's pain.

To more fully integrate trauma informed responses, Mudaly and Tucci (2002) propose "a theoretical orientation which centrally locates loss and grief may…play an important role in understanding how to develop therapeutic and protective practices which…promote a sense of recovery and identity configuration" for abused and neglected children (p.44). Such an approach can be actioned through a loss framework for practice, which involves a re-commitment to "practices which name losses, explore the hurt experienced by children and seek to identify and affirm children's own knowledge about recovery and healing" (Mudaly & Tucci, 2002, p. 46).

Creating policy and practice change. The change required of professionals, programs and systems to centrally locate loss and grief within the child and family service system is great. At present, the motivation appears limited. Over my four-year PhD candidature, loss and grief were noticeably absent from topic listings at child and family welfare conferences. Furthermore, few resources exist that focus on the distinct loss and grief issues which may be present for children engaged in child welfare services (Linseisen et al., 2011), or which support professionals to work through the confusion and contradictions evident in childhood grief literature (Jones et al., 2015). There are also limited training opportunities available for professionals to acquire or update their knowledge of grief and loss frameworks of practice (Selby et al., 2007; Shumba, Moyo, & Rembe, 2015). During the course of the present study, I was only able to locate one comprehensive training package on loss and grief for children in out-of-home care in

Australia. This program was specifically targeted to foster carers (Queensland Government Department of Communities, Child Safety and Disability Services, 2016); providing another indicator that professionals have limited resources available to them.

Considering the issues presented above, it is not surprising that many professionals prefer to leave loss and grief issues to specialist service providers (Lloyd 2002; Thompson 2002a). The specialist supports that have been developed internationally to support children with their loss experiences are now considered. Particular attention is given to the effectiveness and availability of these supports for Australian children.

3.6 Specialist Responses for Children Experiencing Loss

Effectively directing loss and grief support. The question of which children require support for grief and loss issues and when, how, and why this support should be provided, remains a contentious and unresolved issue within the grief literature. In recent times, many grief and loss advocates in Australia and overseas, have supported a public health approach to bereavement care (Gibbs et al., 2014; Rumbold & Aoun, 2014). A public health approach aims to invest in efforts which develop community capacity, rather than concentrating on the delivery of specialised bereavement services (Rumbold & Aoun, 2014). This approach encourages grief to be seen as a normal reaction to a normal life event (Willis, 2005), and recognises that the majority of children affected by loss manage their grief without needing specialised supports (Gibbs et al., 2014; Jones et al., 2015). Public health models attend to concerns that grief has become overly medicalised, and that specific grief and bereavement care has unnecessarily taken the place of social processes which can support mourning (Allan, 2003a; Rabaia et al., 2014; Walter, 2007). Examples of how a public health approach may guide service interventions for children experiencing loss or grief are evident in the UK and Ireland (Bull & Pengelly, 2014; Jones et al., 2015).

Chapter 3: Responding to the Losses of Vulnerable Children

The Irish Childhood Bereavement Care Triangle provides a comprehensive four-tiered model enabling professionals to match the needs of children to the types of support they require, and outlines the skills required of professionals to provide this support (Jones et al., 2015).

Despite support for a public health approach, much of the childhood grief literature focuses on children at risk of, or currently experiencing, significant functional impairment or mental health conditions in the wake of losses. Australian researchers confirm these children continue to experience the largest gaps in support (McDermott & Cobham, 2014). Claims of the need for resources to be targeted to those who have the greatest need are well supported (Currier et al., 2007; McDermott & Cobham, 20145; Sandler et al., 2008; Ungar, 2013). Accurately predicting or identifying this group of children remains difficult, however, due to the lack of research and reliable and standardised risk assessment tools (Williams & Aber, 2016).

The lack of evidence for many current intervention models further complicates decisions about the resourcing and allocation of supports (Curtis & Newman, 2001; Willis, 2005). Although Akerman and Stratham (2014) declare that "children who do not exhibit clinical levels of distress may benefit in the longer term from programs which normalise grief and help to strengthen coping strategies" (p.6), others argue that the case for including all bereaved children in support programs remains unproven (Jones et al., 2015). Furthermore, the best evidence available indicates children who are the most at risk are the ones who benefit the most from interventions (Worden, 2009). Even for these children, however, current interventions are not producing the outcomes normally expected from professional therapeutic intervention (Currier et al., 2007).

Chapter 3: Responding to the Losses of Vulnerable Children

Due to our limited understandings of childhood grief, discounting interventions on the basis that they have so far not been rigorously tested or found to meet the standard required to be termed evidence-based, may be unwise. Just as uncertainty exists regarding who should receive supports, the most appropriate ways to evaluate these programs and what they should be aiming to achieve are also contended (Meagher, 2007). Questions abound as to whether interventions should aim to: avoid or treat psychopathology; assist individuals to achieve culturally and socially sanctioned bereavement adaptation or coping; promote resilience and general wellbeing; or, as post-traumatic growth theories indicate, facilitate thriving.

To progress these debates well-validated and clinically relevant measures of child grief are needed (Currier et al., 2007). Others question, however, whether it is desirable to apply positivistic notions of measurement to children's diverse and subjective experiences (Chowns, 2005). Some occupy a middle ground, pragmatically arguing for child participatory approaches in combination with more standardised evaluation measures (Clarke, 2015).

The current study, which asked children for their own understandings of the supports they require, and what support had been beneficial to them, contributes essential information to these debates.

Current approaches to grief and loss support. With these debates in mind, this section now profiles existing practice approaches which aim to assist children with their loss experiences. Specific attention is given to the effectiveness and availability of these supports in Australia, which appears to be limited. Unlike in the UK (Rolls & Payne, 2003; Willis, 2005) and Ireland (Carroll, 2010), no comprehensive audits have been conducted on the breadth of bereavement supports available for children in Australia. A recent audit

of Australian child, youth, and family programs uncovered only two programs out of 126 which responded to children's grief or loss experiences (Commissioner for Children and Young People Western Australia, 2014). This audit reflects the scarcity of children's loss and grief services in Australia. The summary provided below also demonstrates that when services are available, they are most often time-limited and restricted to particular geographic settings (primarily major cities), environments (often provided in a limited number of schools), and life events (most often parental separation or parental bereavement). As such, whether children receive support for loss and grief may rely on them being the right age and experiencing the right type of loss, in the right place, at the right time. Within this context, those most at risk, including children from families facing complex challenges and change, may be at risk of missing out on the support they require.

Although patchy, the range of supports currently available within Australia, generally reflect a public health model, as described earlier in the chapter. The range of services and supports available are presented below, grouped into categories of preventative and early intervention approaches, targeted preventative approaches, and therapeutic approaches. The nature of the support available within each of these approaches is explored with reference to international trends and best practice, and the availability of these approaches in Australia

Preventative and early intervention approaches. This section outlines the current prevention and early intervention approaches to childhood loss. These include: general information targeted to parents and other important adult supporters such as teachers; a limited range of activity based resources, such as workbooks, for children; and interactive web based supports. The aim of services or support provided at this intervention level is to ensure children can be supported before or after losses by their natural support systems,

who are often best placed to provide support over time as children require it (Landau & Saul, 2004; Morris, 2012).

Information on childhood loss is available through numerous resources and publications by researchers, practitioners, or people with a lived experience of childhood loss. Resources tend to be targeted to parents and the majority have been published outside of Australia. Limited resources aimed at children, also often from overseas, provide children the opportunity to read stories about grief, or complete activities based on their own experiences (Carney, 2004; Jay, 2015). More recently, there has been increasing interest in the role and capacity of schools to support children with grief and trauma (Holland, 2008; Holland & Wilkinson, 2015). This interest has led to the development of resources for teachers and school counsellors to support children with loss, grief, or trauma (Bell, Limberg, & Robinson, 2013; Downey, 2007; O'Brien & McGuckin, 2013; Trethowan & Nursey, 2015). In Australia, programs and resources to assist teachers to support child recovery (based on those developed in the USA) became particularly valued after the 2009 bushfires in Victoria[4], and the 2010-2011 cyclones and flooding in Queensland[5] (Trethowan & Nursey, 2015). Increasingly, international scholars have also argued for topics such as death, loss, and grief to be included in school curriculums, to help children understand and be better prepared for the losses they will inevitably face at some point (Coleman, 2009; Stylianou & Zembylas, 2016).

---

[4] In January and February of 2009 several bushfires affected more than 78 communities in Victoria. One hundred and seventy-three people died, thousands of homes and other dwellings were destroyed and over 400,000 hectares were burnt (Country Fire Authority, 2016).

[5] From December 2010 to January 2011 more than 200,000 people were affected across Queensland by a devastating series of heavy rains and a Category 1 Cyclone - Tasha, followed just over a month later by Cyclone Yasi. Thirty-five people died and the economic damage was estimated at $2.38 billion (Australian Geographic, 2016).

Chapter 3: Responding to the Losses of Vulnerable Children

One noteworthy addition to the Australian landscape, which provides resources for professionals engaged with children, is the Australian Child and Adolescent Trauma, Loss and Grief Network (ACATLGN). The ACATLGN works with a team of experts to bring together evidence based resources and research for those interested in children and young people who have been affected by trauma and grief (Australian Child and Adolescent Trauma, Loss and Grief Network [ACATLGN], 2016). Similar to other publications and resources available through grief or children's organisations in Australia, ACATLGN often relies on material from outside Australia.

Although information and education resources have traditionally been considered prevention or early intervention strategies, the rise of internet platforms, has increasingly blurred the line between information, education, and support. Several internet sites which provide information and resources on childhood loss, also now offer opportunities for children and their parents to interact with each other (Mallon, 2011). Internet forums are growing in popularity, providing on-line spaces for individuals to share their grief experiences and receive peer support in non-stigmatising and anonymous settings (Sanders, 2011). These on-line forums fill an important gap in informational support (Stylianou & Zembylas, 2016), and may be especially helpful for rural or regional children around Australia. These forums are especially well suited to children, as they are "considered an extension of children's and adolescents' personal social environment" (Doveling, 2015, p. 403). They allow children to share personal feelings with those whom they would otherwise be unable to connect with (Tichon, 2015). These platforms do not come without their pitfalls, on-line safety needs to be considered and it is common for sites to be launched but not maintained (Sanders, 2011).

CanTeen – an organisation which supports children and young people affected by cancer – is among the few Australian sites providing information and an on-line space for

children to communicate about their grief (CanTeen, 2016). CanTeen offers children the opportunity to connect to professional support via telephone counselling, or peer support through on-line forums or face-to-face groups (CanTeen, 2016).

Targeted preventative approaches. Targeted preventative programs usually consist of peer support groups, parent and child programs, or camps. These programs differentiate themselves from therapeutic approaches, as they centre on providing psychoeducation and are aimed at facilitating the healthy adaptation of normal grief (Newell & Moss, 2011). Developed by professionals, these programs are commonly facilitated by trained volunteers who adopt a non-authoritarian companion role (Wolfelt, 2005). These programs are most often provided within community based or school settings which are now regarded, in Australia and overseas, as important venues to provide emotional wellbeing, loss, and grief programs (Clarke et al., 2015; Holland & Wilkinson, 2015; Marino et al., 2015; Powell & Holleran-Steiker, 2015).

Although individual programs vary in the theoretical models they draw from, they share many characteristics. Programs are often structured around a pre-determined 8-10 week program, and are specific to a defined age group and loss experience. Programs are flexible and responsive to the needs of individual participants, relying on discussion and a range of creative techniques which allow children to express their feelings on pre-determined topics (Jimerson & Miller, 2008; Newell & Moss, 2011; Phillips, 2015). One of the major benefits of these groups is that children discover they are not the only ones experiencing and coping with major losses (Hooyman & Kramer, 2006; Kraus, 2005). The realisation that others can understand their feelings, thoughts, and behaviours as normal is extremely comforting to children (Davies, Collins, Steele, Cook, & et al., 2007; Malone et al., 2011; Scaletti & Hocking, 2010). One of the most empirically robust interventions is The Family Bereavement Program used in the USA, which applies a contextual resilience

model and has groups for parents occurring alongside children's groups (Sandler et al., 2015; Sandler et al., 2008; Sandler et al., 2013). Based on the same premise, Sandler et al. (2007) developed the New Beginnings Program for children experiencing parental divorce in the USA.

Programs in Australia include 'Rainbows' and 'Sunbeams' which are designed for preschool and primary school aged children who have experienced the loss of a parent through death, separation, or divorce, or any other major crisis or loss in their lives (Rainbows, 2016). These programs, along with the evidence-based Seasons for Growth program, for children who have experienced parental bereavement or separation (Commissioner for Children and Young People Western Australia, 2014; Graham & Fitzgerald, 2011; Newell & Moss, 2011), have also been adapted for children experiencing disasters and specifically for Indigenous Australians. The federally funded Supporting Children After Separation Program (SCASP), also offers support groups for children of separating and divorced parents around Australia, but is limited to 36 outlets in capital cities and larger regional cities (Bagshaw et al., 2006; McArthur et al., 2011). The limited availability of these programs ensures many children and parents have difficulty finding appropriate supports to meet their needs. This is particularly so for those from rural and remote areas; migrant, refugee and non-English-speaking backgrounds; Indigenous children; and those who have parents in same-sex relationships (Bagshaw et al., 2006).

Grief camps are an increasingly popular avenue for providing peer support to bereaved children. Camp programs have received positive feedback from children and are one of the most cost effective methods of preventative support (Kaplan Schreiber & McNamara O'Brien, 2015). Although most camps have only been subject to small-scale evaluations, a recent review of these interventions highlighted the promising environments they provide for children to develop and build resilience strategies (Clute & Kobayashi,

2013). In Australia, there are currently only a limited number of locally run groups designed to respond to the specific needs of children such as, parentally bereaved children, young carers, or those affected by cancer, in operation.

Internationally, a range of community-based targeted preventative approaches, have also been developed to respond to natural or terrorism related disasters. The model proposed by Gibbs et al., (2014) in Australia, which advocates for practices informed by an ecological framework and incorporating child focused participatory approaches, evidences the alignment of best practice principles from child and family welfare fields to the implementation of grief, trauma, and loss programs.

Therapeutic responses. Alongside the preventative approaches listed above, a range of therapeutic interventions have been developed to address the needs of children experiencing abnormal or complicated forms of grieving or trauma. Clinicians providing support to these children must be especially attentive to the interplay of grief and trauma symptoms (McClatchy et al., 2009). Interventions described in the literature include: counselling or child-centred therapy; play and other creative therapies; peer group therapy with children who have a particular loss experience; family therapy; and various cognitive behavioural therapy (CBT) modalities. Interventions which simultaneously support bereaved children and their parent/s are often deemed most suitable (Biank & Werner-Lin, 2011).

Counselling and child centred therapy. Very few practitioners or counselling centres around Australia appear to specialise in children's grief and loss. For those individuals who do not reside near counselling services, phone counselling is available through Kids Helpline or charitable organisations that provide support around specific illnesses (such as CanTeen mentioned earlier). School aged children may also have access

to counsellors within their school. Despite evidence which indicates that loss issues may be one of the primary reasons children access their school counselling service (Kernaghan & Stewart, 2016), research shows mixed results of the willingness and capacity of school counsellors to respond to issues of grief and loss (Beckel, 2006; Dougherty, 2016; Dyregrov, Bie Wikander, & Vigerust, 1999).

Counsellors or therapists specialising in grief and loss use different methods to discuss and attend to children's grief symptoms. A common treatment provided by at least 140 grief centres in the USA, is the manualised client centred therapy (CCT) developed by Cohen, Goodman, Brown, and Mannarino (2004). According to Cohen et al. (2004):

> "CCT focuses on healing the child and surviving parent through the establishment of a trusting, empowering therapeutic relationship in which the child and parent proceed at their own pace and in their own way through their personal grieving processes. Specifically, in CCT, the child or parent, rather than the therapist, directs the content and pace of treatment sessions" (p. 215).

Play and other creative therapies. Play or other creative therapies are also commonly adopted by child grief therapists, either as stand-alone methods or as an accompaniment to other approaches. This use of play stems from the recognition that play is one of the main ways in which children make sense of their world (Spinney, 2013). Play therapy can be directed or non-directed (Malone et al., 2011; O'Reilly & Dolan, 2016). Most commonly, play therapists aim to provide a safe place for children by entering the world of the child, and following the child's lead as they access a wide range of carefully selected toys and materials to express their feelings, thoughts, experiences, and behaviours (Pagotto, 2004 as cited in Bagshaw et al., 2006). Play therapy is often cited as especially

suited to younger children and is considered a valuable tool for engaging with children within child welfare settings (Bagshaw et al., 2006; O'Reilly & Dolan, 2016).

Alongside, or separate to, play therapy, it is common for therapists to use a range of other creative techniques to assist the healing process of children confronted with grief, trauma, or loss (Boyd Webb, 2003; Landau & Saul, 2004). These approaches may be especially helpful to boys, who find it easier to express their emotional experiences through concrete activities (Dyregrov, 2008). Art (Finn, 2003; Ziff, Pierce, Johanson, & King, 2012) and music therapy (Dalton & Krout, 2005; McFerran-Skewes, 2005; McFerran & Hunt, 2008; Rosner, Kruse, & Hagl, 2010) are both effective therapeutic approaches for addressing childhood grief. Further creative approaches include journal writing (Fearnley, 2015) and bibliotherapy – the practice of using books and stories as part of therapeutic care (Jones, 2001). A range of books are often recommended to help children engage with the topic of loss and make meaning from their own experiences (for examples see: Corr, 2002; Markell & Markell, 2008).

Peer group therapy. Therapeutic group work offers a peer-based, child-centred intervention model that offers different benefits to individual psychotherapy (Veale, 2014). Groups generally follow a similar pattern to psychoeducational groups – working sequentially and following a set framework or program. Therapeutic groups, however, offer a more in-depth exploration of the personal bereavement experience to assist the adaptation and coping process. To respond to this deeper level of personal sharing they are facilitated by qualified professionals, such as child and adolescent psychotherapists (Bistamam et al., 2015; Marino et al., 2015).

Family therapy. Family based approaches to bereavement care are effective in countering the intrapsychic focus of other grief therapies (Kissane & Lichtenthal, 2008;

Stokes, 2005). These approaches ensure children receive support within the context of their family, who are important to their resilience and recovery (Black, 1998; Rosenthal, 1980). One such evidence based model, developed in Australia and provided in palliative care settings – Family Focused Grief Therapy (FFGT) – aims to "optimise the family's relational functioning and mutual support, encourage the sharing of grief and promote adaptive coping" (Kissane & Lichtenthal, 2008, p. 486). Like other family therapy approaches, FFGT was designed for families whose offspring were adults, but its use with younger children and adolescents is common (Kissane & Lichtenthal, 2008). Within the wider family therapy literature there is, however, some concern about the ability of therapists to actively include children in sessions (Haslam & Harris, 2011; Oehlers & Shortland-Jones, 2013). As a consequence, many assert children may not currently be gaining the full benefit of this mode of therapy (Ford Sori & Sprenkle, 2004; Pereira, 2014).

Cognitive behavioural therapy. Cognitive behavioural therapy (CBT) is one of the most widely accepted and utilised approaches for enhancing the social and emotional wellbeing of children (Neil & Christensen, 2007). CBT has been readily applied to children's grief and loss. CBT, and more specifically, trauma-focused cognitive behavioural therapy (TF-CBT), is widely considered the most effective, evidence-based approach for responding to children experiencing trauma and for treating traumatic grief (Cohen, 2003; Cohen & Mannarino, 2011; Edgar-Bailey & Kress, 2010; Kilburn, Cannon, Mattox, & Shaw, 2014; Strasser, 2015). A recent study in Australia identified that TF-CBT was the only approach used in Australia, with children exposed to trauma associated with abuse and neglect, which met an evaluative criteria of being "well supported" (The Australian Centre for Posttraumatic Mental Health & Parenting Research Centre, 2014, p. 1).

Trauma Focused-CBT is a therapist-led prescriptive treatment program that involves some individual and some conjoint weekly sessions with a child and his/her non-offending caregiver over a period of 3-6 months (Salloum et al., 2016; Simonich et al., 2015). Within the therapeutic setting, treatment consists of "psycho-education about trauma and trauma reactions, stress-management training, work with affect expression and modulation skills, creation of a trauma narrative and alteration of maladaptive appraisals" (Dittmann & Jensen, 2014, p. 1222). Traumatic Grief-CBT is like TF-CBT, but with the addition of grief-focused components, most often implemented after the child has resolved their ongoing trauma symptoms. Mannarino and Cohen (2011) outline the additional grief-focused components in TG-CBT include: "grief education, grieving the loss and resolving ambivalent feelings about the loved one who died, preserving positive memories, and redefining the relationship with the person who died to one of memory" (pp. 29-30).

Although these approaches are widely regarded as the most evidence-based, some scholars caution that the weight of evidence for these approaches needs to be tempered, as they are not often studied for effectiveness from the user's perspective (Dittmann & Jensen, 2014). There is also some concern that due to their intrapsychic approach, some of the structural factors related to the child's family, historical, socio-political, and economic context may be neglected (Evers et al., 2016; Rabaia et al., 2014). This is especially concerning for children who reside in families who continue to face complex challenges and change.

3.7 Conclusion

This chapter provided an outline of the child and family service system in Australia to provide the context in which the present study and its participants were imbedded. The current limitations of the child and family welfare field to adequately protect children, and

identify and respond to their needs were highlighted. Recent reforms which have attempted to address shortfalls in the system and the promise they hold were presented. Despite this, these reforms are yet to translate into improved service experiences for children and their families. Unlike the experience of childhood trauma, issues of loss and grief have largely been left out of this reform agenda. With no explicit direction for identifying or addressing grief and loss, children's losses are at risk of remaining hidden behind the more pressing or tangible issues in children's or their families' lives.

With limited attention to loss in the child and family welfare field, responses to childhood loss have been left to specialised grief, trauma, and loss services. Those children most in need, however, appear most at risk of being left without access to appropriate and effective services. Specialist responses are limited and provided in a largely ad hoc manner, accessible to only small numbers of children around Australia.

In response to these issues with service provision, and the gaps in knowledge of childhood loss identified in the previous chapter, the following chapter sets out the methodology and methods used in the present study. The approach adopted was designed to give children, engaged with the child and family service system, the opportunity to contribute their views and knowledge on loss. As argued in this and the previous chapter, children have a right to inform the discourse surrounding the issues in their lives, and have much to offer when they are given the opportunity to do so (Brewer & Sparkes, 2011c; Chowns, 2013; Penny, 2007). The insights gained from the children in this study contribute to understandings of childhood loss and will help inform how Australia's child and family service systems can more effectively respond to children's needs.

Chapter 4: Methodology

4.1 Introduction

Chapters one, two and three established that children from families facing complex challenges and change are at risk of experiencing many losses which may have wide ranging consequences that extend well beyond childhood. Despite this, researchers are yet to consider the broad issue of loss from the direct perspective of children. This study fills this gap by adopting a phenomenological approach to answer the question: **How do children, from families facing complex challenges and change, perceive and experience loss?**

This chapter describes the research approach adopted to answer this question. The conceptual framework, which draws on a social constructionist epistemology and the theoretical lens of childhood studies, is first outlined. This is followed by a description of the phenomenological and participatory qualitative methodology adopted. The careful negotiation and management of ethical issues present when researching sensitive issues with vulnerable children are detailed, before the unique and innovative child-friendly methods applied in the study are explained. The children's reference group and the in-depth interviews used to gather the study's data are explained in detail, along with a comprehensive account of the interpretative phenomenological analysis which was applied to make sense of the data. Details on recruitment of participants, and the study sample, are also provided.

4.2 The Conceptual Framework of Social Constructionism

In the previous chapters, the recent use of social constructionist thinking to understand the two distinct fields of grief and childhood was presented. This study extends

the current literature on childhood grief and loss by exploring these experiences within one study and providing a unique and rich social constructionist account of children's experiences of loss. Central to new sociological understandings of both grief and childhood is the belief that knowledge is constructed within, and reflective of, the historical and cultural context (Crotty, 1998). This belief is grounded in the social constructionist idea that there is no objective truth waiting to be discovered, but that meaning is constructed through people's engagement with the world (Burr, 1995; Crotty, 1998; Ife, 1997). In line with this view, this study focused on providing an account of loss which carefully considered the social structures in which children reside, and paid particular attention to the interactive processes which take place within these settings (Burr, 1995).

In adopting a social constructionist approach, it was important that the study did not set out to locate or formulate a precise and definitive account of childhood loss. Rather, it was expected that children would have different accounts and understandings of loss, and that these accounts may offer new and different perspectives to those presented in the literature. Accepting and engaging with this uncertainty and complexity is critical for social constructionists (Smith, Flowers, & Larkin, 2009) and is a skill used by social work researchers when researching vulnerable populations (Parton, 2000; Spafford, Schryer, Campbell, & Lingard, 2007).

4.3 The Theoretical Lens of Childhood Studies

In line with a social constructionist approach – which reinforces the subjective nature of knowledge and social, historical, and cultural influences on experience – childhood studies provided the main theoretical lens for the study. The field of childhood studies, introduced in Chapter 1, provides a view of children and childhood distinct to the

dominant developmental lens. In the introduction provided in Chapter 1, the promotion of children as active and capable social actors was recognised as being a critical feature of childhood studies.

Chapter 2 outlined that current understandings of childhood grief are still commonly bound by a normative lens of child development. As such, the potential for a childhood studies perspective to influence dominant understandings of childhood grief is yet to be realised. Chapter 3 indicated that policy shifts have occurred within the child and family welfare field, to promote a more central and active role for children. These policy shifts, however, are yet to translate to considerably different practice experiences for children and their families. Despite this, the potential for sociological understandings of children to contribute to understandings of, and responses to, children is becoming increasingly evident. As such, the adoption of childhood studies to the study of childhood grief and loss provides a unique and timely contribution.

Childhood studies provided the impetus for the research approach as well as guidance on the methods used to ensure the research was conducted "with, rather than, on children" (Christensen & James, 2008b, p. 1). Recognising children as active participants in research is something I have embraced over the last 10 years of my research career. This stance has been assisted by four decades of childhood studies scholarship which has now seen the development of a diverse range of ethical and innovative methodologies and methods which allow researchers to uncover and honour children's perspectives (Leeson, 2014). This knowledge informed the methodological approach of the current study, by assisting with the development of methods suited to the study aims and the unique needs of the participants.

Chapter 4: Methodology

This study was also influenced by the growing number of childhood studies scholars who argue that the concept of agency, developed within the field of childhood studies, requires further critical development (Hartung, 2011; Valentine, 2011). In particular, Valentine (2011) argues that incorporating critical social perspectives into conceptualisations of children's agency is essential when considering the experiences of children who are among the most vulnerable in our community. This study set out to acknowledge children's agency and their capacity for meaning making, while also considering the influence of social processes and structures which impact on children's interactions with their world. The way in which social processes and structures may limit or constrain the agency of vulnerable children was particularly important to consider when designing a child friendly research space, and later during data analysis, when considering children's descriptions of loss experiences and their interactions with others.

The issue of how I, as the researcher, may enable or impede children's agency was further addressed with reflexive research practice. Childhood studies scholars (Christensen & James, 2008b; Moore, 2012) and social work researchers (D'Cruz, Gillingham, & Melendez, 2007; Fook, 2002) stress the need for reflexive practices which pay careful attention to the role and position of the researcher. This approach acknowledges that researchers are part of the social world they study (Frank 1997 cited in Ahern, 1999). It is vital that researchers become critically aware of their own presence within the research process (Barry, Britten, Barber, Bradley, & Stevenson, 1999).

According to Tufford and Newman (2010), reflexivity can "enhance the acuity of the research and facilitate more profound and multifaceted analysis and results" (p.81). The practical models of reflexivity offered by children's researchers (Moore, 2012; Phelan & Kinsella, 2013) and grief and loss scholars (Boss, 2006; Currer, 2007) adopted in this study, supported the reliability and credibility of the study. The co-reflexive activities

which I undertook with children, particularly in the children's reference group, also proved invaluable. These activities highlighted the dilemmas and dynamics which exist in the relational space between adult researchers and child participants, and provided strategies to overcome them. In addition, the processes I used to recount and reflect on my own childhood losses, outlined in Chapter 1, encouraged insights into my underlying assumptions about childhood loss that might impact on the research and helped me to acknowledge and address them.

4.4 A Phenomenological Approach

The conceptual framework and aims of the study required a research approach which captured children's perceptions and knowledge of loss, unburdened and unaffected, as far as possible, by my own or other adult's perceptions and knowledge of the topic. This is consistent with Edmund Husserl's call for researchers to "go back to the things themselves" (cited in Smith et al., 2009, p. 1). Husserl and fellow German philosopher, Martin Heidegger, were principal in developing phenomenology as a method of inquiry (Crotty, 1998). Phenomenology supports the study of subjective and complex human experiences, through an in-depth exploration of the phenomena under study, directly with those who experience it (Lester, 1999; Padgett, 2008). In the present study, this meant gaining access to children's worlds and eliciting rich accounts of their experiences of loss, with the aim of describing the essence of childhood experiences of loss (Moustakas, 1994).

Although there are no formal processes that must be applied in phenomenological research, many phenomenologists stress the interpretative processes which are implicit within this field of research (Danaher & Briod, 2005). Smith et al. (2009) explain that the researcher becomes engaged in a "double hermeneutic", as they attempt to "make sense of the participant trying to make sense of what is happening to them" (p. 3). As part of this

interpretative endeavour, any description of a phenomena provided by an individual, must also take account of context and (inter)subjectivity – "the shared, overlapping and relational nature of [an individual's] engagement in the world" (Smith et al., 2009, p. 17). In the present study, this critical interpretative approach included utilising the data analysis method of interpretative phenomenological analysis (IPA). The application of IPA, which initially stays close to participants' accounts, before much later incorporating conceptual interpretations from the researcher, ensured children's perspectives remained central, whilst also allowing social processes and structures to be explicitly considered (Smith et al., 2009). This recognition of the impact of context ensured the research approach aligned with the epistemological and theoretical underpinnings of the study.

Due to the inevitable interpretation of participant data by the researcher, the researcher's position is addressed at length in phenomenological literature. As such, phenomenologists provide further guidance on how to engage in reflexivity, advising researchers to acknowledge and then sideline their own preconceptions and knowledge (Moustakas, 1994; Padgett, 2008). IPA provided clear steps for re-considering and incorporating this 'sidelined' knowledge during the final stages of data analysis (Smith et al., 2009). The IPA approach adopted for data analysis is detailed on page 166 of this chapter.

4.5 Participatory Methodology

In accordance with the conceptual framework, the study adopted a participatory methodology. The principal of participation acknowledges that children are the most influential and active agents in the unfolding of their own lives (Davies 2005 cited in Gormally & Coburn, 2014). The participatory model adopted in this study reflected my desire to "'join with', and 'learn from' rather than 'speak for' or 'intervene into'"

participants' lives (Cannella & Lincoln, 2011, p. 83). I was committed to understanding and disrupting traditional adult-child and researcher-participant relationships. This disruption was principally achieved in negotiation with child participants, providing genuine opportunities for them to influence and change the research design, processes, and outcomes (Barter-Godfrey, Pollock, & Taket, 2014; Crotty, 1998; O'Kane, 2008).

A wide range of participatory approaches have been adopted in children's research to meet these aims. These approaches range from the use of innovative tools and techniques which allow researchers to listen to and hear children's voices, to studies which actively train and use children as co-researchers (Gormally & Coburn, 2014; Levy & Thompson, 2015). Within these approaches, scholars have agreed that optimal and genuine participation of children is enabled when:

- It has an impact on the study, rather than being purely consultative or tokenistic (Gormally & Coburn, 2014)

- Effective research design and relationships are created (Waller & Bitou, 2011)

- Power hierarchies are illuminated and dislodged, providing opportunities for researchers to relinquish control to participants (Barter-Godfrey et al., 2014; Bessell & Mason, 2014; Raffety, 2015)

- Children have active roles throughout the study (Lambert, Glacken, & McCarron, 2013)

- It is flexible and responsive (Barter-Godfrey et al., 2014)

- Children are engaged in co-reflexive activities which influence all stages of the research (Moore, Noble-Carr, & McArthur, 2016).

Chapter 4: Methodology

When these requirements are met, researchers can be confident that children have impacted on, and are represented in, the final research. These strategies also help overcome common ethical and methodological issues associated with children's research, and increase the validity and reliability of research findings (Hammersley, 2015; Thomas & O'Kane, 1998).

To promote genuine participation and reflexive engagement, this study built on a participatory methodology previously developed with my colleagues and employed in similar research projects with children and young people (Moore et al., 2016). Integral to this approach was the development of a children's reference group (CRG), comprising of children recruited to participate in the study. Children recruited for the present study could decide whether to participate in this reference group, an in-depth interview, or both. The CRG's focus and the activities they undertook are described in the methods section of this chapter.

Before the methods are detailed, a description of the recruitment and profile of participants is provided. The ethical issues which had to be negotiated and managed before the study proceeded are also outlined.

4.6 Participants

Recruitment of participants. The participants of this study were children aged 6-12, from families facing complex challenges and change. The recruitment strategy for the study focused on building positive networks and relationships with key people in these children's social worlds. These key people included professionals from the ACT child and family service sector and children's parents or carers. In children's research it is common to refer to these adults as 'gatekeepers', as they are often viewed as an obstacle to accessing children (Nutbrown, 2011). Drawing from Nutbrown's critique (2011), I chose

to re-frame these adults as important guardians or supporters of children, and as potential partners in my research. These guardians helped me to recruit children and supported the children throughout their participation in the study. All professionals who recruited children agreed to provide support to participants, if required, throughout and after the study. These partnerships were also valuable to support dissemination strategies and the translation of the research findings into the child and family service sector and children's homes.

Recruitment for the CRG and interviews took place over a six-month period, and required a persistent and patient presence within the ACT child and family service sector. I promoted the study by distributing pamphlets and speaking at a wide range of forums, including training sessions, and team and network meetings (See Appendix A for a copy of the recruitment pamphlet). At these recruitment sessions, I emphasised that I did not want to interview a particular sub-set of children (for example, those who were more 'vulnerable' or more 'capable' than others). I also emphasised that I did not want to focus on children where losses had been identified as being a major concern. The only eligibility criteria was that the child (aged 6 to 12 years of age) or their family were accessing support from their service, and that the child's family was considered to be experiencing complex challenges and change. I do not know whether these professionals offered the research information to all eligible clients, how many families were asked that declined to participate, or how professionals made decisions about who they asked to participate in the study. Children were referred by a wide range of child and family service providers. Sixteen children were referred by varying homeless support services. Two children were referred by a counselling service for children and their families. A further two children were recruited through a respite care program, and the final two children were recruited from an agency which advocates for children in out-of-home care.

Chapter 4: Methodology

Once a referral was received I contacted the family and organised a visit to their home to introduce myself and the study. This visit usually lasted 45 minutes to an hour, and was an opportunity to:

- Introduce myself and gain some rapport with the child/ren and their family

- Explain the purpose and processes involved in the study

- Explain children's rights within the study (see Appendix B for rights cards used for this purpose)

- Carefully go through the proposed content for the CRG or interview (see Appendix C for the interview booklet which I bought to these sessions)

- Encourage children to ask questions

- Once they were fully informed about the process, gain the consent of the child and their parent if they decided to participate (see the tick box child consent form in Appendix D).

The relational qualities which I consciously bought to each interaction with children and their families commenced at this interview and were reinforced each time I met with them. These included being: empathic, respectful, genuine, and optimistic. These qualities promote trust and positive relationships with vulnerable children and their families (Scott et al., 2013) and are consistent with relational qualities outlined as necessary by children's researchers (Leeson, 2014; O'Kane, 2008; van Bijleveld, Dedding, & Bunders-Aelen, 2015). The quality of the interactions at this early stage was critical to the study's success; it confirmed the claims of previous researchers that such preparation and rapport-building enhances the efficacy of children's participation (Lambert et al., 2013; Leeson, 2014; Mishna, Antle, & Regehr, 2004).

Chapter 4: Methodology

Sample. Twenty-four children agreed to an initial meeting. Two of these children did not go on to participate in the study; one was uncontactable after the first meeting, and another chose not to participate once he fully understood what he would be asked to talk about in the study.

Children's Reference Group (CRG). Thirteen children, including eight females and five males, participated in the CRG. Table 1 outlines the age and gender of these participants. Twelve children participated in the first and second group meetings, held one week apart. The structure and aims of these meetings are detailed in the methods section below. Approximately a month after these initial meetings, three of these children helped pilot the interview, participating in an interview and providing feedback on the content and process afterwards. At each subsequent interview, any children who had not participated in the first two CRG meetings were invited to attend any following sessions. All but one child indicated they would like to do this. As the study progressed, however, I was only able to reconnect with four children for the final reference group meeting, held approximately six months after the first two meetings. The inability to contact families at this stage reflected the nature of the participant's lives, which were characterised by constant change and complexity.

Table 1: Age and Gender of Children's Reference Group Participants

Age	Number of participants	
	Male	**Female**
6	2	-
7	-	1
8	-	2
9	3	1
10	-	1
11	-	1
12	-	2
Total number of participants	5	8
	13	

In-depth interviews. Twenty-two children, aged 6-14, were interviewed for the study – 13 girls and nine boys. Thirteen of these children had also participated in one or more reference group meetings. Table 2 outlines the participants' gender and age at the time of their interview. In line with ACT government policy definitions of children and the primary school age cohort in Australia, the intention was to target children aged 6-12. Despite this, I received a referral from a service which had already approached a 13yr old girl who had agreed to participate in the study. In acknowledging the limited opportunities of children to participate in activities like this, I felt it was inappropriate to refuse entry to the study after she had already agreed to participate. By the time the interview took place this participant was 14 years old.

Chapter 4: Methodology

Table 2: Age and Gender of Interview Participants

Age	Number of participants	
	Male	Female
6	2	-
7	1	1
8	2	3
9	3	3
10	1	2
11	-	1
12	-	2
13	-	-
14	-	1
Total number of participants	9	13
	22	

Cultural background. Ten of the 22 children identified as Australian. Four participants identified as Aboriginal. Three of these were siblings. A further eight children identified as having a culture other than Australian, they were all born overseas and seven had moved to Australia in the last two years. Seven of these children identified themselves as coming from the Pacific Islands.

Family circumstances and loss experiences. Despite the diversity of the sample, the participants shared common experiences and challenges. Beyond cultural background, all of the information gained about children's families was reliant on what children decided to voluntarily share throughout their interviews. Through the interview process a range of issues and circumstances surfaced that highlighted the challenges and changes experienced by children's families. Almost all children who participated were currently experiencing, or had recently experienced, homelessness. All children were from families experiencing financial hardship. Instability in housing, caregiving relationships, and limited connections to the community, were commonplace for many of the children. Many had also experienced conflictual family relationships, with at least two children recounting episodes of family violence during their interview. Parental mental illness, disability, drug

use, and incarceration also emerged within children's stories and were amongst the complex tapestry of issues facing the children in the study, but these issues were discussed less often than those previously mentioned.

The specific loss experiences disclosed by the children, and considered significant to them, included loss of family, friends, and fun. Loss of family was experienced by all participants. Over a third of the participants had lost a family member to death – four had lost a grandparent, two a sibling, and another two an aunty. Over two thirds had experienced parental separation or divorce. Almost half of the children had minimal or no contact with at least one of their parents. An additional four children had very little, or no contact, with either of their parents; two of these were in out-of-home care, and two were in the care of extended family due to their parents living overseas. Three children had been removed from their parent's care due to abuse or neglect, one of whom was now reunified with their parent. Pets were also considered family and the loss of pets was discussed by half of the participants. Loss of friends, discussed by over half the participants, and loss of fun and other opportunities, described by all children, were also considered significant losses.

As the child participants' life circumstances indicate, the majority of children talked about experiencing multiple losses. As children most often discussed loss as an ever-present part of their life experiences, rather than as a distinct event, it was often difficult to quantify how many distinct losses each child had experienced. Analysis of the interview transcripts did, however, reveal that over half of the children (12) discussed five or more different types of loss events or experiences during their interviews. A further eight children discussed three or four different types of loss events or experiences and two participants concentrated on discussing two or less different experiences of loss. Common combinations of loss experiences for children included the loss or absence of a significant

family member (most commonly through death or parental separation), friends, possessions, pets, homes, and fun.

4.7 Ethical Considerations

This study adopted several measures to ensure ethically sound research practices were employed throughout all stages of the study. Ethics approval for the study was obtained from the *ACU National Human Research Ethics Committee*, which upholds the standards and expectations required under the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, Australian Research Council, & Australian Vice-Chancellor's Committee, 2015). See Appendix E for the approval letter. Compliance with these standards, along with the ethical standards set by the Australian Association of Social Work (AASW) (2010), ensured the study was conducted in line with current professional guidelines.

Children's researchers caution, however, that adhering to such guidelines does not necessarily guarantee the rights and interests of children will be upheld (Daley, 2015). Alongside adherence to "procedural ethics" (which attend to stated protocols or guidelines), an "ethics in practice" approach (which allows for continual reconsideration of ethical issues) is essential to appropriately address "the difficult, often subtle, and usually unpredictable situations that arise in the practice of doing research" (Guillemain & Gillam, 2004, pp. 261-262). These issues become even more critical when exploring sensitive topics with children, where issues of informed consent, safety, and wellbeing are critical (Graham, Powell & Taylor, 2015). Fortunately, the question of how researchers can attend to such ethical concerns has been well-canvassed throughout the children's research literature, particularly over the last few decades. This literature has uncovered that a particular focus on, and ongoing commitment to, issues such as informed consent,

protection of children, privacy, anonymity and confidentiality, and payment of research

participants are among the most critical elements for ethical research with children

(Powell, Fitzgerald, Taylor & Graham, 2012). These issues, along with questions of

power, are central to the ethical concerns of children's researchers (Abebe & Bessell,

2014).

A summary of how each of these issues were addressed throughout the present

study is provided below. Many of these strategies are revisited throughout the chapter, and

further discussed within the contexts they arose. This reflects the way these issues were

continuous and integral components of every study process, rather than one-off procedural

issues.

Informed consent. In accordance with national ethical guidelines on conducting

research with children, parental consent was sought and provided for each child in the

study (National Health and Medical Research Council, Australian Research Council, &

Australian Vice-Chancellor's Committee, 2015). Children who were living in out-of-home

care required the consent of their foster carer and a designated manager from the

Community Services Directorate, acting as their legal guardian. In addition to this, and in

response to criticisms that traditional research approaches have underestimated the

capability of children to consent to research, informed consent from children was also

obtained (Hendrick, 2008; Mishna et al., 2004).

Providing clear information, that has an emphasis on children's rights, assists

children and their parents to give informed and unpressured consent to participate in

research (Alderson & Morrow, 2011). To this end, a pamphlet was developed and

distributed to each child, parent, and carer before they decided to participate in the study

(see Appendix A). I read through this pamphlet at my first meeting with families. At this

meeting, I also outlined, and role modelled, children's rights (see Appendix B) and provided a copy of the interview booklet (see Appendix C), or the proposed reference group activities (see Appendix F). This addressed concerns that children are often unable to anticipate the range of personal experiences that will be addressed within a research study and, as such, are not always informed enough to accurately consent (Mishna et al., 2004).

Tick-box consent forms ensured that information and rights were re-explained to children, as they considered, understood and agreed to each part of the research process (see Appendix D). This consent form was revisited each time children met with me, allowing them to re-negotiate their consent as the nature of the research became clearer to participant and researcher (Phelan & Kinsella, 2013; Shaw & Holland, 2014).

One of the primary concerns raised by children's researchers is that children can find it difficult to act on their right to withdraw from a study once they have agreed to participate (Mishna et al., 2004; Phelan & Kinsella, 2013). To address this issue, children's researchers recommend techniques which allow children to indicate when they don't want to answer a question, or would like to cease their involvement (Leeson, 2014). In the CRG meetings, a separate activity table was provided for children who did not want to engage in research activities. Children could come and go from this table as they chose throughout the meetings. Likewise, in each interview children were provided with small red, green and orange flags. The meaning of these flags was negotiated with each child, reflecting their interpretation of traffic lights. Some children thought orange meant "be careful"; others thought it meant "go slow"; while all children indicated that green meant "go"; and red "stop". Children were provided with these flags at the beginning of their interview and some used them to indicate their willingness to answer questions throughout the interview.

Chapter 4: Methodology

In addition to concrete tools, it is also important to be aware of, and responsive to, the subtle signs that a child may no longer wish to participate or discuss a particular issue in an interview (Mishna et al., 2004; Parsons, Sherwood, & Abbott, 2016). In each interview I paid careful attention to children's verbal and non-verbal cues, and the relational dynamic between us. In one interview a child provided repeated short answers and chose not to complete any of the worksheets. I checked in with him, and once I reminded him he did not have to complete the interview and could still keep his $30 voucher, he chose to cease his interview after 10 minutes.

Protection of children. The wellbeing of children was of utmost importance in this study. I adopted practices which could extend the ethical principle of non-maleficence, that is to do no harm (Drake, 2014), aiming instead for children to benefit from participation and for the research to bring about good outcomes (Bogolub, 2010). To ensure children were supported during the study, referrals were only accepted if they, and their parent or carer, were currently engaged with a support worker from the ACT child and family service sector. These support workers had agreed to provide support to participants, if required, during and after their involvement in the study. Children and their families were also provided with phone numbers for 24hr support services, allowing them to access additional support anonymously. Children and families were told that if I had concerns that any child was unsafe or at risk of being hurt, I would have to tell someone. I advised that in such cases, where possible, I would first talk to them. As the study progressed I did not have to make any reports to care and protection authorities, or divulge any information to support workers or parents without the permission of children. In some cases, when I was worried about the wellbeing of children, I negotiated and agreed with the child, to let their carer or parent know how they were feeling at the end of the interview.

Chapter 4: Methodology

In addition to the supports listed above, it was critical to consider ways for children to explore their often painful and difficult experiences without becoming too distressed (Leeson, 2014). My experience as a social work practitioner and researcher with children and young people for over 20 years, equipped me with practice skills and techniques to talk sensitively with children and proactively manage tricky conversations. Mechanisms to ensure children were fully informed and could exercise choice over their participation further supported their protection and wellbeing. Children were reminded that they did not need to share any information they felt uncomfortable discussing, or do any activities that created discomfort. This was appreciated by children, and at the completion of the study Freddie (8yrs) commented, *"I especially like the rule you don't have to do anything you don't want to do"*.

Check-in and check-out processes were also used in each group and interview (details on pages 150 and 163) to assess children's wellbeing and emotional comfort before, during, and after their participation. Any children who showed signs of distress were reminded they did not need to continue with the study, were attentively listened to and, if necessary and with their permission, were encouraged and assisted to further discuss these feelings with an appropriate adult. Where necessary, these discussions were facilitated by me in the first instance, and children were given strategies and support to manage their discomfort.

Privacy, anonymity, and confidentiality. Privacy considerations in research include the need to have a safe and private location for research activities, and processes to ensure participants' privacy, anonymity, and confidentiality (Powell et al., 2012). To accommodate the first of these concerns, an environment where the child feels comfortable is likely to be most conducive for productive research meetings (O'Kane, 2008). Children could choose where they wanted to be interviewed and who they would like to have

present. Twenty children chose to be interviewed at their home and two chose to be interviewed at the University.

Conducting the interviews in children's homes had many advantages. Children seemed at ease in their natural environment and quickly assumed control over the exact spot where the interview would take place and who else would be present. Ten participants chose to have someone else present during the interview. Six children chose to have one or more siblings or a cousin present, three chose to have their parent or carer present, with siblings being sent to another room, and one chose to have their parent and siblings present. Scholarly opinion on the appropriateness of parental presence during interviews is mixed – with some citing positive benefits, such as added safety and security for the child and others raising concerns about potential negatives, such as the tempering effect it may have on children's responses (Lambert et al., 2013). Little attention has been given, however, to the effects of sibling or peer presence during interviews. This is interesting given the preference of many children in this study to be accompanied by another child during their interview. In the present study, any other people present during interviews appeared to exert minimal interference on the process and, for the most part, sat quietly. There was also no evidence that these other children, who supported the participant, were adversely affected by their involvement. These children were privy to the same discussions about rights, and were given the same support as participants.

To address the second privacy concern, all participants were provided with information about confidentiality and how their information would be used. At the end of each interview I negotiated a confidentiality agreement using an activity sheet: 'sharing my story' (see final page of interview booklet in Appendix C). This sheet was adapted from a child-centred practice toolkit (Moore & Layton, 2009). This process ensured everyone present during the interview was clear on what the child did or did not want to be

shared, and with whom this information could be shared at the end of the interview. This agreement was signed by all people present.

All but one of the children agreed for their interview to be audio recorded. Children were told they could control the recorder and turn it off whenever they wanted, and many did so. All material was de-identified as interviews were transcribed, audio files were destroyed, and the child was referred to by their alias (which they had chosen) from this point onwards. As children chose their alias, further discussions were held about the potential for them to be identified by significant others in their lives in the reporting and dissemination stage of the study. Careful attention was, and will be, paid to ensure children cannot be identified in publications resulting from the study.

Payment of participants. There is no consensus on whether children should be paid for their participation in research, or what kind of rewards are appropriate (Powell et al., 2012). In line with the principle of beneficence, I felt it was important that children benefit in a concrete way from their participation. A $30 shopping voucher was provided to each child, each time they participated in a group or interview. This payment acted as an appropriate symbol of "ethical fair returns" for children's contributions to the research (Alderson & Morrow, 2011, p. 68), recognising the value of their contributions and positioning them as experts. In line with Abebe and Bessell's (2014) recommendation, the issue of payment was discussed and negotiated with children from the CRG and, consequently, each child was able to choose the shop their voucher was purchased from.

Addressing power imbalances. Ultimately the biggest challenge for researchers working with children is the disparity in power and status between adults and children (O'Kane, 2008). Children's researchers have sought to rectify this imbalance in two key ways – through the choice of methods and the researcher interactions with participants

Chapter 4: Methodology

(von Benzon, 2015). In line with recommendations from children's researchers this study also addressed power imbalances by promoting opportunities for co-reflexive exercises (Christensen & James, 2008b; Moore, 2012; Moore et al., 2016). This occurred within the CRG, where participants helped me to understand how they perceived research and researchers, and how issues of power can be mediated within the research context.

Using child friendly activities is one of the most effective ways to overcome traditional power imbalances. Such methods reflect children's, instead of adult's everyday worlds, and assist children to exert agency within the research space (Butler & Williamson, 1994; O'Kane, 2008). I devoted a great deal of time to developing fun and engaging data collection tools to be used in the CRG and interviews. The children provided advice and feedback on these tools, which are detailed in the following section on the content of the children's reference group and in-depth interviews.

These tools and methods I developed were to be used in the context of adult-child relationships, and without careful attention to the dynamics of these relationships, it is acknowledged that methods alone are unlikely to shift ingrained power differentials (O'Kane, 2008). This became clear when I noticed early in my initial meetings with children, that the choice and control provided to children appeared to unsettle some. Many children hesitated over the consent form when they read, 'I don't have to do anything I don't want to do, or answer any questions I don't want to answer'. At the start of one interview a child hesitated, stating: *"I am just like, I am in charge of the interview, it's weird"*. Many children were slow to ask questions at our initial home visit, with one child commenting: *"I thought you were here to ask me questions"*.

Providing each child with non-threatening opportunities to test out, and personally negotiate how they could exercise choice and control, was critical for establishing trust

between myself and the child. This began at the initial home visit through fun activities like 'Talking Cards' which ask children about their favourite holiday, movie, or questions such as "what could you not live without" (Moore & Layton, 2009, tool 5A). I would encourage children to select a card and then let them decide which person in the household had to answer it. After completing this activity, children appeared more at ease and prepared to ask questions about me and the research. Other important tools to support choice and control, such as the flags used to monitor consent, and the audio recorders, were also trialled by children in non-threatening ways at the start of the interview process.

Children appeared more able to exercise the choice and control being offered to them as genuine relationships developed between us. The attention I gave to every interaction I had with children, as outlined above, and the trust and positivity that this promoted, was an essential part of obtaining rich data – a necessary component of a phenomenological study (Leeson, 2014).

4.8 Methods

In accordance with the participatory model adopted, children were offered the opportunity to join the study in an 'expert' advisory role (the CRG), partake in an in-depth interview, or do both. This approach maximised choices, and recognised and valued children as experts in being children, and experts in their lived experiences of loss. The CRG provided advice and direction on all stages of the research project, ensuring children's perspectives and knowledge informed decision making throughout. Key contributions of the CRG included: considering what loss is; advising on how to present or discuss the topic of loss with children; assisting to develop and test an interview booklet; checking data analysis; and providing advice on reporting of the results.

Chapter 4: Methodology

The fact that many of these children also participated in interviews allowed us to explore the subject of loss from many distinct, but complementary angles, in groups and individually, and move from thin or surface descriptions of the topic to thicker and more in-depth descriptions of their personal experiences as they engaged more fully with the topic over time. This approach is particularly useful in children's research (O'Kane, 2008). The two formats – and the activities and tools provided within them – allowed children maximum choice over how they engaged with the topic. This further provided a sort of "methodological triangulation" as children engaged in a diverse range of activities (Christensen & James, 2008a, p. 160). This combination of different data collection methods provided further avenues for analysis, corroboration, and confirmation of data (Padgett, 2008).

The following section of this chapter provides a detailed description of each CRG session and the format and activities used within the in-depth interviews. The detailed description of these data collection methods serves as an example of the thorough approach required to not only address the ethical requirements of research with vulnerable children on sensitive topics, but also to elicit rich and meaningful data.

The children's reference group (CRG). This section describes the three formal meetings held with the CRG – two before, and one after interviews – and the process of piloting interviews.

Reference group one. The first meeting of the CRG was attended by twelve participants, aged 6-12yrs. Due to the high number of participants, and the length of the session (2.5 hours) two social work research colleagues helped facilitate small group activities within the session. The purpose of this first session was: to explore children's perspectives of the researcher role; understand how research processes could be as

meaningful, respectful and safe as possible for children; and to begin to explore how children perceive and define loss. The meeting plan is detailed in Appendix F. The session incorporated opportunities for movement and play, inside and outside, and eating and drinking. In addition to the activities listed below, children could sit at an opt-out activity table with lego, colouring-in sheets, paper and pencils, and three i-Pads containing assorted games. Regular breaks ensured children who participated in all planned activities also had an opportunity for inside and outside free play.

Ice-breaker and 'how are you feeling' activity. The first activity was designed to allow researchers and children to get to know each other, and feel comfortable within the group setting. The children were given a plain cut-out person and asked to make a representation of themselves, or another random child. As children joined in the craft activity they started to share their likes, dislikes, and interests with each other. As Lester (1999) suggests, this type of rapport-building exercise is critical to gaining in-depth information later. When all children had completed their person they were asked to place them on the whiteboard along a rainbow feeling spectrum (see photo on the next page).

Chapter 4: Methodology

Check-in and Check-out Activity used in the CRG:

The image at the other end of the rainbow (not seen in photo):

This activity was based on a similar check-in and check-out activity used by Ong (2014) in a child bereavement program. The children were directed to re-place their person to demonstrate how they were feeling throughout the session as required and then at the end of the session. Cut-out people made by the children and facilitators were retained by the researcher and the same rainbow feeling spectrum was used in subsequent CRG meetings. The cut-out images were also used to decorate the front cover of the interview booklet (see Appendix C), allowing new participants to see the children who had helped with the study design and development. This tangibly transferred the notion of child as expert into the interview environment; a step which assists children to talk confidently about their views, knowledge, and opinions (Levy & Thompson, 2015).

Rights and responsibilities activity. In the next activity I placed research rights cards (see Appendix B) on the floor and asked children to select and explain them to the

rest of the group. Children could provide their own answer, or turn the card over, where a definition had already been provided. This gave the children an opportunity to re-visit the concepts they had already consented to when completing their consent form, and to explain the concepts in their own words – words I then borrowed for later meetings with other children. This was important for two reasons. Firstly, it helped me be confident that the children understood what rights they had within the CRG meeting, including to cease their involvement. Secondly, it uncovered the best ways to explain rights to future child participants. One of the phrases which I borrowed for later interviews was, *"if it doesn't seem right to talk about it you can stop"*. I learnt that some children would make the decision to stop on their gut instinct alone, and I wanted to validate this and reiterate that they did not have to provide a reason for stopping. Finally, in this activity, children were also asked whether any further CRG rules were needed. One extra rule was provided – *"Hands off, feet off"*.

Wanted posters. The next activity facilitated discussions on the dynamics between researchers and children and highlighted the things children viewed as being important in these relationships. The children were given the option of making another cut-out person of a researcher, or completing a wanted poster, to describe the optimum characteristics of a researcher. A couple of the wanted posters created by children are provided below. Many of the children's posters and comments centred on what the researcher should look like – with many calling for researchers to *"dress modestly"* or *"not wear too much make-up"* – and how they should interact with children – *"don't swear"*, *"talk about yourself"*, *"smile"* and *"have a giggle"*. This validated the attention required to more informal aspects of the research relationship, which are often not considered within the broader research literature (Wilkinson, 2016). During this activity children expressed their ideas on the difference between researchers, teachers, and counsellors; they provided children's

language and frames of reference to explore and reiterate the researcher's role and boundaries in later interviews. The issue of payment of participants was also discussed and negotiated with children at this time.

Wanted Posters Completed by Children in the CRG:

WANTED

SM:)E
Don't stare or look at people, especially younger children, too frequently
Should younger kids, say something appropriate but funny sometimes
Dress modestly
Don't wear heavy makeup
Hands on - games, puzzles and activities
Talk about your own experiences

WANTED

- No swearing.
- No pushing or kicking/punching.
- Not Making People uncomfortable.
- Don't exclude People.
- include People in your things.
- Have a giggle with them.
- Come with a big smile for the Day.
- you can any cloths but not inappropriate cloths.
its good to have good to keep going!! Behave giggle AWESOME giggle Have your own time talking

What is loss? One of the main aims of the CRG was to explore children's perceptions of loss, free from my own pre-conceived ideas and perspectives. A series of activities were created to help answer the research question of how children perceive loss, and to develop a child-led description of loss for use in the interviews. Using concrete activities – such as games and activity sheets – with children to develop a shared understanding and agreed language of subjective or abstract terms is a key strategy in children's research (Bessell & Mason, 2014; Danby et al., 2011; Moore et al., 2015; O'Kane, 2008). The group format proved highly successful for this task, allowing children

Chapter 4: Methodology

to interact with each other to ask questions, challenge, disagree, agree, and generate

unexpected or novel knowledge (Braun & Clarke, 2013; Mayall, 2008).

In the whole group, children were asked: What do you think loss is? And, what is

the first thing you think of when I say the word loss? These questions quickly sparked

discussion within the group. My role was to record the information and to explore their

ideas by asking open ended questions or playing devil's advocate to encourage debate

amongst the group. The children then broke up into smaller groups of their choosing and

could complete a Y Chart of what loss looks like, feels like, and sounds like, or look at

Photo Cards. The Y Chart activity (see examples in Chapter 6 page 234) was an activity I

had seen my own children complete for school homework. Tools which draw from

common experiences and competences of everyday school practice support children to

engage fully in the research process (Christensen & James, 2008a). This activity was

popular and elicited much discussion. Children also agreed that this activity should be used

in the interviews.

The Photo Cards activity drew on recommendations from children's research

literature that photos are an engaging and effective strategy to promote dialogue with

children (Kearns, 2014; Mauthner, 1997). Children were asked to select photos which may

depict a loss, from the 'Picture This' and 'Two Worlds' Card Packs sourced from St.

Luke's Innovative Resources (Anglicare Diocese of Sydney & Innovative Resources,

2013; Innovative Resources, 2007). The children were then asked to explain why they had

chosen these photos.

Within these small groups children were asked to further explore their perceptions

of loss with the use of cards prepared by me earlier. Each card presented an everyday event

or life experience, such as 'not getting what you want for Christmas' or 'A friend moving

away to a new city' (see Appendix G for the complete list of events and experiences). The cards were provided to three groups of four children who had to categorise the statements into whether they were likely to result in a big loss, medium loss, little loss, or no loss at all. Once statements had been categorised, children had a chance to review their decisions and they were asked to clarify why they had categorised them in that way. This activity generated much discussion and important insights into how children perceive loss (this data is presented and interpreted in Chapter 5, pages 182-185).

Categorising Loss Events and Experiences:

Chapter 4: Methodology

After these small group activities, Kimochis – soft palm-sized toys which name an emotion on one side, and have a face which depicts the emotion on the other (see picture below) – were introduced to help children pinpoint emotions or feelings associated with loss. A list of all emotions represented on the Kimochis can be found in Appendix H. The Kimochis sparked lively discussion around emotions and were subsequently used in interviews on the children's recommendation.

Kimochis used in CRG and Interviews with Children:

This first reference group meeting helped me gain a good idea of how children conceptualised loss and allowed me to begin to be familiar with the language they used to discuss it. I also developed understandings of how children conceptualise research and the specific issues which required further consideration as I developed data collection tools and processes. Importantly, I had also developed rapport with 12 children and increased their interest and motivation to be involved in the study.

Reference group two. The second reference group was held a week after the first. This meeting also went for two and half hours, was attended by 12 children, and facilitated

Chapter 4: Methodology

by the same researchers. The purpose of the second reference group meeting was to confirm and build on the knowledge gained in the first meeting, and assist with the development of the interview schedule and plan. The outline of this meeting is provided in Appendix F. The first activity in this session, required children to develop an interview schedule and then use it to interview one of the researchers about loss. This role-reversal activity was used to elicit further information about the interactional dynamics between researcher-child, and allow children to contribute to the structure of in-depth interviews.

For the role reversal activity, children placed themselves in small groups and were given strips of paper with pre-prepared potential interview questions. Children were asked to decide on good questions that should remain, and not so-good questions, to be discarded. The children could also re-word questions and add new questions of their own. Allowing space and time for children to come up with their own questions addressed concerns that if children simply answer adult-created questions, the questions may be irrelevant and the truth never discovered (Alderson & Morrow, 2011; Lambert et al., 2013).

Once the children were happy with their list of questions, they were asked to paste their question strips onto paper in an appropriate order for an interview. The children then chose an adult – myself or one of my two social work research colleagues – and conducted a mock interview, with the child as researcher and the adult as participant. This activity greatly influenced the development of the final interview schedule. For example, some of the children decided the topic of loss could be confusing, so a definition was needed at the beginning of the interview. I also followed children's advice that we should *"probably stick to 7 or 8 questions"* during the interviews. I included questions which children developed, such as, *"what has happened in your life that has made you feel sad, angry, scared, worried or upset?"* and *"what's your culture?"*. I also decided to start the

interview with some getting-to-know-you information, which reflected the many questions children had added to their interview schedule, such as *"what is your favourite shoe?"*, *"what is your favourite subject at school?"*, and *"what is your favourite song?"*.

The next activity saw children move around the room to different tables where they could view and trial a diverse range of proposed interview tools and activities. Fifteen activities were available for trial including: clouds on which to write or draw hopes and wishes; *strength cards*, *funky fish feeling cards*, and *pocket of stones* all from St Lukes Innovative Resources; children's fictional diary entries; just being asked questions about loss; and, a variety of other activity sheets. Children added stickers to an evaluation chart which accompanied the activity at each table to indicate how much they liked the activity. The examples on the next page show four of the completed worksheets. The first two (clouds for hopes and wishes & strength cards) were supported by children and consequently used in the interview pack; the final two (just asking questions & reflecting on fictional diary entries) were not supported, and therefore not used in the interview packs.

Evaluation Chart for Proposed Interview Activities:

Chapter 4: Methodology

In the penultimate activity for this CRG, children were asked to take a pre-prepared paper cloud and write, or draw, their hopes and wishes for the research project. Most of the children wrote they hoped that other children would get *"happiness"*, *"laughter"*, or *"fun"* out of their participation in the study. This was important to keep in mind as I progressed to the next stage of developing the interview schedule.

Finally, we had a mini-celebration as the planning stages of the study had neared completion. As a group, we played a version of I Spy, where children recognised each other's character strengths – this game came from the Kids R Central Toolkit (Moore & Layton, 2009). Certificates of appreciation were presented to each child, as well as their $30 voucher. These final activities acknowledged the importance of appropriate endings to children's involvement in research, especially when the potential for loss or sadness exists (Abebe & Bessell, 2014; Hadfield-Hill & Horton, 2014; Leeson, 2014).

Piloting interviews. The benefits of pilot interviews in children's research are well recognised (Danby et al., 2011). Three of the CRG members, aged 6, 10 and 12 (two girls and one boy), participated in pilot interviews. With the children's agreement, the data from these interviews was included in the study. After being interviewed, each of the children was contacted by phone by one of my social work research colleagues who had co-facilitated the CRG meetings. Children were asked for feedback on the interview process and how they thought it may be improved for other children. The questions used for this feedback session were adapted from previous children's research projects I had conducted, and which now form part of a reflexive practice model developed by my colleague, Tim Moore (2012). The feedback provided by children was overwhelmingly positive and re-iterated that the children found the interview to be a positive experience. The only advice for improving the interview was to provide more food. Consequently, subsequent interviews had more than enough food.

Chapter 4: Methodology

Reference group three. The final reference group was held six months after the

first CRG meeting, after all interviews had been conducted and initial data analysis had

been completed. The main purpose of the final meeting was for children to comment on

the key themes which had emerged from the interviews and assist with plans for reporting

and dissemination. Children were also able to check the analysis of their own interview

and to reflect on the process of being involved in the research. See Appendix F for the

outline of reference group three. Providing an opportunity for participants to check data

analysis is increasingly common in qualitative research (Moore et al., 2016). Participant

checking enhances the rigor, trustworthiness, and credibility of the study; it ensures a close

fit between the respondent's views and the researcher's description and interpretations

(Bolas, Wersch, & Flynn, 2007; Brocki & Wearden, 2006; Padgett, 2008).

Four participants - all females aged 8-12 - participated in these discussions and

their contributions provided further depth and reasoning to some of the key themes, and re-

orientated some of the priorities for reporting. To enable children to comment on the key

themes, I developed seven A3 posters (see Appendix I). I guided each child through the

posters and provided coloured markers so they could write directly on the posters which

had been laminated. For each poster, I asked the children to consider: what they agreed

with; what they found surprising; what they thought was not quite right or should be

changed; what could be explained differently or better; and what they thought adults might

find surprising. This allowed the children to engage directly with the data, highlight certain

points, re-write others, add new information, and re-order concepts.

Throughout this session I also sought further information to help contextualise the

emerging findings. Two ranking activities were developed for this purpose. The first asked

children to rank which issues made their losses more difficult to cope with (see Appendix J

for these statements); the second asked children to rank the reasons why they choose not to

talk to others about their losses (see Appendix K for these). Children were presented with 8-10 statements which reflected the data gathered from children's interviews about the above issues and 10 stickers. Children were instructed to allocate stickers to the statements they thought were most important. They could allocate stickers however they chose (for example, one on each statement or all ten on the one statement).

In closing, children also had the opportunity to reflect on their involvement in the study and to give advice which I could pass onto colleagues or use myself in future studies. This discussion also explored why children felt they could speak to me about loss, when they had stated that it was something they would not usually talk to adults about. This added important information to my findings and analysis, presented in the chapters to come, and was particularly helpful when considering how service systems could better respond to children's loss experiences.

In-depth interviews. The in-depth interviews, conducted with 22 children, provided rich data to understand children's worlds and their lived experiences of loss. Drawing from the guidance of fellow children's researchers, I aimed to create natural conversations which were guided by the study's research questions (Mayall, 2008; Morrow, Boddy, & Lamb, 2014). To overcome some of the ethical and methodological issues involved in children's research, especially due to adults' power in society, children had choice and control over the interview environment and the structure and content of the interview.

In lieu of an interview schedule containing a series of questions, an interview pack was developed and used at every interview (see Appendix C). The interview pack contained questions and activity sheets so children could decide what issues they would engage with, and how they would engage with them in the interview. The pack balanced

structure and flexibility; childhood researchers argue this balance is necessary to meet the needs of both children and researchers (Hill, Laybourn, & Borland, 1996).

Activities and questions were used as conversational prompts, to facilitate and encourage communication between the researcher and the child and allow children to express their thoughts and feelings in ways that were appropriate, meaningful, and enjoyable to them (Christensen & James, 2003). In accordance with best practice principles in children's research, children's drawings and activity sheets were not left to speak for themselves. Instead, they were used as the basis for discussion and children were encouraged to provide their own explanations and meanings (Hill, 2013). Children could keep their activity sheets, in which case I asked permission to take photos, or to donate them to the study. Children were aware these would be used in reporting the findings of the study. Many children also sought out artefacts from within their homes, to aid conversations. Artefacts which children accessed included their favourite toys, photo albums, and objects left to them by deceased family members. Pets were also sought and introduced. Artefacts are beneficial in elaborating conversations (Danby et al., 2011) and ensured children could more easily convey the meanings and impacts of their losses. While interviews were flexible and distinct to one another, each was guided by the interview pack and lasted for about an hour. Each interview generally followed the pattern outlined below.

Getting started – revisiting rights and balancing power. At the beginning of each interview children revisited their consent form and reiterated their rights for the interview. As outlined earlier, children were provided with red, green and orange flags to indicate their ongoing consent throughout the interview, and allowed to trial the use of the audio-recorder. Once children's rights were established and they had some practical ways to action them, I guided children through the interview pack. Children were told how other children in the CRG had defined loss, and the key topics for the interview were explained.

Chapter 4: Methodology

After this discussion, children were asked to choose one or more Kimochis to indicate how they were feeling before commencing the interview.

What is important to children and what do they think loss is. Interviews then proceeded in one of two ways – by asking children to describe the term loss, or to draw, write, or talk about themselves or their family and friends. Like Mayall (2008), I used an opening gambit that allowed children to lead the conversation wherever they wished. This type of informal and conversational interview supports spontaneity, flexibility, and a response approach from the interviewer; an approach which is particularly useful when addressing sensitive topics (Leeson, 2014). Many children chose to draw their family. This choice is not surprising as it is an open-ended and familiar activity for young children (Tay-Lim & Lim, 2013). Some of the older children decided to just talk about their family or draw a family tree. For one child, this drawing extended into her storyboarding her life narrative – providing continuous, quick sketches of her family, friends, and the many losses she had encountered along the way.

Eliciting in-depth descriptions of loss events and experiences. The interview structure allowed children to focus on their everyday lives, before honing in on the major loss events they decided were significant. After discussing family, friends, and school, the activity sheets in the interview pack turned to the subject of loss, followed by the children's coping mechanisms, and then supporters (see interview pack in Appendix C). The 'My Journey' activity sheet – on which children plotted the big things or losses they had experienced throughout their life – was the only activity sheet sourced, rather than developed for the specific purpose of this study (Moore & Layton, 2009). The 'key to open a door' activity sheet, which asked children to think about the one thing missing from their life that they miss the most, was adapted from an idea presented by childhood grief scholar, Crenshaw (2005 as cited in Edgar-Bailey & Kress, 2010). All activity sheets were

colourful, included child-friendly images, sourced from the Institute of Child Protection Studies (ICPS) store of images developed for use in ICPS research or practice by Fuzz Illustrations.

In addition to the activity sheets contained in the interview booklets, children were encouraged to trace their hand and write their supporters or coping strategies on their fingers (Victims Counselling and Support Services, 2016). They were then encouraged to add the important qualities these supporters possessed onto the palm of their hands. These questions and the support hands had proven effective in a previous research project I had conducted with children on homelessness (Moore et al., 2007). Some children also chose to use strength cards to identify the strengths they had used to cope with their losses (Innovative Resources, 2008).

It was rare for children to complete all activities or answer all questions contained in the interview booklet. Some participants did not complete any, as the introductory conversation naturally led them to discuss these issues, in their own order and in their own way. In these situations, the activity sheets were useful clarification tools to check-in and confirm my interpretation of the information children had provided. This also helped children to re-visit and scrutinise their description of events and issues from different angles.

Closing the interview. In line with my research approach to develop relationships based on empathy, respect, genuineness and optimism (Scott et al., 2013), I wanted to finish interviews on a positive note, helping children to feel optimistic about their futures. Children were asked to explore their hopes and wishes for the future, which they could write on cut-out clouds and paste onto coloured A3 paper. Many children chose to keep the poster they had created. The Kimochis were also used to check-in and check-out at the

beginning and end of each interview. Children also completed the Sharing my Story activity sheet (see the final page of Appendix C). This sheet required children to pick a pseudonym for reporting purposes, and decide what information they wanted or needed to share with others outside the interview, and with whom this information could be shared. This also allowed me to revisit the limits of confidentiality, which were described to children at the beginning of interviews, and reiterated throughout if necessary. Limits on confidentiality would only be applied if children were deemed to be unsafe and, as stated above, no reports to care and protection authorities were required from information gained during the study.

Data analysis - Interpretative phenomenological analysis. Great care was taken to choose a data analysis method which matched the epistemological and theoretical approach of the study and which ensured I could accurately reflect children's understandings and experiences. Interpretative phenomenological analysis (IPA) met these demands, and addressed some of the shortcomings I had found in thematic analysis techniques I had used in previous qualitative studies with children. IPA was developed by British health psychologist Jonathon Smith and his colleagues, and has generally been applied to studies which focus on "significant life experiences that often have implications for our identities" (Braun & Clarke, 2013, p. 181). It has been successfully applied in previous studies exploring sensitive issues with children as young as 5 (Back, Gustafsson, Larsson, & Bertero, 2011; Bennett, Espie, Duncan, & Minnis, 2009; Bolas et al., 2007; Christie et al., 2012; Dixon, Murray, & Daiches, 2012), and within the field of bereavement (Harper, O'Connor, Dickson, & O'Carroll, 2011; Smith, Joseph, & Das Nair, 2011). These studies, and recent social work reviews of IPA (Hood, 2016; Houston & Mullan-Jensen, 2012), confirmed the suitability of using this method in the present study. The four key benefits of IPA, which made it the best fit for this study, are discussed below.

Chapter 4: Methodology

Firstly, the requirement in IPA to examine data from many angles and make descriptive, linguistic, and conceptual comments line-by-line of each transcript was enormously helpful. This ensured I paid attention to each word, from each child, as well noticing and interpreting the subtle processes each child used to tell their stories of loss. Secondly, the idiographic focus required in IPA – which demands an in-depth study of each individual case – ensured I gave each child's data due consideration and did not preface the views of the loudest or most articulate child in my sample (Hood, 2016). I found myself agreeing with Braun and Clarke's (2013) experience that "individual case detail and variation retains a much stronger presence in IPA analysis" as opposed to more generic thematic based analysis (p. 237).

Thirdly, in line with the epistemological and theoretical underpinnings of the study I required an analysis method which would capture rich accounts of children's loss experience, and recognise the context of those experiences (Padgett, 2008). IPA allows for this person-in-context approach, and is particularly suited to social work research, given the professional person in environment perspective (Braun & Clarke, 2013; Brocki & Wearden, 2006; Hood, 2016). Houston and Mullan-Jensen (2012) claim that IPA can bring new depth to social work qualitative studies – providing "psychological depth" into the individual's experience of an issue, and "sociological width", by highlighting the role of discourse and societal structure in social life (p. 268). In the present study, this was achieved by staying close to the children's accounts in the first instance and then explicitly applying a more interpretative lens in the final stages of analyses.

Finally, when dealing with subjects like childhood loss, which are likely to involve immense diversity and complexity, guidelines that could provide some structure throughout the analysis were needed. The distinct steps of IPA allowed me to work

methodically and purposefully through each case (Smith et al., 2009). These steps, and how they were applied in the present study, are outlined below.

   Coding each case. IPA pursues an idiographic commitment; starting with an in-depth examination of each interview before comparing and contrasting with the whole, and moving onto more general claims (Smith et al., 2009). A standard template was applied to each transcript, based on the guidelines provided by Smith et al. (2009). An excerpt of one transcript is provided as an example in Appendix L. Each interview was transcribed and then descriptive, linguistic, and conceptual comments, and emergent themes, were allocated word-by word, and line-by-line to the transcript. This type of coding is referred to as "complete coding", as opposed to more selective coding commonly applied in qualitative studies – such as grounded theory or narrative analysis – where the researcher may only focus on explicit aspects of the data of interest to them (Braun & Clarke, 2013, p. 202). Complete coding demanded in-depth connection and (re)connection with the data, which was a time consuming and immersive task. Instead of looking for particular instances, this requires the researcher to identify "anything and everything of interest or relevance to answering your research question, within your entire dataset", only becoming more selective later in the analytic process (Braun & Clarke, 2013, p. 206).

   Descriptive comments. Within the template used for analysis, the first column was titled 'descriptive comments'. This required me to provide a description of the interview, which focused on "the lived worlds and meanings of the participants" (Braun & Clarke, 2013, p. 214). This column remained very close to the transcript. I removed data that was well removed from the topic at hand – such as detailed explanations of unrelated information like the football teams the child and researcher follow. I also added some information related to the non-verbal interactions in the interviews, such as activity sheets or drawings that children had completed.

Chapter 4: Methodology

Linguistic comments. The second column recorded linguistic comments, which sought to illuminate the language forms and conventions which children used to communicate their experiences (Braun & Clarke, 2013; Smith et al., 2009). This supported childhood studies scholars who emphasise the need for researchers to pay careful attention to the ways in which children communicate with us (Christensen & James, 2008b). Within this column, researchers should record interesting linguistic material, like use of metaphors, repetition, fluency, and tone of voice (Smith et al., 2009). I also used this column to look beyond the limits of what was said and how it was said, to examine the non-verbal language used by children. This included body-language, pauses, silence, crying, and laughing. This was particularly important, as "human emotional experience is organised at multiple levels, only some of which are easily penetrable by or dependent on language" (Katz, 2009, p. 19). In the past, childhood researchers have been criticised for relying too much on voice and not critically reflecting on silences and accounting for why and how children's silence is recognised, responded to, interpreted, and reported in research settings (Lewis, 2010; Spyrou, 2016). The present study, highlighted the importance of silence to children's experience of loss (see Chapter 6 page 211), and provides further evidence that we can only capture the fullness of children's voices by attending to their other modes of communication, including silences (Spyrou, 2016).

Conceptual comments. Conceptual comments stay with the participant's experience, while allowing the researcher to incorporate their own perspective into the interpretation of the experience (Braun & Clarke, 2013). This is where I began to question and explore the experiences the children had described and apply a distinct interpretative lens to the data analysis. It also allowed me to think about my own reactions to the data, and compare the children's experiences to pertinent grief and loss theories and social work approaches to children and families. This supported a deeper understanding of the data that

looked beyond the individual's description of the issue at hand, to provide a conceptual account and contextual understanding to begin some sort of theorising around what was occurring in children's lives (Braun & Clarke, 2013).

Emergent themes. Emerging themes provide an opportunity to identify the main issues and themes presented in each case. In accordance with IPA conventions, these themes reflected both the participant's experience and my own developing interpretation (Braun & Clarke, 2013; Smith et al., 2009). As advised by Padgett (2008), I strongly resisted the use of jargon and theoretical concepts when labelling themes; terms that the children had used were adopted. Some of the emergent themes were relevant to small parts of participant's accounts, while others reflected issues which emerged after considering the whole transcript. Small excerpts from one transcript have been provided in Appendix L to demonstrate the comments and analysis that was developed alongside each transcript.

Developing superordinate themes. To capture the most salient themes and patterns which were relevant to answering my research question, emerging themes were then allocated into broader superordinate themes (Braun & Clarke, 2013; Smith et al., 2009). At this point, I relied on an old-school analytical method of cutting my emergent themes up into strips of paper, and moving them around on a poster to consider how they fitted and related to each other. To ensure that I stayed focused on my research question and aims I wrote four guiding parameters in different quadrants of the poster - 'What it is' (children's perception of loss), 'What's happening', 'What informs it or why' (children's experience of loss), and 'supports and strategies' (to explore how the child and family service system may better respond to children's loss).

Themes were then grouped under common headings. Some emerging themes were frequent or complex enough to be promoted to superordinate themes. Some emerging

themes were discarded as they become less relevant to the overarching messages about loss when viewed in the context of the whole transcript. This process created a pictorial map of superordinate themes for each child. To ensure emergent themes were retained and still visible, a table was developed for each child. A selection of these maps and tables from one case can be viewed in Appendix M.

Identifying themes across the data set. After a detailed examination of each case, the analysis considered similarities and differences across the cases (Smith et al., 2009). To do this, I laid out all of the superordinate theme maps for each case, and started to develop a final set of themes. This was done using a very similar process as outlined above – drawing a map on a poster and moving themes around under the quadrants: 'what is loss'; 'what is happening'; 'what informs it and why', and 'supports and strategies'. Due to the consistency and duplication of major themes across participants' accounts, this process was quicker than anticipated. The final map developed from this process, was checked against the tables created for each case, to ensure all emergent themes, from each case, had been dealt with appropriately. The end result was not quite as concise as I had anticipated. In the interests of ensuring children's voices were not constrained, however, I waited until I had coded the data in NVIVO and started writing, before I tried to summarise the material further.

Using NVIVO. Following the analysis described above, the data was entered into a computer qualitative research software program – NVIVO (Bazeley & Jackson, 2013). The data was coded in NVIVO using the emergent and superordinate themes previously developed. NVIVO was primarily used to store data, and allow for easy data retrieval during the reporting phases of the study. It also allowed me to re-examine whether the allocation of themes had accurately reflected the data. Viewing the frequency of the themes, and running text queries to provide information on the use of key words or

phrases, was particularly helpful in further highlighting key themes. It was here that the common descriptors of loss, such as sadness, left out, and lonely were confirmed. Although, qualitative data software is not often used in IPA studies, in this study, which had an unusually large sample for this approach, it proved useful.

Writing. Writing is very much embedded in phenomenological studies as part of the method and is the process through which the analysis develops into its final form (Braun & Clarke, 2013; van Manen, 1997). As Smith et al., (2009) predict, it wasn't until this stage that I could crystallise the analysis and present a concise and coherent account of the themes which had emerged from the data. At this stage, children's quotes and images were again promoted to front and centre, to ensure the reader could hear and begin to understand children's experiences of loss. At the beginning of each of the findings chapters I have provided a summary of the superordinate themes and, where appropriate, also included a diagram to visually depict the superordinate themes.

4.9 Conclusion

This chapter outlined the epistemological and theoretical underpinning of the study and described the methodology and methods used. The chapter exemplifies the thoughtful process required when undertaking research with vulnerable children on sensitive issues. Childhood studies provided the main theoretical and methodological guidance for the study, ensuring the methodology and methods were well suited to the needs of the children participating in the study. The chapter evidenced that specific attention to the ethical and methodological issues encountered in children's research, is critical to elicit rich perspectives from children in a credible manner.

The methodology, methods, and processes outlined in this chapter contribute to children's research. It is hoped that they can provide inspiration and direction for future

research in the study of childhood grief, loss, and trauma. The value of the approach is evidenced in the next three findings chapters. Phenomenological analysis is designed "to leave readers feeling as if they have 'walked a mile in the shoes' of the participants" (Padgett, 2008, p. 36). This is the feeling which I hope to create in the following findings chapters. An outline of the structure and content of these findings chapters is now provided.

Introduction to the Study Findings (Chapters 5-7)

The present study addressed the research question: **How do children, from families facing complex challenges and change, perceive and experience loss?** The next three chapters answer this question as they detail and explore children's responses throughout the interviews.

Chapter 5 focuses on how children perceive loss by exploring what children think about loss. This chapter identifies the common elements present in children's understandings of loss and the factors which influence these perceptions. This chapter further identifies the loss experiences children considered most important. Chapters 6 and 7 answer the question of how children experience loss, by building a picture of children's lived experiences of loss. Chapter 6 describes how children were feeling about their losses, and explores how loss experiences affected, or were affected by, children's interactions with others. This chapter also highlights the complexity inherent in children's experiences of loss. Chapter 7 details what children were doing to cope with their losses and the supports they wanted from others.

While each child's perception and experiences of loss were unique, many common features of childhood loss emerged across the interviews. In accordance with the Interpretative phenomenological analysis (IPA) used in the study these common elements became the superordinate themes, and are outlined at the beginning of the next three chapters. Each superordinate theme is then explored in depth throughout the chapters, using quotes from children who participated in the study. To protect the anonymity of the participants, pseudonyms selected by the children, are used throughout. This approach allows the reader to see, hear, and feel children's perspectives and experiences, and

ensures children's voices are central when considering the implications of the study in

Chapter 8.

Chapter 5: Children's Perception of Loss

5.1 Introduction

This chapter answers the first part of the study's research question: **How do children, from families facing complex challenges and change, perceive loss?** The chapter identifies and explores the superordinate themes which emerged from the children's thoughts and accounts of their losses. Consistent with interpretive phenomenological analysis conventions, these themes are first summarised, on page 178, and are then represented as the headings that guide discussion throughout the chapter. An introduction to these themes, and how they emerged, is now provided below.

The study uncovered great diversity in children's familiarity with, and understanding of, the term loss. Some children discussed loss by describing a range of concrete events, such as death or parental separation. Other children stressed loss could relate to more abstract experiences, such as not feeling good about yourself. Many children focused on big losses which they described as being life-changing, whilst others described smaller losses which took place as an inevitable and expected part of everyday life.

Considering the subjective and complex nature of loss, this study has not attempted to produce a precise definition of loss reflective of all children's thoughts, feelings and experiences. Rather, this chapter aims to explore the important features of loss which most children identified or discussed. Children agreed that loss is an inevitable part of life, and that it involves missing someone or something you used to have, or missing out on something or someone you have never had. Children stressed some other important features of losses, seeing them as negative emotional experiences, marked by a sense of permanence, but that also change in meaning and impact over time. It was also evident that

children's perceptions were highly influenced by cultural and social norms and the

significant others around them.

Children identified that loss was intricately enmeshed with, and informed by,

meanings and attachment to the thing which is lost. Children agreed that loss was harder to

deal with when it involves losing something *"special or really important"*. For the

children in this study, these important things were family (including pets), friends and fun.

A diagram depicting these losses, and the events which most often caused them, concludes

the chapter (see page 201).

Children's perceptions of loss

Superordinate themes:

Children had **different levels of familiarity** with the term loss and each child's perception and experience of loss was unique.

Children thought that loss was:

- An **inevitable** part of life
- Anything you used to have that you **miss***,* **and/or** something you feel you are **missing out on**
- A **negative emotional experience**, marked by a sense of **permanence**
- A dynamic experience - its **meanings and impacts change over time.**

Children's perceptions of loss were highly **influenced by cultural and social norms** and **significant others** around them.

Loss was harder to deal with when it involved losing *"something special"* or *"really important"*. Children's **really important losses included the loss of: family (including pets), friends and fun.**

Chapter 5: Children's Perception of Loss

5.2 Familiarity with the Concept of Loss

Children displayed different levels of familiarity with, and understandings of, the term loss. Some were confident they knew exactly what loss was. For example, Freddie stated:

Yes, my mum has told me all about it (Freddie, 8yrs).

Freddie had recently experienced the death of her teenage sister, and stated her mother had explained the concepts of loss and death to her *"like a hundred times already"*. However, Freddie, along with other participants from the children's reference group (CRG), acknowledged that the concept of loss and death may be confusing to other children, especially if they didn't have any previous experience of it.

Sometimes you don't know what it means…and, like, it is really …confusing to know what it means…like say if, you're just a little kid…this is the story of me, and then…your sister died and you didn't know what died means (Freddie, 8yrs).

Because, if they haven't gone through the experience I don't think they will ever really know (Ellie, 11yrs).

As Ellie indicates above, children are often only introduced to loss, and begin to understand its meaning, after experiencing a loss themselves. Throughout the study, children consistently explained their understanding of loss by drawing on their own personal experiences. Major loss events were particularly influential and often acted as the catalyst for children's developing ideas and understandings of loss. The quotes below, which were among children's first attempts at defining what loss is, are indicative of this:

When you lose something that's died (Maleek, 10yrs).

Chapter 5: Children's Perception of Loss

Like when someone died or [a] pet died (Freddie, 8yrs).

It could be the parents split up (Verity, 12yrs).

Like [losing] a doggie or something (Bella, 9yrs).

While many of the children were able to draw on their previous experiences to confidently explain what loss was, or at least what it could relate to, some children remained unsure. One child, who participated in the second CRG meeting, admitted during the second half of the day:

I don't really know what loss is (Reference group two).

This statement sparked discussion from the rest of the children and they agreed that children may struggle to understand the concept of loss during the interview process. To address this, a broad definition of loss (informed by the CRG) was provided at the beginning of each interview. Adopting the ideas from the CRG, children were told that losses might occur when someone or something is taken away from you, or when something or someone is gone, is no longer there, or disappears, and that you might experience loss when things change, and it is mostly not a good thing. Some of the experiences categorised by the CRG as big and small losses were also outlined as concrete examples. To qualify this definition was subjective, and that they didn't have to agree with these conceptualisations, children were also informed that the CRG thought that all kids will think differently about things (see Appendix C). Even with this guide, some children still found the concept of loss difficult to understand:

Hmmm, I don't get it (Christian, 9yrs).

So what is loss again? (Jasmine, 9yrs).

Chapter 5: Children's Perception of Loss

These quotes highlight just how abstract and complex the term loss was for many of the children. They also demonstrate that children's ability to explain or define loss did not always correlate with the amount of loss they had previously experienced or their age. For example, Christian and Jasmine (quoted above) had experienced many major losses including absent parents, death of grandparents and other losses incurred with homelessness and transience. In contrast, Max, who was one the youngest participants in the study, provided one of the most articulate and precise definitions of loss:

> *It means like that you lost something or something special, really important, or*
> *something like that (Max, 6yrs).*

Although not all children could articulate as clearly as Max, each and every child was able to provide vivid descriptions of their loss experiences. Within their descriptions, children explained what loss events and experiences sounded, looked and felt like, and they explored the meanings and impacts of these experiences. The children cautioned that each child may have different ideas about loss, as they will all have unique experiences. They also stressed that children's views may also differ to adults'. As Verity explains:

> *They [adults] are definitely like more mature than us, so like they think differently*
> *and have different responsibilities and stuff, so I guess we don't really think alike*
> *when it comes to this [loss], but in some ways we do and some ways we don't*
> *(Verity, 12yrs).*

Although it is not possible or desirable to capture a concise and collective definition of loss from the children's accounts, the important and shared elements of children's perceptions of loss are presented below.

5.3 Important and Shared Elements of Children's Perception of Loss

Loss is an inevitable part of life. Much of this chapter, and the remaining thesis, reflects the focus of the participants who predominantly reflected on the bigger losses in their lives. When children were initially asked to describe loss, however, some children chose to discuss small, seemingly inconsequential things likely to occur in the normal course of everyday life:

> *Well at first I think of the immediate things like when I misplace something and I'm like I need it, and I freak out, and go 'ahhh, where is it?'! (Vexame, 14yrs).*

> *I had a phone and I took it to my friend's house and I lost it (Jamie, 8yrs).*

The inclusion of everyday events and experiences in children's discussions around loss highlight that children perceive loss to be an expected, or even inevitable, part of everyday life. One child discussed the loss of moving from primary to secondary school, highlighting that losses are sometimes a normal consequence of child development. While children tended to focus on their bigger losses, these everyday experiences should not be discounted.

The inevitable and pervasive nature of loss was further highlighted as children completed the 'what is a loss?' activity in the children's reference group (CRG). In this activity, children were asked to categorise events into the likelihood they would result in a big loss, medium loss, small loss or no loss at all (see Appendix G). Children categorised every event in this activity as having the potential to be a loss. Three excerpts from the CRG illustrate this:

Someone hurting you? - Is this a loss?

You lose your confidence…

If someone hits you in the face you would lose your looks…

You might lose your strength…

Lose friends…

Maybe lose trust…

It could be physically or emotionally, it could also be like socially and stuff...it depends how serious it is…

It depends on what kind of hurt it is…if it is like embarrassed hurt, I would say medium

(Discussion from six children in reference group one).

In this example, children highlighted that losses may relate to tangible events or experiences, such as loss of friends, as well as more abstract changes in their state of mind, such as the loss of confidence or trust. These broad parameters suggest why children may find losses in many experiences. This point is reinforced further by the following two examples:

Getting up in the morning?

That's a big loss…

Yeh that's a big loss right there…

My brothers jumped on me this morning…

Waking up is terrible…

I'd say it is a big loss…

I'd say small loss, because waking up in the morning you're like really cranky…

I had a good dream and then he has to wake me up…

My brothers jump on me…

My mother wakes me up early in the morning on her pay day, so I would say it's a big loss. I hate that…

I hate it.

(Discussion from six children in reference group one).

Not being able to get the knots out of your hair?

Very, very, very big loss, because then you have to rip out your hair and cut it…

Yep that's what happened to me…

I've got long hair, I would say it is a big loss…

You know what? I had a big 'rats tail' and then my mum chopped it off and that's why I have short hair! My hair used to come down to there…I cried when my hair got chopped off…

I would say medium.

(Discussion from six children in reference group one).

It would be easy to dismiss these discussions as being overly dramatic, or insignificant. When examined more closely, however, they uncover some important elements which this

chapter and the next, will highlight as being synonymous with children's perceptions and experience of loss. The first element, evident in both instances, is that a change had occurred which the children identified as being negative and which caused them to feel like they were missing out on something (sleep); or to miss something they used to have (missing their long hair). This chapter will demonstrate that children believe loss is synonymous with negative life events or changes and the feeling of missing something or someone is also a critical component of loss.

Another common and important element in these events was the fact that they were out of the child's control, and moreover, forced on them by others, often adults. Chapter 6 (page 223-228) will outline and explore the inextricable link this study found between children's experiences of loss and their feelings of powerlessness in more detail. Given a high degree of powerlessness was commonly expressed by the children in the study it is unsurprising that these children identified and experienced loss as an inevitable part of their lives.

5.4 Defining Loss

As stated above, all the losses described by children involved them either missing someone or something they used to have, or feeling like they were missing out on something or someone they may never have had. This missing was described as a negative emotional experience. Consequently, things were only classified as losses by the children if they elicited a negative emotional response. These elements and the additional essential features of loss identified by children – including losses as being permanent, but also changing in meaning and impact over time – are explored in detail below.

Loss is anything you miss that you used to have. Most losses discussed by children involved them missing someone, or something, that they used to have. When I

asked children for the first words they think of when I mention loss, some of the children stated:

Taken away

Removed

No longer there

Gone

Disappeared

(Children's reference group one).

All these words refer to the absence of something or someone that children used to have. The notion of something or someone actively missing from their life seemed to be critical to children's perceptions of loss. It was sometimes hard for children to find the words to describe loss in more detail other than to state that it meant *"missing" (Vexame, 14yrs),* or *"Yeah, we just miss 'em" (Jasmine, 9yrs).*

The most important component for children, in deciding the state or significance of their losses, was if, and by how much, the thing or person now gone, was currently missed by them. For example, some children talked about moving schools, but if they did not miss their old school, then they did not consider this to be a loss. Conversely, if children believed that the absence of the thing lost would have enduring resonance into their future, even just for tomorrow or the next day, then it was considered as a loss. It became apparent that although loss is inextricably linked to past events or experiences, children mainly consider and conceptualise loss in terms of the legacy these events or experiences have, or may have, for their present and future everyday lives.

Loss can also be something you are missing out on. Children also thought that the loss of something that you have never had or that you are missing out on could have as much potency as losing and missing something that you once had. For example, one of the children in the CRG stated that they missed out on having relationships with their cousins:

I've never met any of my cousins…so it's about like a big loss, because you really want to meet them (Children's reference group one).

Children were often made aware of what they were missing out on through observing others around them enjoying the thing that was absent from their own life. Children felt they were *"constantly reminded" (Vexame, 14yrs)* about their losses by others around them and this often resulted in children feeling *"different"* to, or *"jealous"* of, other children:

Whenever I see like a daughter or a son with their dad and like they're really close or they're doing something really fun together, umm, it feels like you are missing out on a lot of things (Verity, 12yrs).

Verity's statement about missing out on a relationship with her father, who had always been absent from her life, was emblematic of many children's interviews; feelings of missing out on important family relationships were pervasive.

Loss is a negative emotional experience. The omnipresence and strength of children's emotions, when discussing loss, was apparent throughout the study. Every child confidently described the feelings which could be associated with loss. In fact, it was their feelings, rather than concrete facts or thoughts, which children most often used to describe their loss experiences. For example, when asked to describe: 'What is loss?', children often sought out and used interview tools, such as Kimochis (see page 156) or Y Charts

(see page 234) which assisted them to discuss their feelings. Many children also chose to describe loss by using just one or two words (or symbols) which described their feelings associated with it. When children did this, their descriptions of loss most often included *"sad"*, *"lonely"*, or *"left out"*. These descriptions were indicative of the negative emotions which dominated children's stories. This negative aspect of loss was clearly articulated by two children who were asked to describe loss:

> *[Loss is…] Not something good that happens (Reference group one).*

> *[Loss is…] Hard: emotionally and physically (Verity, 12yrs).*

When questioned whether loss always had to involve a negative experience, the children in the CRG conceded that loss could sometimes be positive:

> *It could be something bad that you lost.*

> *Like just as an example, I do not believe in this, but say some evil step mother thingy and you lost her.*

> *When you had a charm bracelet that gives you bad luck or something.*

> *Well something that was really, really annoying like a puppy dog that was really, really annoying.*

> *(Children's reference group one).*

The children agreed, however, that these events were unlikely to occur and, in most instances, loss can be defined as being a negative experience.

Loss is marked by a sense of permanence. Ellie's vivid account of loss, written on her Y Chart, captured children's understandings of loss as being not only a negative emotional experience, but also inescapable, and marked by a sense of permanence:

Chapter 5: Children's Perception of Loss

> *[Loss feels] like you have been robbed of all of your happiness. You're trapped in*
> *emotion and unable to break free (Ellie, 11yrs).*

Children frequently disclosed that their losses would remain with them forever, not only as memories, but also as dynamic thoughts and feelings which held significance in their everyday lives. The sadness resulting from losses appeared particularly potent, with many children explaining that they still felt as sad about their loss as they did when the loss occurred. Many children felt this feeling may never leave them. The graphic descriptions provided by some of the children illustrate the permanency they attached to their feelings:

> *She's like she's not gone, she's still in here [my heart] and still in here [my mind]*
> *so yeah (Vexame, 14yrs).*

> *[Loss feels like] a broken heart (Taylah, 10yrs).*

> *Losing her it's like a chunk of your heart has gone… [you] never get over it… You*
> *can't fix it… You can't escape like your loss, you're never gonna get over it*
> *(Verity, 12yrs).*

Verity's statement in the above quote, *"You can't fix it"*, was a mantra repeated by many of the children. This did not always have to relate to the depth of children's feelings; at times, children were simply referring to the nature of the loss events they had experienced. For example, children realised that death was irreversible and therefore the loss had resulted in permanent change. For others, the trauma associated with their loss event also ensured that the experience became deeply embedded and a permanent, inescapable fixture in their everyday lives:

> *You can never lose that from your mind and it will just be following you around*
> *forever…I can't escape what I saw when I was little (Verity, 12yrs).*

Chapter 5: Children's Perception of Loss

Children also sometimes viewed their loss events as being transformative and causing permanent change in their lives. When Jess chose to do a drawing of her family, the first thing she did was to draw a line down the middle of the page. She then wrote *"before"* and *"after"*, on either side of the line, and proceeded to draw two different versions of her family: one before her parents had separated and she had moved to Australia, and one after. Children's accounts of loss were often accompanied by this segmentation of lives into *"before"* and *"after"* a loss event. For example, Brave and Freddie also discussed how loss had permanently transformed their lives.

> *[Before my sister died it was] fun for us, fantastic, joy…[then] she died because of poison [and after she died it is now] sad, no fun, horrible…It's like starting a new life for you because that person won't be here ever again (Freddie, 8yrs).*

> *My life before my aunty died was really fun and was really excited to go to her house. When I went to her house it was burned because of the oven and she died… My life after my aunty died was not good and I felt sad that she died and when she died it just changed my life and when I was sad felt worried that my mum and dad will die (Brave, 9yrs).*

Brave's life changed dramatically after his aunt's death, which resulted in him migrating to Australia to live with extended relatives. Brave's experience, and the permanent changes it brought, highlighted the lack of control children have over their lives. This feeling of powerlessness (discussed in Chapter 6 pages 223-228) could entrench the impacts of loss and make children feel like the changes they had caused were irrevocable:

> *Most kids don't, they can't change what's happening, like if you lose a family member or if your parents go through divorce there's really not much that you can do (Ellie, 11yrs).*

Chapter 5: Children's Perception of Loss

The helplessness children felt about the permanent changes loss brought did not always result in them feeling hopeless. When given the opportunity, to write or draw their hopes or wishes for the future at the end of their interviews, many children wished to reverse the permanent changes their losses had caused.

> *I hope Pop could come alive again (Jamie, 8yrs).*

> *I hope that one day we will be together again [and] we will have some more fun like we did together (Freddie, 8yrs – talking about her deceased sister).*

> *I wish I could be home (Taylah, 10yrs – who is on an 18yr care and protection order).*

> *[I wish] my mum and dad get back together [and] my dog come back to alive (Bella, 9yrs).*

Children realised that it was extremely unlikely (or impossible) these wishes would come true. However, it was the permanence of their experiences which, if given the chance, they most wanted to change. When Bella's brother challenged her final wish by saying: *"What the hell! That would just be freaky!"* she simply explained:

> *No! I just sort of feel like that (Bella, 9yrs).*

Children's hopefulness was an important asset that enabled them to cope with their losses. This is further explored in Chapter 7.

Loss is a dynamic experience – its meanings and impacts change over time.

Children emphasised that, although losses often resulted in permanent life changes, the meanings and impacts of these losses often changed over time. It became clear that, as children grew older, they developed new and more complete understandings about their

losses, changing the meanings and impacts attached to them. For example, Verity explained how her maturing understanding of death allowed her to move from blaming others for her sister's death, to appreciating that sometimes bad and sad things can just happen. Verity continually re-evaluates the impact her sister's death, and her father's absence, has on her and her family, including how it continues to impact on their current-day relationships.

Growing older also bought many other changes and challenges which could alter the meaning and impacts of past losses. For example, the growing importance of friendships impacted on the meanings attached to children's losses. Some children reflected that the absence, and loss, of friends (often from moving frequently) hit harder when you got older. Other children stated that because they were now spending more time with friends, their past family losses had changed in meaning and significance:

> *[The amount of contact I want with my dad] it's changed over time, because I tend to spend more time with my friends than family (Verity, 12yrs).*

Along with the changes which accompanied growing older, many children explained that the meaning and impact of losses also changed as the story of their losses changed over time. The next chapter will outline the complicated nature of many children's losses and the way children were not always given the information they needed to make sense of their losses. Many children were left to independently gather information and gradually develop their own understandings of their loss experiences. Some children, like Ellie, took years to piece together and make sense of the loss events which had occurred in their lives:

> *They [my parents] both have different stories, um, my brother was sick and he went*
>
> *to the hospital and me and my dad left and yeah, like I said my parents did a lot of*
>
> *arguing before, so I didn't know if this was just another fight and dad was just*
>
> *going early to sort of like resolve it…Yeah, 'cause I think, uh, something that can*
>
> *really affect kids is not being told what's happening or being told the wrong thing*
>
> *because that can give you the wrong impression or the bad impression of one of*
>
> *your parents or something (Ellie, 11yrs).*

Ellie's story demonstrates how changing understandings of loss events require children to reassess the meanings attached to them, and change how they think and feel about important people in their lives.

5.4 Factors Influencing Children's Perceptions of Loss

In addition to their powerlessness, children's perceptions of loss are affected by cultural and social norms, and the significant people, mainly adults, who are around before, during or after losses. These two factors became apparent by paying careful attention to not only what children discussed, but also how they talked about their loss experiences.

Cultural and social norms. This chapter has established that children perceive loss to be the act of missing, or missing out on, someone or something you used to have or have never had. As such, loss became apparent by the absence of things which children expected or wished were present in their lives. When discussing the loss of family, it became clear that children's notions of what should be present in their lives were often governed by cultural and social norms. All children appeared to share similar ideas of what a normal family is or should be – a mum, dad and one or more children. They also shared similar ideas about the roles these family members should fulfil.

Chapter 5: Children's Perception of Loss

Vexame (14yrs) stated when she was removed from her mother's care, she and her brothers got *"splintered off"*. This choice of language reflected the sentiments of most other children; individual members of families were part of a larger and greater whole family unit. It was this whole unit that made them a real family. When children lost individual members of their family, they did not just lose one important person, they often felt like they had lost something bigger: their sense of family. Taylah illustrated this point when she completed the activity sheet outlining what she missed the most (see image below). Taylah (10yrs) said, *"It would be the middle door which is family"*, and behind the other two doors on the activity sheet she wrote the individual family members she had lost: *"mum"*, and then *"dad"*:

Taylah (10yrs) activity sheet:
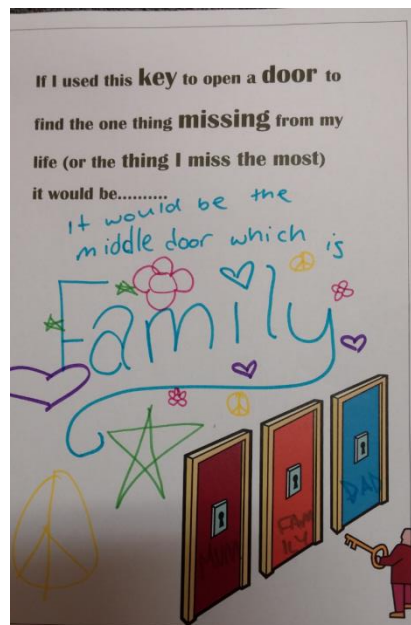
These losses were potent in children's lives, not only because of the innate qualities of, or their relationship with, the person they missed, but also due to the broader meanings and importance which children attributed to these family relationships. This was demonstrated further by Verity, Vexame and Freddie, who talked about not having a father as a great loss, even though they knew very little, if anything, about their fathers and none of them had ever experienced their father being around:

> *[I think about not having a Dad] all the time…and I'm like 'I want a dad'*
> *(Freddie, 8yrs).*

> *I still count that as a loss because a lot of people don't realise that kids who don't*
> *have their fathers or mothers that that's really like an important loss because they*
> *like shape your life (Verity, 12yrs).*

> *I don't know my dad, I'm just like who are you?... [My siblings] ask about him a lot*
> *though, like 'cause they're just like, 'aren't we meant to have a dad', 'cause like*
> *that's what kids think of what a family is and all that jazz. And I'm just like, I don't*
> *know either (Vexame, 14yrs).*

Social and cultural norms not only govern ideas about the ideal or normal make-up of families, they also govern the roles people are expected to assume within the family unit. In most cases, these preconceived ideas about roles and responsibilities appeared to determine what children believed they had lost. This was particularly evident when children spoke about what they were missing out on by not having a father in their lives:

Chapter 5: Children's Perception of Loss

Because you get a tiny bit more money because Dads have to, dads pay money

and mums just go out shopping for stuff…because dads understand you more

than mums a tiny bit and they like to play with kids more than mums definitely,

mums say 'I am busy I've gotta go and wash' (Freddie, 8yrs).

The loss of my father, because a man is always thought of strengthening his

family and keeping them safe. So just remembering that each day and knowing

that he is not there, you feel unprotected and vulnerable to the stuff that's

outside of the home (Verity, 12yrs).

Although the study sample was too small to make any conclusive remarks about cultural differences in perceptions of loss, some noteworthy distinctions, especially for those children with Aboriginal and Pacific Islander backgrounds emerged. Firstly, there appeared to be differences in the way Aboriginal children, and those from Pacific Islander backgrounds, viewed the role of family, which influenced their perception of loss. Compared to the other children in the study, Aboriginal and Pacific Islander children appeared to have a wider and more inclusive sense of family; they expected extended family members to assume roles which other children indicated should only be adopted by their parents. When children from Aboriginal and Pacific Islander backgrounds lost one or both their parents they were more likely to discuss the more personal or unique aspects of the person they missed and less likely to frame their loss by talking about missing out on a normal family.

The second important discovery regarding Aboriginal children's perceptions of loss became apparent when they discussed deceased people. Three Aboriginal siblings, who had lost their grandfather, consistently used the present tense when discussing him. The children stated it was their grandfather's birthday soon and that they were going to visit,

and *"see him"*. Their grandfather had a strong permanent presence, and was still active in their everyday lives. Each of the children explained how, even after death, he remained one of their most significant supporters; they could still speak with him and seek his help. Upon checking with an Aboriginal colleague, these comments were revealed to be reflective of Aboriginal Australian beliefs around matters of life and death: deceased people continue to have a significant and real presence in the lives of the living. This important insight, and the implications it has for how we understand and support Aboriginal children with their loss experiences, is explored further in the final chapter of the thesis.

Although ideas of family roles and death may have varied in accordance with cultural backgrounds, all children associated childhood with fun. They placed a strong emphasis on the loss of fun in the wake of loss, indicating their perceptions of loss were influenced by normative notions of childhood. The children in this study were keenly aware that they were missing out on the fun which they assumed was being enjoyed by their peers.

> *I never have fun…Sometimes I'm jealous (Bella, 9yrs).*

Social and cultural constructions of family, death and childhood, and the way these concepts are understood by individual children, clearly influenced the children's perceptions of loss, and the impact it may have on their lives, both now and into the future.

Significant adults around you. As well as being influenced by cultural and social norms, children's perceptions and experiences of loss were strongly linked to the significant adults in their lives. Children stated that most of the loss events they had experienced were either caused by, or shared with, the significant adults in their lives. Perhaps due to the number of losses which children described as being caused by others

and being outside of their control, many children conceptualised loss as something that had been, or could be, done to them. Some of the words chosen by children as their first response to the word loss reflected this:

Taken away

Removed

Left Out

(Children's reference group one).

Regardless of whether adults had caused losses, or not, most of the children's loss experiences were shared experiences with the significant others around them. Due to this, children's perception of loss and their accounts of their loss experiences often appeared to be co-constructions: they were developed, informed, and influenced by the adults who had shared their experience. For example, Verity provided a very detailed description of her baby sister's death which had occurred when she was only two years old. Her story relied on the accounts of her mother and grandparents who were present when her sister died. Verity appreciated, and seemed to benefit from these adults helping her construct a coherent account of her loss.

Relying on the accounts of others, or co-constructing truths with the help of others, could also be problematic. Some children recounted feeling confused or conflicted when they discovered that adults had given them inaccurate information or conflicting stories of a loss event. This idea is further explored in the next chapter which discusses the consequences of children not receiving adequate and accurate information about their losses.

Chapter 5: Children's Perception of Loss

Children also appeared keenly aware of, and influenced by, the loss reactions of the significant adults around them. Freddie and Taylah describe the feelings of others as almost contagious:

You like feel sad [if your parent is sad] because you pretty much have the same blood (Freddie, 8yrs).

I didn't like the sound of the loss of my dog because everyone was crying and it was miserable (Taylah, 10yrs).

5.5 Children's Perceptions of Their Most Significant Loss Events and Experiences

As explained earlier in the chapter, children believed loss could evolve from relatively small and inconsequential events, and from events or experiences which have significant meaning and impacts. Children predominantly talked about their bigger losses. They felt these losses had the most meaningful and enduring impacts on their lives. Children described big losses as:

[Something or someone that] has got meaning to you

[Something] serious

Like if it was something really special it would be a big loss, if it is something you really cared about, it would be a big loss

[Something] really expensive or precious

Anything that means a lot or is like emotional to you

Something special [or] really important

(Children's reference group one).

As these quotes indicate, it was the meaning of, and the emotional attachment to, the thing that is lost which was important to children's understandings of what makes losses significant. The definitions of loss provided by some of the children also encapsulate this. Like Max's (6yrs) definition of loss relating to *"something special or really important",* Julie outlined the following criteria:

When someone that you love has moved away or you've lost someone that you've loved (Julie, 9yrs).

As each child described the loss events and experiences which were significant to them, it became apparent that these losses were similar across the study sample. These big losses, and the events which most often led to them, are depicted in the diagram below (see Figure 2). It was the children's experience of these big losses that form the basis for the next two chapters on the study's findings.

Figure 2: Children's Significant Loss Events and Experiences
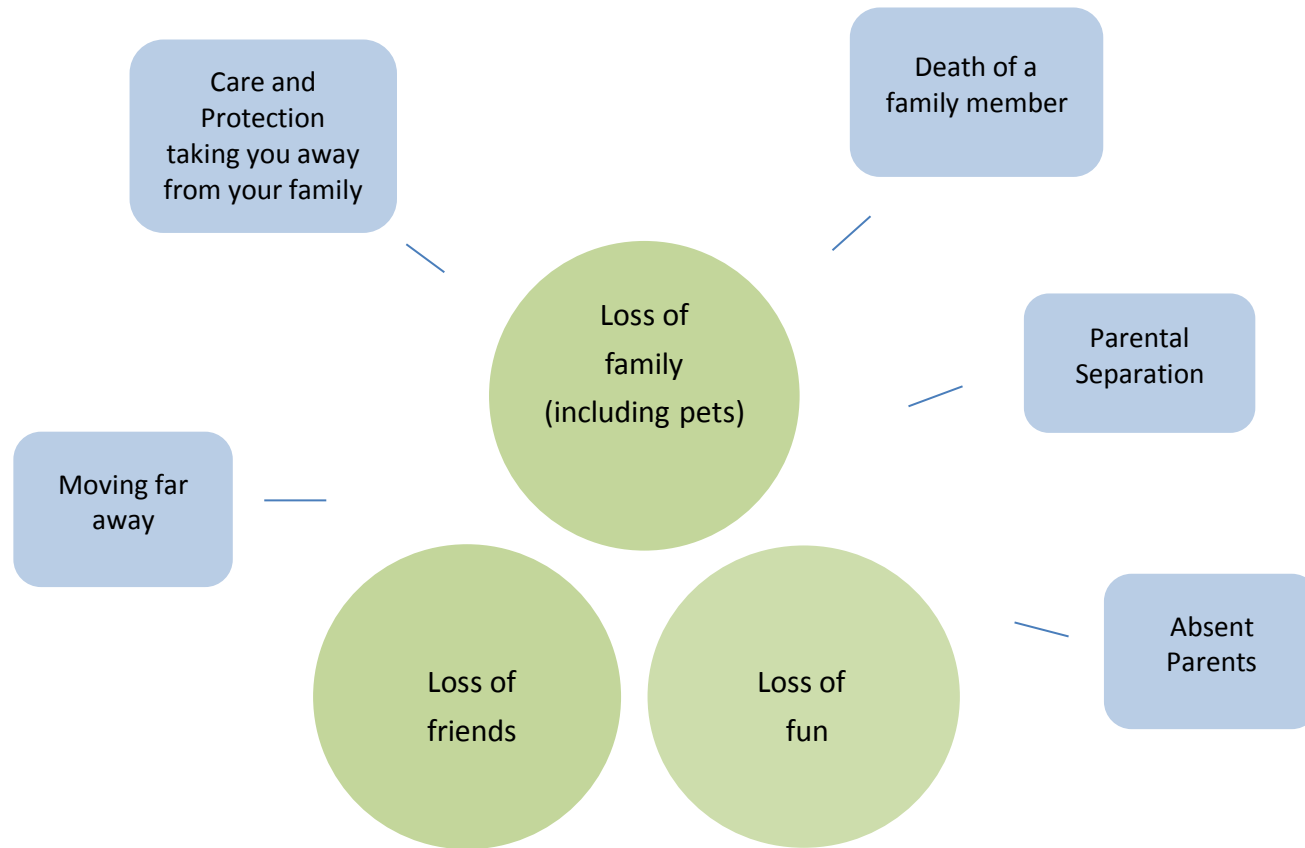
5.6 Conclusion

This chapter provides important insights into **how children from families facing complex challenges and change perceive loss**. In doing so, the ability of children to engage with the issue and the value of their insights became evident. Although children understood the term loss in different ways, there was general agreement that loss was: an inevitable and negative emotional experience, which, although dynamic, is marked by a sense of permanence; and, a feeling of missing someone or something that you used to have, or missing out on something or *"someone special"* or something *"really important"* that you may have never had. The losses that most impacted on children's lives included: the loss of family (including pets), friends and fun.

Children's perceptions of loss were influenced by their personal experiences of loss, their normative assumptions about family and childhood, cultural beliefs about loss, as well as the thoughts, feelings and actions of significant adults around them. The powerlessness experienced by these children influenced how they thought about loss and may have increased the likelihood of them perceiving certain experiences or events as losses. The interplay between children's feelings and their interpretations of, and interactions with the world around them, shaped not only their perceptions of loss, but also their lived experience of loss.

The next chapter addresses the second part of the research question: **How do children, from families facing complex challenges and change, experience loss?** This discussion explores what it was like for these children to live through major loss events and experiences.

Chapter 6: Children's Experience of Loss

6.1 Introduction

The previous chapter provided an overview of the important and common elements in children's perceptions of loss. While some children struggled to define and explain loss, they could all describe how it featured in their lives. Children perceived loss to be a negative experience marked by a sense of permanence and involving missing something you used to have or missing out on something you think you should have. The different types of loss events and experiences that children described as being significant to them included the loss of family (including pets), friends and fun.

To provide a rich description of what it is like for children to experience loss, this chapter delves deeper into the losses which children perceived to be their most important. Common themes which emerged from children's stories of loss, included: sadness, silence, feeling left out and powerless, feeling lonely and isolated, and feeling conflicted, confused and sometimes scared. The complexity of their loss events, and more broadly, of their everyday lives, also emerged as a common and potent theme. This chapter explores how these concepts coalesced in children's lives to characterise, cause, compound and complicate their loss experiences. The children's insights help us to understand that the meanings and impacts of childhood loss are dynamic and potent; influencing how children understand and make sense of their past and present, as well as their developing concepts of who they are, or can be, in the future.

The superordinate themes which emerged from the data analysis are presented on the following page and are used as the headings to guide discussion throughout the chapter.

Children's experience of loss

Superordinate themes:

(1) Loss involved a vast breadth and depth of feelings, but **sadness** was ubiquitous with all loss experiences

(2) Children's experiences of loss were often shrouded by **silence**

(3) Loss was often synonymous with **powerlessness** and feeling **left out**

(4) Loss often caused children to feel **lonely** and **isolated**

(5) Children's lives, along with some of their loss experiences, were characterised by **complexity**, which could cause them to feel **conflicted, confused** and/or **scared**

Chapter 6: Children's Experience of Loss

As is often done in Interpretative phenomenological analysis (IPA) studies, these themes are also depicted in pictorial form (see Figure 3) on the next page. This diagram positions children's feelings in the centre, with sadness being ubiquitous across all children and all losses. Children's interactions with others are on the outer perimeter. This diagram helps us to understand how children's intrapsychic response to loss – primarily feelings of sadness, being left out, lonely, and being conflicted – were heavily affected by their interactions with the world around them – primarily characterised by silence, powerlessness, and isolation. Children's other significant but less common, emotions: worried; angry; different; confused; and scared – also feature in the diagram, situated underneath the more common emotions they were likely to appear alongside. At the bottom of the diagram is the word 'complexity': it is used to signify the underlying complexity which defined the family experience and pervaded all aspects of children's lives, including their experiences of loss.

Figure 3: Children's Experience of Loss

Powerlessness

Left-out

worried   *angry*

Isolation

Sad

Lonely   Conflicted

different

confused

scared

Silence

Complexity
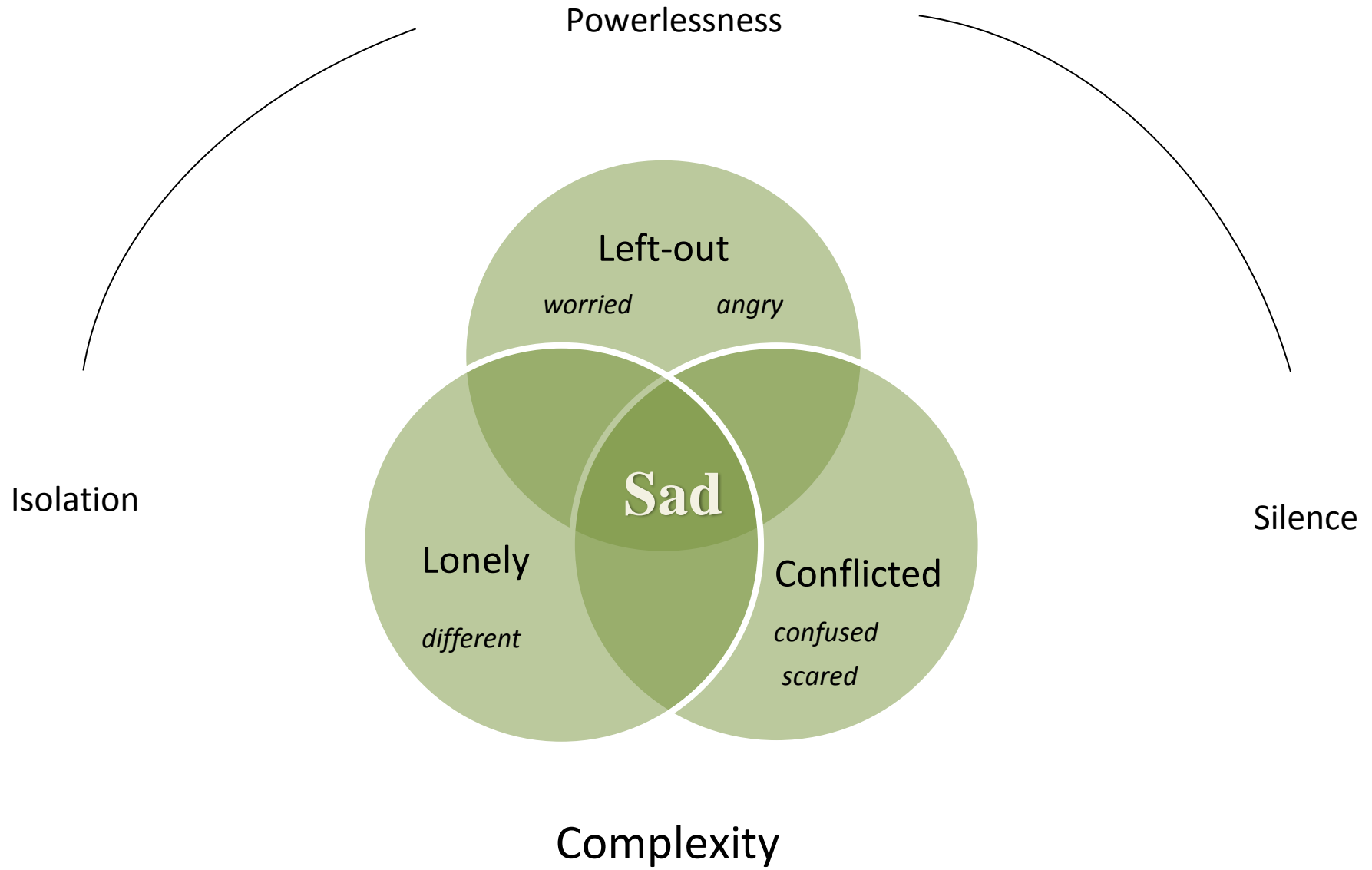
6.2 Sadness

Overall, children viewed loss as a negative emotional experience. Within this overarching sense of negativity, children expressed a vast breadth and depth of emotions. In the wake of loss, children were often left wrestling with a mix of emotions. The most common of these was feeling: sad, left out and lonely. Sadness was the dominant emotion and was ubiquitous in children's accounts of loss. Every loss experience had an element of sadness and every child linked sadness to loss events or experiences. As Ellie (11yrs) explained:

[Loss sounds] like cries of sadness (Ellie, 11yrs).

Children experienced sadness as being so entwined with the experience of loss that when trying to describe what loss was, some children simply said, or wrote, the word *"sad"*, or drew a sad face, to symbolise what loss meant to them:
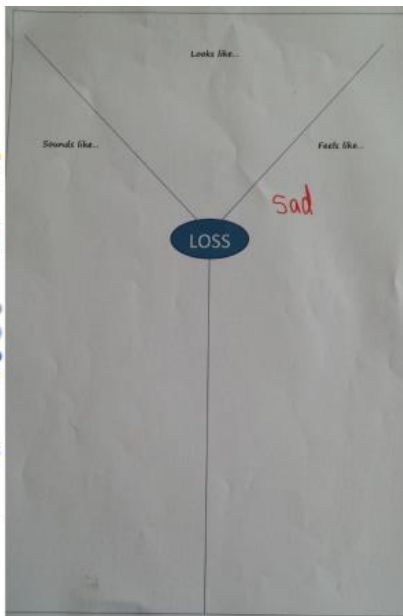
Jasmine (9yrs):   **Emily (8yrs):**
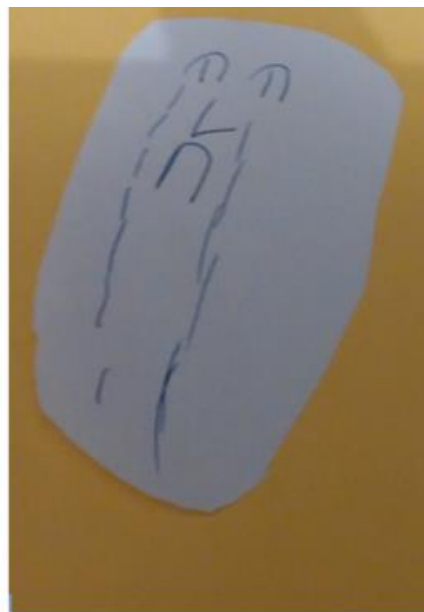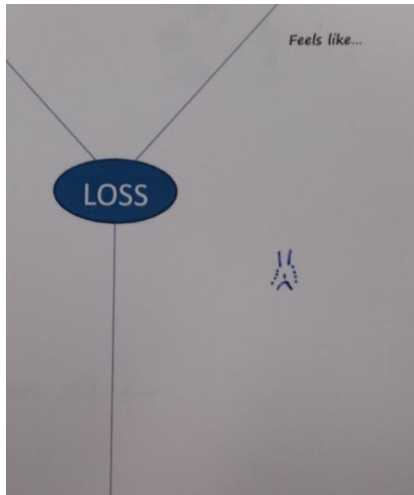
Bella (9yrs):   **Jamie (8yrs):**
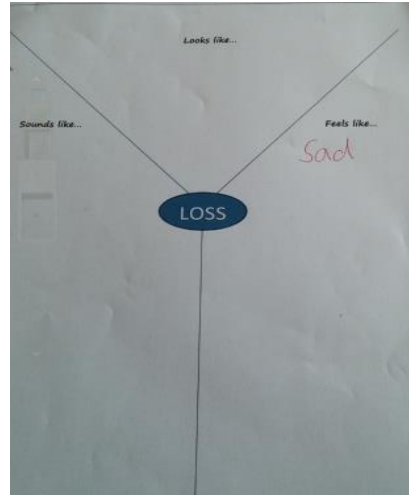
Children explained that even smaller losses could make them feel sad. As Max explained:

> *Umm, maybe, there is something that isn't so much important…they might be*
>
> *a little bit upset and a little bit happy (Max, 6yrs).*

At the other end of this continuum, Max stated that his most significant loss had made him more upset:

> *My guinea pig, I really miss him, really much (Max, 6yrs).*

Like in Max's quote above, many children used repetition to differentiate their emotional responses and emphasise the depth of their sadness. For example, Freddie (8yrs) stated she felt *"really, really sad"* after the death of her sister, and Ellie (11yrs) described how she could often feel *"extremely, extremely, sad"* about losses she had experienced. Archie's explanation of his grief after his grandparent's death is a further example of children using repetition to differentiate between different levels of sadness. In response to my question: "How did your grandfather's death make you feel?" Archie stated:

Chapter 6: Children's Experience of Loss

Very, very, very, very, very, very, very, very, sad (Archie, 7yrs).

The depth of children's sadness was also demonstrated by their description of it as being pain-based. Taylah (10yrs) described feeling *"hurt"* after being removed from her parents' care. In attempting to explain their feelings, some children differentiated between physical pain and emotional pain. These children indicated that physical pain is different, and perhaps easier to deal with:

I can ignore physical pain quite easily, but emotional pain is a bit harder. And I have had trouble with this quite a lot (Ellie, 11yrs).

In Chapter 5 children explained how loss events or experiences appeared to leave behind an indelible mark of sadness. Max (6yrs) felt as sad about his loss today (at the time of the interview) as he did when it had occurred. This inescapable sadness, which remained present throughout time, appeared to be one of the aspects of loss which most overwhelmed children. When DJ (8yrs) was asked how often he feels sad about being removed from his parents he stated, *"all of the time".* This all-encompassing and permanent sadness was common to many of the children, as Jasmine illustrated:

When Pop died it felt very sad. For everyone and every time it was very lonely without him (Jasmine, 9yrs).

Despite the pervasive and persistent quality of sadness, it was not always visible to others. Children said they rarely shared their feelings with others and they often actively concealed their sadness. The main exception to this rule appeared to be when children felt able to share their feelings with others who were also feeling sad about the same loss event or experience. For example, both Freddie (8yrs) and Verity (12yrs) talked with their mothers about their shared sadness after the death of a sibling. These shared emotions were

often intensified and more likely to surface at significant times, like anniversaries or birthdays:

> *The anniversaries and birthdays, it was really, really sad (Freddie, 8yrs).*

> *On her birthday, my mother came up with the tradition that for each birthday we'd go to a place that we wanted to go with her. So like, she recently had her 10th birthday and um, we went to the National Zoo and Aquarium…it is a pretty cool feeling, thinking that your sister would want to do that to, but sad because she wasn't there (Verity, 12yrs).*

Freddie and Verity's experiences demonstrate that children were acutely aware of the sadness that others felt in the wake of loss events and experiences. Jasmine and Jamie also acknowledged the sadness of others in their interviews:

> *Our family was like feeling like sad when he like died (Jamie, 8yrs).*

> *When we moved away…and it felt sad. My friends felt sad as well (Jasmine, 9yrs).*

This shared sadness, which often brought children's sadness to the surface, could also contribute to children feeling overwhelmed:

> *I didn't like the sound of the loss of my dog because everyone was crying and it was miserable (Taylah, 10yrs).*

Although crying featured heavily in children's accounts of their losses, it was not uncommon for them to describe the sounds of loss by referencing both crying and silence. Ellie's (11yrs) and Taylah's (10yrs) Y charts illustrate this:

Excerpt from Ellie's (11yrs) Y Chart: **Excerpt from Taylah's (10yrs) Y Chart:**
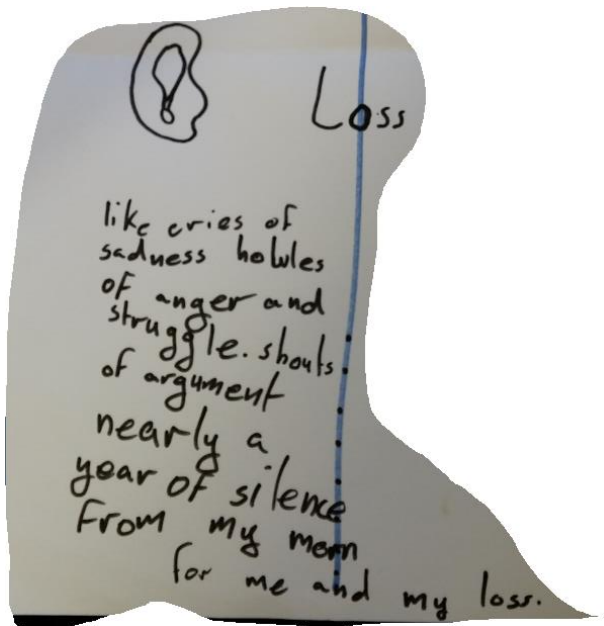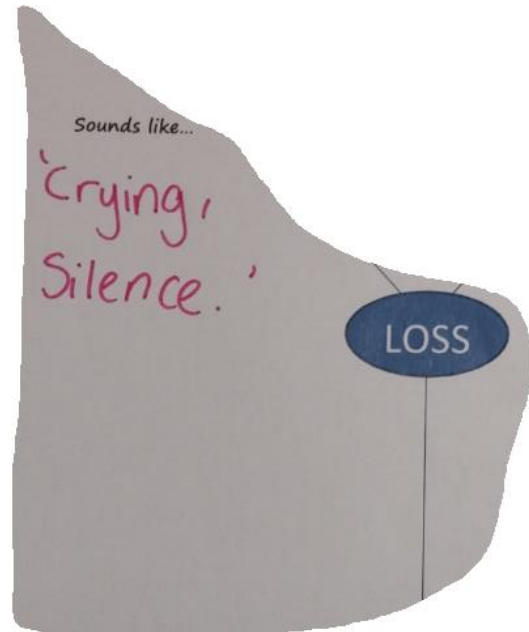
6.3 Silence

The sadness which accompanied children's losses was often associated with, and symbolised by, silence. Silence had an eerie and inextricable presence in children's accounts of loss. Sometimes this silence appeared to be an involuntary response to the potency of loss events and experiences. At other times, silence was a conscious strategy enacted by children, and those around them to avoid talking about loss events or experiences. Ellie described how she and her mother used silence:

> *[Loss sounds like] nearly a year of silence from my mum for me and my loss (Ellie, 11yrs)*; and

> *Stinging in my throat trying to hold the tears down (Ellie, 11yrs).*

Chapter 6: Children's Experience of Loss

To fully understand the impact of silence in children's loss experiences, it is important to explore how and why children remained silent in the wake of loss, as well as their descriptions of the silence enacted by the adults in their lives.

Children's silence. Ellie's last quote, above, is indicative of how children tried to project an image of themselves as coping with life and being happy, while a great depth of complex emotions often lay silently under the surface. Although not always immediately obvious, silence became apparent in several ways during the study. Two children stated that loss sounds like *"silence"* when completing the Y Chart activity. During their interviews, the majority of the children discussed how they remained silent about their losses; they rarely disclosed or discussed these experiences with others. Jamie (8yrs) described how he tried to keep his sadness related to his losses *"inside"*. Max also shared these sentiments, explaining:

> *I just keep my tears all inside and yeah. I don't really cry, just make a sad face*
> *(Max, 6yrs).*

Throughout the interview process the connection between silence and children's sadness around loss unfolded with striking clarity. During the interviews, whenever the children became visibly sad, or described feelings of sadness, their voices became softer until they reached a nearly inaudible level. At these times, children would often resort to using non-verbal language, such as nodding or shaking their heads. Many children would even lower their heads as if hoping their silence would render them invisible and therefore unable to participate in further discussions of the topic. This contrasted with their presentation when remembering good times, and happy events, as they would often become animated and loud. On some of these occasions children would return to the

realisation that these good things were now lost, and they would quickly resume their quiet, withdrawn demeanour.

There appeared to be many issues underlying children's reluctance to talk about loss. Talking about loss involves talking about feelings, which many children found difficult. In the first reference group, Julie cautioned me about pushing children on this topic, saying it was important to:

Not push and don't make them talk about their feelings because they might not really want to [talk about it] (Julie, 9yrs).

Other children agreed that it was hard and sometimes even seemingly impossible to talk about loss experiences:

Even if I wanted to talk about it I felt like I couldn't… I didn't know how to tell them how I felt (Ellie, 11yrs).

Discussing feelings was not something children were used to doing, either with each other, or with adults. In fact, many children stated that the research interview was the first time they had openly discussed their loss experiences with another person:

I haven't shared any feelings with other people (Brave, 9yrs).

I don't tell (Bella, 9yrs)…. she never talks to anyone (Maleek, 10yrs).

[I] kept it to myself…'cause I didn't want to tell anyone (Jamie, 8yrs).

Children felt that talking about their feelings often required a great deal of courage. They felt that not all children, at all times, would have this level of courage:

> *I am feeling brave because not many kids would want to do this, and no offence, but not many kids, like little kids, have the guts to do it and I'm a bit shy (Taylah, 10yrs).*

Consequently, children felt proud of their own efforts to talk about their losses within the interviews. One of the children picked Brave as their pseudonym to use in any reporting, and at the end of their interview other children commented:

> *[I feel] proud because I have told my feelings about um, about my Dad that has done terrible things to me, and yeah so that's why I am proud (Jess, 10yrs).*

> *[I feel] proud…because I made it through the interview (Verity, 12yrs).*

> *[I feel] brave, because I came here today (Vexame, 14yrs).*

> *I feel happy that I talked about it and I've got it off my back and I get a $30 voucher…[and] I feel sort of vulnerable…emotion wise…it just happens when I talk about the past stuff (Ellie, 11yrs).*

The vulnerability which children experienced from breaking their silence, which Ellie alluded to above, was one of the more common reasons why children chose not to discuss their losses. Children believed that audible expressions of loss would increase their visibility, as well as, their vulnerability, which they did not want to reveal in front of others. This was also apparent in the interviews. Although children were, for the most part, very open about their experiences, there were still some silences they were not prepared to break:

> *It makes me cry when I explain it…So I don't really want to explain it. But if I was less emotional I would (Taylah, 10yrs).*

214

> *Yeah, sometimes kids don't feel safe sharing their feelings, so sometimes they just need to keep them to themselves (Verity, 12yrs).*

Children appeared to believe there was little incentive for them to open themselves up to the vulnerability which accompanied breaking their silence. They believed that loss could not be fixed, and that others would struggle to understand their losses:

> *I knew they would never really understand what I was going through, so what's the point of telling them? Like they're not going to understand (Ellie, 11yrs).*

In addition to the perceived futility of discussing their losses, some children explained how breaking their silence had previously caused them and their families harm. For example, Maleek disclosed that he had once found his counsellor secretly taping their conversation. After the counselling session he returned home and his mother told him that he and his siblings *"may be taken away"*. This incident damaged Maleek's sense of trust in others:

> *Nope, [I don't tell people how I feel because I] don't trust anybody now (Maleek, 10yrs).*

Verity also revealed that she was bullied in school after disclosing her loss experiences to a classmate:

> *Because people will like bully them about it…Because like if you are upset about something people will always bring that up and like, it happened to me before and it's a really bad feeling, so I've tried to like, keep all my emotions and stuff inside, kind of like a poker face…Like I've told people about it and they've like said they are going to keep it to themselves and then eventually the next day at school the whole school knows about it (Verity, 12yrs).*

At times, children were also concerned about the wellbeing of others with whom they shared their loss experience. Children realised that others may be struggling with their own sadness and they often assumed some level of caring responsibilities for these people – often their parents or siblings. Many children thought that by lifting the veil on their own feelings they might upset others:

> *I didn't really want to talk about [it] because I felt a sort of duty to be strong and I didn't want to show that I was upset…I just felt like a feeling to be strong like I had to be strong for the people around me, even though they were like going through the same thing as I was (Ellie, 11yrs).*

> *Because sometimes feelings can be kept to yourself, because otherwise it will upset [others] sometimes (Freddie, 8yrs).*

These examples demonstrate that children's silence was often a deliberate choice. After making the decision not to talk about their losses, some children explained they would go to great lengths to ensure they remained silent:

> *I have a process right. I have a thing that I, I bite my tongue and I shut my mouth and I don't say, because if I don't want to say anything then I won't and I just ignore what I want to say because I know that they're not going to help (Ellie, 11yrs).*

The many coping mechanisms used by children involving silence are explored further in Chapter 7 when discussing the strategies children used in the wake of loss. These strategies remind us that, at times, children found silence to be a source of comfort and support. They also thought their silence may comfort and support others. Although these strategies assisted children to cope with their losses in the here and now, there were some indications

that these strategies could prove problematic in the long term, if relied upon in isolation. For example, Ellie and Verity indicated their reliance on these strategies sometimes contributed to them developing a fierce sense of independence which could further entrench their silence:

> *I just generally don't go to my parents, I'll try and sort it out by myself (Ellie, 11yrs).*

> *I've grown up thinking of myself as an independent person, like I can do things by myself, and then like it's really hard to ask people, to talk to them or get some help (Verity, 12yrs).*

Adults' silence. This resounding silence in the wake of loss was reinforced and facilitated by adults' responses to children's losses. Exploring how adults were often unavailable or unwilling to talk to children about loss events provides additional insights into this culture of silence.

Silence was almost inevitable, and appeared typical, due to the absence of key support people in children's lives. When completing a support hand to demonstrate who she could turn to for help, Emily (8yrs) wrote on her first finger, *"Mum, I love you mum"* then proceeded to write *"no", "no", "no", "no"* on the rest of the fingers (see below), indicating that she had no-one else to talk to. At her mum's insistence Emily added her Nan to her hand, but Emily explained that her Nan had moved away and she wrote on her hand *"I want to see her more"*.

Emily (8yrs):
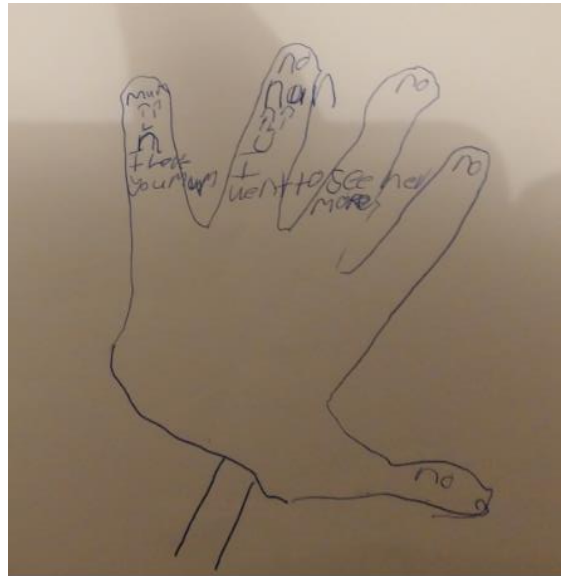
Freddie also felt she had very few supporters, so was unwilling to complete this exercise. She instead explained:

> *'Cause sometimes not many people [are] around to help, 'cause, because you are just around the house and there's only one person that you can talk to (Freddie, 8yrs).*

Julie (9yrs) also struggled to come up with people she could turn to for support. After tracing her hand, there was a long pause, and she wrote *"myself"* on her first finger and added that the strategy she uses is to *"hold it in"*, *"sit in a quiet place"*, or *"draw"*; explaining to me that she *"tries not to think about it"*. Julie's experience exemplifies how when children have limited supporters, their coping strategies may also be limited to those internal strategies which accentuate the silence already so prominent in their experience.

Sometimes having adults around did little to alleviate the silence surrounding children's losses. For example, some children felt that adults were not willing or interested to talk to children. For example, Brave and Caitlin stated:

Chapter 6: Children's Experience of Loss

[They] just ignore you (Brave, 9yrs).

They [family and others] just ignore me (Caitlin, 12yrs).

When adults were willing to provide support, children explained that this was often done under the adult's terms. Some children explained that the support adults provided was often limited to containing and regulating emotions, rather than displaying or talking about them. This seemed especially the case within schools. Although this support had the effect of silencing children, some children explained that they found this helpful. For example, Taylah said her school teacher was helpful, enabling her to keep calm and not show her emotions:

> *She just like, she told me how to get through it, she said that just to keep calm and not to like make a huge, like, fool of yourself by like freaking out (Taylah, 10yrs).*

Maleek (10yrs) and Bella (9yrs) also said the focus of intervention and support from counsellors or teachers at school, was on their outward behaviours, rather than understanding their inner emotions. They believed the role of their counsellor was to help them to *"calm down"*, *"not swear"*, and not to display their *"anger"*. Maleek said that he needed and valued this support from teachers because:

> *I just let it out in anger because there's no-one ever to talk to (Maleek, 10yrs).*

With few adults available who were willing to talk about their feelings, many of the children's losses became shrouded in secrecy or silence. For example, to this day, Vexame (14yrs) does not know what happened to her step-dad who *"just vanished"* when she was younger. Brave (9yrs) and Catherine (8yrs) are unsure why they do not live with their parents who reside in another country. Levi (6yrs) does not know where his Dad is living.

219

Chapter 6: Children's Experience of Loss

DJ (8yrs) did not understand why he was removed from his parents' care and he worried that his parents were also not given accurate information:

> DJ: Because we got tooken away, because, taken away because um our mum and our dad couldn't look after us anymore any longer…But they didn't actually say to care and protection that um they couldn't look after us…
>
> Researcher: So did someone from care and protection explain it to you?
>
> DJ: Nuh, they didn't even tell mummy.

The silence surrounding these loss events was so potent that children most often felt they could not ask anyone for an explanation.

> Yeah usually with this one, you are not told what is happening til after it's happened and so people seem to like, seem to drag on the, until you asked: 'what's happened?' Or even if you ask them they don't tell you (Verity, 12yrs).

In the absence of an explanation about their losses, some children decided their losses were their own fault. Verity (12yrs) stated: *"I thought maybe it was my fault that they [my parents] separated".* Taylah (10yrs) said she felt guilty after being removed from her parents by child protection authorities, *"'cause I kind of thought that it was my fault".*

Children offered various explanations as to why they believed adults refused to provide them with information about their losses. Many believed that adults limited the information given to them because of their age, and because they thought they would not understand. Some children found this extremely frustrating; they felt they could understand information which adults had deemed they were not ready for. Vexame expressed her ongoing frustration at not being provided with information about her removal from her mother's care by child protection authorities:

I've asked about it, but they just said it was just helping mum out, which I know was their kiddie way of explaining it…And they said 'oh you can read the reports and everything when you're 18' and I'm like 'that's not going to be useful then'…It's just like so I have some justification of why my life has been the way it is. 'Cause I just feel a lot of the time out of control of what's happening and it's just like, I would like to know why, at least, kinda (Vexame, 14yrs).

These accounts suggest that adults expected children to just accept the lack of information and to stop wondering about, or questioning, the loss events that had occurred in their lives. Losses that remained shrouded in silence, however, were often the most insidious and potent in children's lives. Children's questions around these losses did not leave them; if left without answers, these losses often consumed their thoughts. This was particularly apparent for children whose parents were absent without explanation and those who had been removed from their families. As Taylah explains:

I was a bit confused. Yeah…I thought about it a lot actually, that was the thing that was mostly on my mind…and then I kept continuing to think about it, and think about it and think about it and then it started stressing me out because I couldn't stop thinking about it (Taylah, 10yrs).

In some cases, adults gave children altered accounts or inaccurate information. Taylah hinted that she believed this is what happened in her recent change of foster carers. She seemed particularly upset by the explanation offered to her:

> *They said it was, well [new foster mum's name] said it was 'too much*
>
> *work'…and then they got another foster child after us, and I think he's like 3 or*
>
> *something and then, now they've got a baby… And that's more work than two*
>
> *grown up kids! (Taylah, 10yrs).*

Maleek (10yrs) and Ellie (11yrs) also indicated they may have received inaccurate information from their parents about their parents' separation. Ellie stated that it had taken years for her to try and piece together a story of what had happened when her parents separated:

> *I was five when my parents got divorced and I remember walking home with my*
>
> *dad and I said 'why isn't mum coming' and he said 'mum doesn't want us at*
>
> *the moment, so we're going'. We went home and I don't think I saw my mum*
>
> *for like a year, so, yeah. And that's given me a bit of a bad experience with my*
>
> *mum…It wasn't exactly accurate, because they both have different stories*
>
> *(Ellie, 11yrs).*

Children understood that adults who provided little, or inaccurate, information often did this with good intentions. They cautioned, however, that it is rarely helpful, as misinformation can have unintended negative consequences:

> *Yeah and I think like my parents have like lied to me to make it seem better and*
>
> *um, like, when someone lies to you, your trust seems to fade away a little bit,*
>
> *like they think that they're helping but they're just making everything worse*
>
> *(Verity, 12yrs).*
>
> *Yeah they're just trying to make it better for you, it's still damaging for us*
>
> *(Ellie, 11yrs).*

Even when adults had good news to share, some children were still not provided with information: this detracted from what could otherwise have been an empowering experience for them. For example, when care and protection authorities decided Vexame could be reunified with her mother, she was not told why, or how, this decision had been made. Due to the lack of agency she had already experienced in the out-of-home care system, she was extremely sceptical of the decision-making processes:

> *It hasn't been explained to me, all [my foster carer] has really said about it was um, it has happened because I wanted it to happen, and I was just like 'that makes no sense though!' 'Cause you know…nothing happened the way I wanted to and then all of a sudden it was 'oh yeah, they did it for you' and I was just like 'what?'. And I'm like 'I'm not in power, I don't have the hammer' (Vexame, 14yrs).*

Vexame's quote provides a stark example of the sense of powerlessness which resonated strongly across all the children's interviews. This sense of children feeling left out and powerless throughout their loss experiences is now explored in detail.

6.4 Feeling Left Out and Being Powerless

In addition to the ubiquitous sadness associated with childhood loss, children's other common emotions included: feeling left out, lonely, worried, angry, different, conflicted, confused, and scared. The feeling of being left out was the second most common emotion the children in this study associated with loss, and it had a pervasive presence in children's everyday lives. Children's feelings of being left out were often caused, or compounded by the powerlessness they felt regarding their loss events and in their interactions with others.

Feeling left out became a central theme in children's loss narratives. Nine out of the 22 children explicitly used the term *"left out"* to describe how loss made them feel. Initially, I thought this may have been because it was one of the 32 emotions depicted by the Kimochis which were used extensively by children to describe and name their emotions throughout the interviews (see Appendix H). When I reviewed the transcripts, however, all but one of the nine children had used the term independently of the Kimochis. For example, many children had added the term on their Y Charts, completed before the Kimochis were introduced. When I asked Brave (9yrs) how he felt about the absence of his parents, his answer was simply: *"left out"*.

Although feeling left out was often a response to loss, the children's interviews demonstrated that feeling left out existed more broadly as a permanent milieu in their everyday lives. One of the reasons why feelings of being left out accompanied children's loss experiences was that, in some cases, the feeling had preceded and caused their loss experiences, rather than occurring because of a loss event. Emily (8yrs) exemplified this when she was asked to draw or describe what makes her feel worried or sad:

Emily (8yrs):
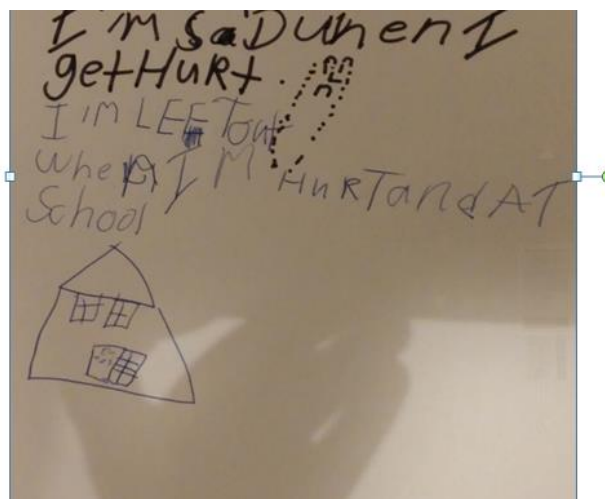
Chapter 6: Children's Experience of Loss

Emily explained that one of her major losses was missing out on friends at school. Emily's experience of feeling left out at school was not uncommon. Many children talked about frequently feeling left out of peer or family activities and feeling powerless to influence these interactions.

Children discussed having little, or no, control over their family circumstances, or their home, school and wider environments. Due to this lack of control, children were continually confronted with losses resulting from the decisions and actions of significant adults around them. For example, parental separation was a catalyst for ongoing and frequent loss experiences, which children had little control over. Living between two households was challenging, with children continually going "*back and forth, back and forth*" *(Bella, 9yrs).* Many children also discussed feelings of temporary loss for one of their parents, and sometimes pets and possessions, due to always having to leave one home behind:

> *Like I love them both and it's really hard 'cause when I am with dad, I want to be with my mum and when I am with my mum I want to be with my dad, so it's really hard (Jess, 10yrs).*

> *It's a bit hard to do because, because um I miss mum and when I go to Dad's, I miss mum and when I go to mum's I miss Dad, so it's a little bit hard (Max, 6yrs).*

Other losses caused by parental separation were more permanent, but similarly outside of children's control:

> *I sort of had her as a step mum and when she left she was like a best friend so*
> *[when she and my dad broke up] I found that was a big loss (Ellie, 11yrs).*

> *'Cause he [Dad] always says that he'll call me every day, but it turns out to be*
> *lies and says that he is really, really busy. But he is actually not, like he could*
> *actually call me when he is not working (Jess, 10yrs).*

In these circumstances, in addition to feeling left out, children often felt frustrated, annoyed and angry about the decisions and actions of adults around them. Losses that children thought were overtly caused by the actions of significant adults were a source of anger and frustration for them, as they often perceived them as extremely unfair. For example, Caitlin (12yrs) and Ellie (11yrs) conveyed an acute sense of injustice about adults' decisions to get rid of their family pets:

> *I had a little baby one [dog] and a big one [dog]…the little one, my neighbour*
> *took that one… and it died because he never fed him and the other one got took*
> *[sic] by the pet control thing…I felt mad about it because they are giving it*
> *away…it was my family's pet, and the other one was for a family present*
> *(Caitlin, 12yrs).*

> *I love ferrets and still do, they're amazing animals and they're really cool and*
> *um, when I got him instead and I paid for him and everything and Dad and*
> *[dad's partner] got rid of him. And I just went 'you can't do that!' I actually*
> *bought him with my own money, it's like getting rid of something that*
> *somebody else had bought, you don't have the right to get rid of him and it was*
> *because we had moved to a different house and [dad's partner] didn't like the*
> *smell. And I was so angry about that and I'm still holding onto that, I am,*
> *because that was my ferret and I'd paid for it and I had, yeah (Ellie, 11yrs).*

Chapter 6: Children's Experience of Loss

As these quotes indicate the more left out and powerless children felt, the more likely they were to discuss anger as an emotional response to loss. In fact, anger rarely existed as a response to loss, without being accompanied – or incited – by feelings of being left out and powerless. The more left out children felt, the angrier they appeared. Maleek bemoaned the fact that he had been *"left out"* and had rarely been given *"a say"* by his parents. His response to his loss was to:

Just let it out in anger because there's no-one ever to talk to (Maleek, 10yrs).

Similarly, those children removed by child protection authorities, who reported feeling completely powerless, also conveyed high levels of frustration and anger:

[I feel] annoyed…because they never tell mummy where we're going and for the first visit they didn't even tell her…I mean always… I am not angry at anybody else. But I am not angry at mummy and daddy, they were fine (DJ, 8yrs).

Children, such as DJ, who were involved with child protection authorities, were particularly susceptible to powerlessness. These children discussed how their interactions with service systems had often compounded or caused further losses in their lives. Vexame (14yrs), DJ (8yrs) and Taylah (10yrs) all spoke of their frustration at the lack of *"say"* they were afforded within the child protection system. Taylah explained that she had little involvement in any decision-making about her care:

I think it's more up to them and the judge and stuff, or not really the judge, but care and protection (Taylah, 10yrs).

Vexame further explained that the everyday demands of child protection authority processes, which were out of her control, exacerbated her sense of loss over her mother:

> *Mum was on my mind a lot basically, I think it is because the environment that I was in and how care and protection were like everywhere, seriously it was you are seeing this person this day and you are going to be doing this on this day and I just couldn't get a break and I'm like erghhhh! (Vexame, 14yrs).*

Conversely, when confronted with the loss of her foster carer, Vexame stated it was much easier to cope with because she now had some control over the situation:

> *Yeah [I miss her] but it's not the same, there's no like taboo or confusing things I have to go through, I literally just like have to catch a bus and I'd be like, 'hiii!' (Vexame, 14yrs).*

Although exacerbated for children involved in the child protection system, a lack of information and not getting *"a say",* were consistent and challenging aspects of most children's loss experiences. In fact, during the participant checking process in the data analysis stage, the children's reference group rated *"not having a say or control over what was going on"*, as one of the main factors that made loss more difficult to deal with:

> *Like all those, if you experience all those I think you would feel really, really isolated, you got no control over what's going to happen, you've got no say (Ellie, 10yrs).*

Ellie's quote highlights the loneliness and isolation common to children's experiences of loss, which will now be explored in detail.

6.5 Feeling Lonely and Being Isolated

Alongside feeling sad and left out, loneliness was the next most common emotion children associated with loss.

Verity (12yrs):
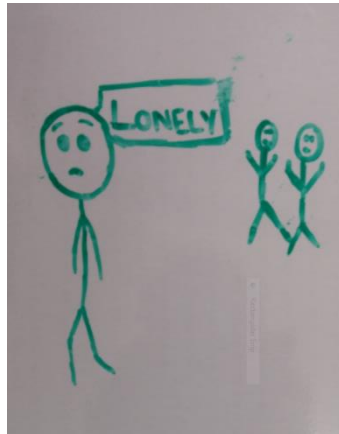
In the initial reference group meeting, when I asked children to pick out photos that might represent a loss experience, Ellie (11yrs) and Caitlin (12yrs) stated they were looking for *"things that are all alone"*, or *"by themselves"*. Caitlin (12yrs) found a photo and said *"he is on the road all alone"*. Loneliness was seen to be representative of the experience of loss, and the children's interviews further supported this.

One of the most obvious ways in which loneliness and isolation was apparent across the children's stories was in their lack of supporters. Many of the children's stories exemplified one of the cruel ironies of loss; when we lose those people or things most important to us, we also lose the people or things we would normally rely on in times of adversity. This exacerbated the meaning and impact of the loss and left children feeling acutely lonely and isolated. Jasmine described feeling very lonely when her Pop died; he was one of her closest supporters and before he died was around every day.

Jasmine (9yrs):
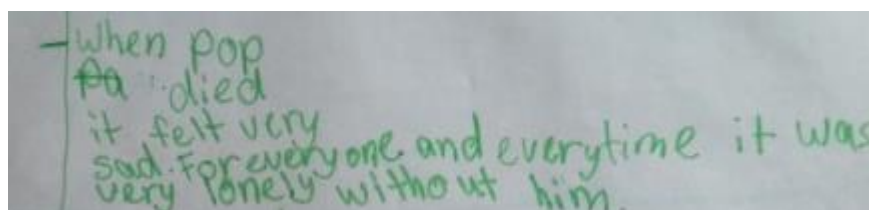
Chapter 6: Children's Experience of Loss

The loss of important people may have been especially pronounced for the children in this study as they and their families were often disconnected from their community. Many of their families had moved often; some were currently homeless and living in temporary accommodation. Only a few of the children talked about strong and positive connections to school, neighbours or others within their wider community. About a quarter of the children talked about intense feelings of loneliness and isolation in their everyday lives, and this was particularly evident when they were at school:

> *I feel left out, at school I do…because I've got no-one to play with (DJ, 8yrs).*

> *I don't really have any friends…no-one likes me (Emily, 8yrs).*

> *[When my friend moved away I felt] a bit lonely because I didn't have any more friends (Julie, 9yrs).*

The link between loss and loneliness went deeper than the obvious loss, or lack, of people in children's lives. Children did not have to be physically alone for their losses to make them feel lonely, as Verity's picture and quote explain:

Verity (12yrs):
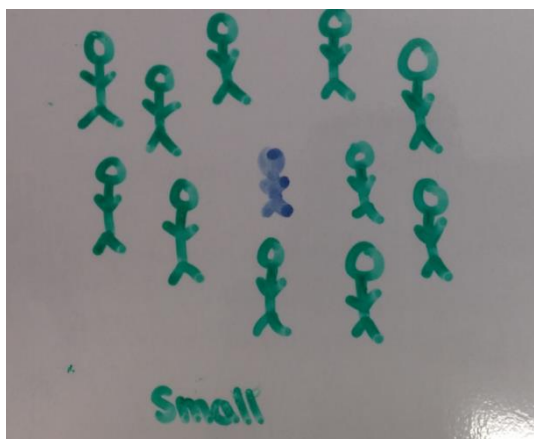
Chapter 6: Children's Experience of Loss

> *You can be like standing in a group of people, but you can feel small and alone,*
>
> *like you can be in a big crowd, but you feel kind of by yourself (Verity, 12yrs).*

Ellie agreed with Verity's sentiments:

> *To me it didn't really matter if I was in the classroom surrounded by people,*
>
> *like yeah it didn't matter if I was sitting next to my best friend, I would still feel*
>
> *like really isolated (Ellie, 11yrs).*

Some children explained that this feeling of loneliness and isolation occurred because they thought others did not understand what it was like to experience loss, or did not appreciate the significance of their losses. For example, when Julie explained what loss could sound like, she stated:

> *You are being silly over something so little, but it doesn't feel so little to you,*
>
> *it's like a big challenge (Julie, 9yrs).*

Many children spoke about feeling misunderstood, which made them feel even more isolated and separate from the community around them. This sense of difference which these children felt from their peers, and others in their community was often central to their loss experience. Children felt their losses, including the things which were absent from their lives, were among the main things that set them apart from others:

> *If you look around everyone's life seems like it's perfect because like they've*
>
> *got parents, like both their parents, they've got siblings, they've got all this free*
>
> *time and stuff, and you're just there with everything going wrong and you just*
>
> *feel so different and awkward and upset and you just don't know what's going*
>
> *on (Verity, 12yrs).*

Chapter 6: Children's Experience of Loss

One of Verity's wishes for the children involved in the research was:

> *To feel safe and comforted and NORMAL and feel like you belong and are [a]*
>
> *valued member of the community! (Verity, 12yrs).*

Feeling like you belong, and being included, was important to the children. They were keenly aware that some of their losses and life experiences carried a certain stigma, which they tried to actively avoid. Sometimes this sense of difference and stigma contributed to the silence which engulfed children's losses. For others, it sparked a fierce determination to not become what their losses had forced upon them:

> *The first thing I thought of was like, 'ahhh, I'm one of those children with one*
>
> *of those, you know, chaotic lives'... and I was like 'I don't want to be like that'*
>
> *(Vexame, 14yrs).*

While some children pushed back at the labels and stigma attached to their sense of difference, in the next chapter the ways in which others attempted to use their difference to craft unique and strong identities for themselves are explored. The ability to do this often hinged on finding a sense of belonging and connection to at least one other person. Finding that sense of connectedness, especially with those that shared or could understand their experience was a rare experience for these children.

Most children felt they had no-one with whom they could share their experience or feelings. Perhaps due to this, children began to rely on the relative solace and safety which they found in their isolation from others. In fact, the more intensely losses were felt by children, the further some of the children retreated into isolation:

> *If you are feeling upset, I want to be by myself (Verity, 12yrs).*

In those times I think I just felt really really hurt and I didn't know how to ignore it, like I do with changing house, and so I would cry and find a place where I could try and get away from people and I would yeah, just stay there (Ellie, 11yrs).

'Cause at [my foster carer's house] …I'd kinda just stay in the room pretty much every day. And kinda went on the computer and went back in my room sorta thing (Vexame, 14yrs).

6.6 Feeling Conflicted, Confused and Sometimes Scared

Alongside the permanency of children's sadness, and feelings of being left out and lonely, it became clear that children were often wrestling with a complex mix of conflicting emotions, which could fluctuate over time. Children recognised the multiple and sometimes conflicting emotions which accompanied many of their losses as one of the most confronting aspects of the childhood loss experience. Some of the Y Charts (pictured on the next page) completed by the children provide a glimpse into the range and complexity of emotions which children identified as being inherently involved in loss:

Chapter 6: Children's Experience of Loss

Julie (9yrs):   **Caitlin (12yrs):**
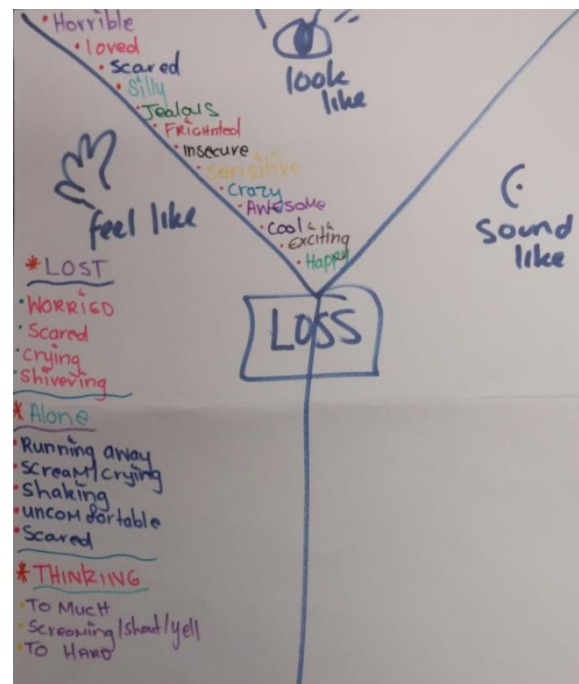
To explain her Y Chart, Julie stated:

> *[Loss can be] that you have mixed emotions and that you don't really know*
>
> *what you feel like (Julie, 9yrs).*

Ellie also spoke about how having mixed emotions can be confusing and make it difficult
for children to make sense of what is happening in their lives:

> *Like I couldn't just think about it, I had too many things going on in my head, I*
>
> *was just getting confused, and like I just needed to work through it (Ellie,*
>
> *11yrs).*

Managing and making sense of the many emotions which surround loss events was
difficult. The Y Charts, depicted above, demonstrate how children were often required to
integrate positive and negative emotions into their lived experience of loss. Positive

emotions such as love, happiness and excitement appeared to be inextricably linked with children's experiences of loss, often remaining alive through the memories which children retained of the thing or person that was lost.

Multiple and conflicting emotions often occurred because of the complexity and uncertainty inherent in many of the children's loss experiences. For example, losses such as child protection removal, parental absence, and separation involved a complex mix of emotions, and were particularly challenging for children. For all children of absent parents, the inextricable bond children had with their parents remained strong; children either desperately loved their parents, or wanted to love them. Taylah (10yrs) talked about the strong connection she had with her dad, describing him as her *"soul mate"*, and she stated:

> *[I am] frustrated that we couldn't stay with our parents because I'm attached to my parents, as everyone is (Taylah,10yrs).*

Despite such strong bonds, children's feelings fluctuated and their anger towards their parents sometimes complicated the love they had for them. For example, during her interview, Jess (10yrs) spoke fondly of her father, saying *"I love my dad"*; during the same interview, she revealed that she was angry and upset, stating that her dad "*has done terrible things to me"*. Similarly, Verity talked about wishing she could have more contact with her father, but later added:

> *Once I actually think about what happened and why he left and stuff, I just feel like I hate him for that (Verity, 12yrs).*

The constant conflict and uncertainty, which accompanied some of the children's everyday experience of parental separation, was also particularly challenging. In these circumstances, children felt conflicted, confused and sometimes scared as they became

Chapter 6: Children's Experience of Loss

bystanders to the events unravelling around them. Children often did not understand the status of their parents' relationships or what would happen to their family make-up in the future. At times children felt divided loyalties between their parents, who disagreed on the living arrangements of their children. Max (6yrs) explained that living between two households was *"a bit hard to do"*. Maleek was particularly concerned by the level of conflict that had been an ongoing feature of his parents' relationship, particularly after their separation:

> *They've been fighting, not getting along, not agreeing with anything…It's still going on…[this makes me feel] sad because I don't know who will do who (Maleek, 10yrs).*

The confusion and uncertainty surrounding these losses reinforces how difficult it must be for children to not only understand and manage their emotions, but also to make sense of them and integrate them into their developing sense of self. Many of these more complex losses affected and challenged the very essence of who children thought they were. For example, Vexame experienced her removal from her mother's care as a threat to the strong sense of self that she had already developed by age seven:

> *I literally was just like, umm, because the first thing I thought of was like, 'ahhh, I'm one of those children with one of those, you know, chaotic lives' and I didn't want to go all depressed, or anything, so I was just like 'I was strong, I am me!' (Vexame, 14yrs).*

Taylah (10yrs) also talked about how the removal from her parents' care also challenged her sense of self. Taylah felt a strong connection with her parents, and described sharing many common hobbies and interests with them. She revealed how being removed from her parents' care affected her:

Chapter 6: Children's Experience of Loss

> *I wasn't angry but I wasn't really in the mood to be happy, to like tell jokes and be funny and be my normal self... [you feel] like different, you don't feel yourself, and you're shy and you're a bit nervous about what's going to happen (Taylah, 10yrs).*

Like many other children, Taylah's strong connection with her parents, and the ability to be happy and have fun, was inextricably linked with her sense of who she was and who she wanted to be into the future. Taylah did not want to be what the loss has made her become – separate to her family and unhappy. Managing such constant internal conflict was clearly difficult for many of the children, particularly for those whose losses were ambiguous and constantly changing.

When the final reference group was asked to reflect on the key issues and themes from the children's interviews to consider what makes loss harder to deal with they chose: 'The thing that caused the loss was a really traumatic and/or scary incident' as being the number one complicating factor in their lived experience of loss (the complete list of statements the children chose from can be found in Appendix J). Approximately a third of the children described traumatic loss events – ranging from traumatic deaths, natural disasters, child protection removal, or witnessing family violence – which had resulted in them having to leave their home. These loss events, many of which occurred years before their interview, were often described by children in great detail. Taylah and Vexame explained their experiences of entering out-of-home care placements in the following ways:

> *Just say you've been kidnapped and you've no idea who it is and you well, you're not scared, but you feel like different, you don't feel yourself, and you're shy and you're a bit nervous about what's going to happen (Taylah, 10yrs).*

> *Well basically I was like going in respite ever so occasionally and I was like 'oh, OK this is normal' and then one time they didn't say like how long and I'm just like 'what do you mean you don't know how long' and then I basically barraged myself, barraged, barricaded myself in the bathroom, it was kind of funny [laugh] because I got a chair and I got all like the shampoo and conditioner thinking that that would stop…because they were like 'come with us for unknown time' and I was like 'nooo!'…and then they threatened to call the police and I was like 'oh god that's scary' and then I came out and then I went (Vexame, 14yrs).*

These, and other traumatic images and memories of loss events and experiences, appeared inescapable and continued to impact on children's lives every day:

> *It is really hard to deal with a scary incident; it gives you bad dreams (Freddie, 8yrs).*

> *You can learn, like you can train yourself to block it out and just think of like happier things, but like for me when I sleep it always comes up somewhere while I am sleeping and I know that that's going to follow me around forever and I can't escape what I saw when I was little (Verity, 12yrs).*

> *'Cause when I go to bed I like stall, well whatever, and I sleep with a night light on because I get scared and stuff (Taylah, 10yrs).*

In addition to recurring thoughts and dreams, traumatic losses often left children worried and scared for their own, and their family's, future. A traumatic event was often the catalyst for children realising that bad and unpredictable things can, and do, happen to

anyone, at any time. This challenged children's worldviews and resulted in them worrying about bad things which may well happen to them, or their loved ones, in the future:

> *My life after my aunty died was not good and I felt sad that she died and when she died it just changed my life and when I was sad [I] felt worried that my mum and dad will die (Brave, 9yrs).*

6.7 Complexity

The children in this study experienced many losses which could be described as complex, including those that were traumatic, confusing, or which constantly changed in meaning and impact over time. These losses, not surprisingly, resulted in a great depth and breadth of feelings which were often difficult for children to understand, make sense of, or reconcile.

In addition to the complexity inherent in their loss experiences, the children who participated in this study were confronted with complexity in their everyday family experiences. This added layer of complexity – evident through their families' experiences of homelessness, conflict, abuse, and poverty – was intimately connected to children's lived experience of loss. Children consistently spoke about these circumstances causing, complicating and compounding their loss experiences. One common example included pets being given away or put down due to a lack of money to care for them. Many children also moved home, often multiple times, with little, or no, warning. These children lost toys, family members and friends, which, over time, eroded their sense of safety, stability and security.

In a family environment of ongoing complexity and challenges any loss event appeared capable of shattering already shaky foundations. For children in this

environment, loss events that, in isolation, would have been relatively minor became difficult to bear:

> *I think it got easier [the loss of my dog], but I still really miss him and it's still pretty hard and when I lost [my ferret] I felt just like I couldn't do it anymore, I couldn't handle it (Ellie, 11yrs).*

Like Ellie, most children in this study had been confronted with losses occurring simultaneously, or in quick succession; children had to incorporate many losses into their lives in a short time. Dealing with many losses at once was very challenging and made them harder to cope with.

> *It depends what kind of loss you've had and how many different things have happened to you, because like the more things that have happened I find the more upsetting it is to talk about (Verity, 12yrs).*

Although all the children experienced complexity to some degree, it was children involved with child protection systems who appeared to be at particular risk of experiencing many losses. The instability of these children's lives was starkly apparent. Soon after her removal into out-of-home care, Vexame explained:

> *"[I] kept going from house to house until grade 4, so about two years of going around to people's houses" (Vexame, 14yrs).*

These children, and others, who had experienced trauma, multiple losses, instability, and severe social and financial disadvantage, often struggled to envisage a more secure and stable future:

You are always like scared of what was going to happen the next day, because you don't know what is going to happen in the future and with all those bad experiences, you realise that those things can happen in the future, so you are always hoping and praying that the next day will just be better, instead of what's happened in the past (Verity, 12yrs).

Within such complex and unstable environments, the supports and resources available for children to help them cope with their losses were severely restricted. Despite this, most children remained optimistic and able to cope with their losses. To understand how children could do this within such constrained environments, the next chapter explores the children's coping strategies and the type of supports which would have further enhanced their capacity to cope with their complex losses.

6.8 Conclusion

This chapter described the lived experiences of loss for children from families facing complex challenges and change. While sadness was ubiquitous across all losses, and for all children, children's experience of loss was more than just feeling and being sad. Children also felt: left out, angry and worried; lonely and different; conflicted, confused, and sometimes scared. Unsurprisingly, the breadth and depth of emotions which were elicited by loss were often described as complex and overwhelming.

The chapter also demonstrated that children's lived experience of loss extended beyond their feelings and thoughts; it was also influenced by their environment and interactions with others. The children's environments, and their interactions with others, were dominated by silence, powerlessness, isolation and an underlying complexity. The complexity, instability, conflict, abuse, and poverty experienced by the children led to many simultaneous losses, which could be overwhelming. Within such environments,

understanding and reconciling their losses, and coherently integrating them into their developing sense of self, was a complex task.

Despite these challenges, children managed to cope with their losses and maintain a sense of optimism. The ability of children to cope despite difficult pasts and current adversity indicates the presence of important coping strategies. Gaining a better understanding of these strategies may provide important clues for how we can better respond to, and support, children from families experiencing complex challenges and change. The value of these insights from children is highlighted in the following chapter which explores: the coping strategies enacted by children; how they were supported by others; and, how they would prefer to be supported.

Chapter 7: Strategies and Supports for Coping with Loss

7.1 Introduction

Children's understandings of loss and the breadth and depth of their loss experiences have been detailed in the preceding two chapters. In light of children's ability to remain optimistic in the wake of loss and in the context of their complex environments, this chapter explores what children were doing to cope with their losses. This exploration creates a fuller understanding of children's lived experience of loss, and the ways they can be supported.

The chapter begins by exploring the strategies children used to cope with their losses. Time and space emerged as central to children's ability to apply their own coping strategies. Over time, and often in private and special places, children applied a range of coping strategies. The most common strategies included: fun, play and laughter; focusing on the positives; and, maintaining connections with the people or things they had lost. These coping mechanisms are represented in the inner part of Figure 4 on page 246. Like the experiences explored in the previous chapter, these strategies were not mutually exclusive, and are only explored separately in this chapter to provide clarity and depth of understanding.

In addition to their own strategies, children also wanted to receive practical and emotional support from the significant others in their lives. Children wanted: help to stay connected with people they had lost; accurate and timely information; to be included and given *"a say"*; to be listened to when they wanted to share their feelings *"from time to time"*; and, comfort and practical care for them and their families. This support required from others is represented in the outer part of Figure 4 on page 246. Importantly, these needs were the exact opposite of what they were currently experiencing, as represented in the outer part of Figure 3 in the previous chapter on page 206.

Children thought adults should take the lead in providing them with support, even though adults were often unavailable or unable to help. To supplement the lack of support from adults, children sought out a variety of supporters to fill these roles, particularly relying on pets, and, as they got older, friends. Children outlined these were often their best and preferred supporters because they knew them, they were near and available, and had demonstrated that they were kind, caring and trustworthy.

A summary of the superordinate themes which emerged from the data analysis is presented below. These themes are used as headings to guide discussion throughout the chapter.

Children's strategies and supports for coping with loss

Superordinate themes:

The importance of **time and space**

Focusing on the positives

Fun, play and **laughter**

Maintaining connections to, **and remembering**, the thing that has been lost

The importance of significant others:

- **Listening** when children want to share their feelings from time to time

- Providing **information**

- **Including children** and giving them a say

- Providing **care, comfort and support** for them and their families

These superordinate themes are also depicted in a pictorial diagram on the following page (Figure 4). This figure illustrates the range of coping mechanisms used by children (in the centre) as well as the supports they feel they need from significant others (on the outer).

Figure 4: Children's Strategies and Supports for Coping with Loss

Informed

Included

Fun, play
& laughter

Connected

Time
&
space

Listened to

Remembering
& 'being with'

Focusing on
positives
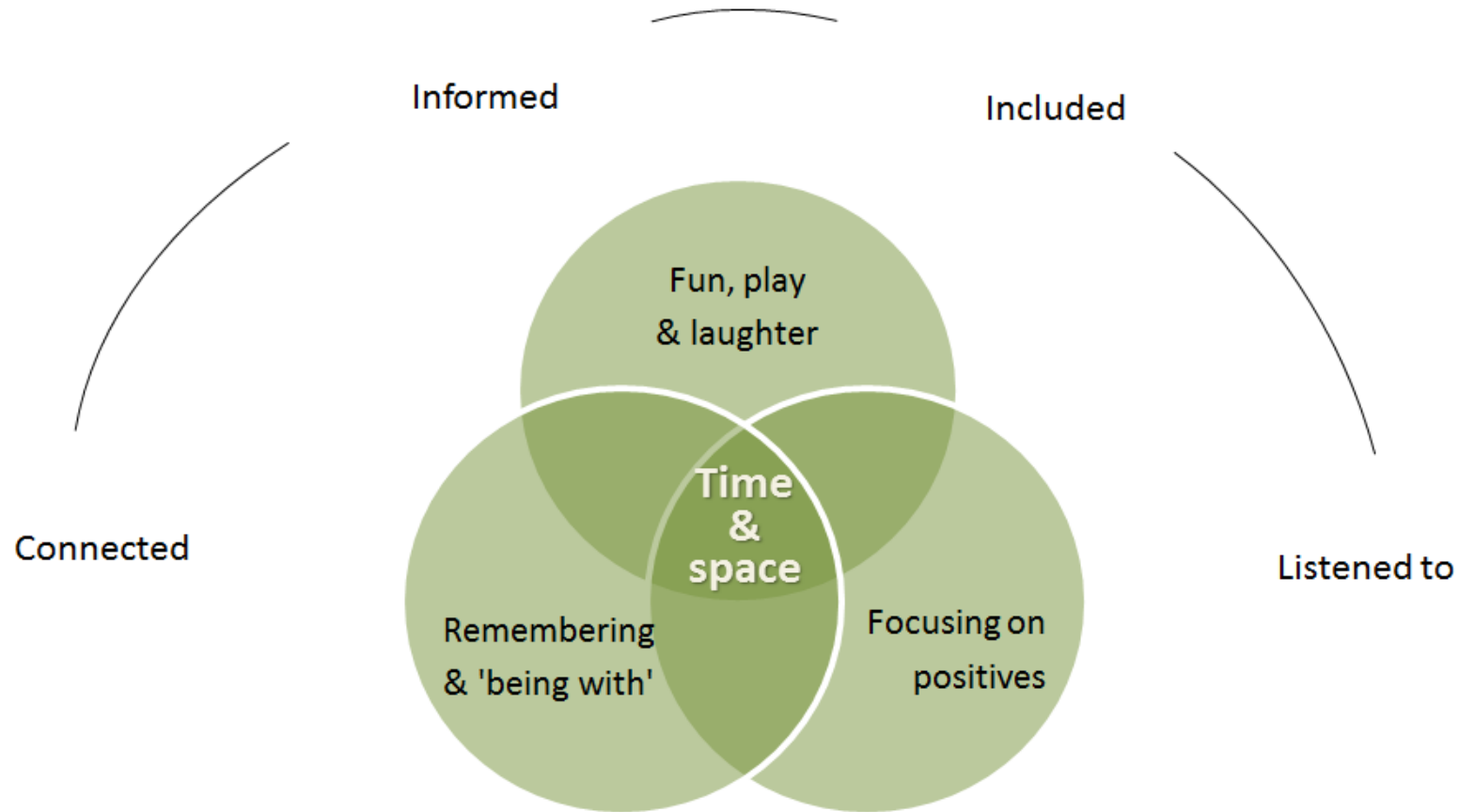
Care and support for them and their families

7.2 The Importance of Time and Space

The importance of time and space was a recurring and central theme throughout all the coping strategies children employed. Children repeatedly acknowledged the importance of time in adapting to losses and adjusting to major life changes. It became apparent that time was a subjective concept and that children's conceptualisation of time may be different to adults. For example, when asked, many children described the process of making new friends or settling into a new school as being *"hard"* and taking *"a long time"*. When I clarified how long *"a long time"* was, Catherine (8yrs) replied *"maybe like an hour"* and Brave (9yrs) said *"maybe for two days"*.

Although children could adapt to some changes quite quickly, they consistently described the process of coping with loss as being gradual and incremental:

It's come together and gotten better bit by bit…so yeah, it got better (Verity,

12yrs).

Taylah (10yrs) used similar language when she spoke about the value of people doing little things which could help you feel *"a bit"* better. Children did not expect to feel better quickly and they also realised there would be times when they would face intense moments of sadness, even long after their losses had been gradually integrated into their everyday lives. Occasions such as Father's Day, anniversaries and birthdays, were seen as particularly challenging:

Yeah, it took a really long time. And the anniversaries and birthdays, it was really,

really sad. [But it has got] much easier, much easier, much, much easier (Freddie,

8yrs).

Freddie illustrates that despite the ongoing difficulties associated with coping with losses, the passing of time usually allowed children to adapt to their significant losses, including parental separation and death of a family member:

> *I don't mind, I have been going through it for a long time and when people ask*
>
> *are your mum and dad divorced: 'Ah, I'm sorry' [when they realise ...], and I'm*
>
> *like 'don't worry about it, I'm used to it now' (Ellie, 11yrs).*

> *Yeah, as you get used to it…you don't feel like you did when that happened like at*
>
> *that time (Verity, 12yrs).*

The importance and value of time as a coping resource was supported by the way children actively looked for ways to use the time they had available to them to understand and make meaning of their losses. In particular, children valued their time away from adults, seeking time to themselves in private, special or quiet places. Verity provides some insights into the importance of this strategy:

> *Patience is a virtue, um 'cause I find especially with myself I tend to lock myself in*
>
> *my room and just go crazy, well not exactly go crazy. But just. You just feel super*
>
> *stressed and angry, um, yet the parents will know for no reason, but usually it's*
>
> *something really personal that kids don't feel comfortable talking about. So you*
>
> *just need some time to themselves to think it over (Verity, 12yrs).*

While Verity used her bedroom to access time and space away from others, other children ventured further afield, finding special spaces in their neighbourhood. These places included: skate parks, ovals, fields close to their home, or, as Julie explains, even bus shelters:

> *Sitting in a quiet place… sometimes when I go, ride to the park or sit at the little*
>
> *bus stop up there (Julie, 9yrs).*

When children removed themselves to private or special places, they would often do so to take part in reflective and meaning-making exercises like drawing or writing. Children often used drawing or writing to help them focus on the loss experience and to process their thoughts and feelings:

> *Well at the time I was writing a very detailed diary of like everything…and then I would go over it and realise how ridiculous I sounded and then…then I would write in brackets what I thought about it now, and I kept on going over that and over that (Vexame, 14yrs).*

> *Just being able to sit alone and like go through your thoughts…Like I would have special places that I would walk or special things I'd do or writing it down. At the moment I am writing a novel…'cause I think I feel like I can escape into the story like I'm finding some, some resolution to it, so what's happening, like I can make it different (Ellie, 11yrs).*

Children also used private and special places to escape the complexity of their world. In private, children could engage in unrestricted and unregulated imaginative play. Some children talked about the special places they created for themselves, where they were safe and free from their real-world worries.

> *Ellie: Like here I found an awesome tree with like the little helicopters. See it's the one out there [pointing out the window] and it's got like a big, big, big, big bough and I can climb on that and it's really, really long and I feel like one of the those big, big cats lying on its side in the trees. And so yeah I really like that tree, I've got little wedges up there and rope and…I wanted a tree house, like I still really, really want a tree house. I reckon that would be awesome, like I want one of those, in my dream, my fantasy is, like to have like a little tree house, but a proper*

> *housey sort of thing. But it's like a one room, and like I'd get, and I'd save up money, and I'd like buy little stuff to put in it, like shelves and I'd maybe get like a spare bed, like is in here, or a mattress. And get like um, be, what are they called, the things you put in the ground and they are all beans things, bean bags, yeah. And I want a little kitchen in there.*

> *Researcher: And would that be your place? Would other people be allowed in there?*

> *Ellie: Nope. Not unless I granted access (Ellie, 11yrs).*

As demonstrated by Ellie, privacy was an important aspect of these spaces. Children recounted times when adults had tried to enter these spaces without invitation, which most often resulted in the children feeling frustrated and angry. Maleek (10yrs) was particularly cross about not being able to get any privacy to process his feelings; repeatedly stating: *"I want privacy"* throughout his interview. Maleek explained that he prefers to share his feelings with his cat in the privacy of his bedroom, but even this is a strategy which he has difficulty enacting because: *"mum sits there and peeks through the door"*.

Taylah was the only child who described sharing a special place with adults. Her example appeared to indicate that when adults were willing to actually join with children's imaginative worlds and not unsettle them, they may be allowed to share them:

> *We used to have a park at the top and we used to play tea parties and that with the bark and yeah I can't really do that very much anymore...But I do that with my aunty and uncle...we make cubby houses out of the stuff that we find, we find around the house and like drum kits and stuff (Taylah, 10yrs).*

The way children used their time alone as a resource is noteworthy. In the last chapter, isolation was presented as being a largely problematic aspect of children's experience of loss. Throughout this study, children demonstrated a consistent, and perhaps persistent, ability to transform what would often be considered as maladaptive conditions into useful resources. Children were proud of their efforts to do this, but were sometimes frustrated that adults gave them little recognition for this:

People, like, don't see me helping myself. They see me getting help from others. (Verity, 12yrs).

7.3 Focusing on the Positives

Hopes and Wishes Drawing by Penelope (7yrs):

Complex challenges and change and, consequently, losses were commonplace for the children in this study. Not all children, however, considered that all of their life changes had resulted in losses for them or their family. Migration was one example of an event which is often conceptualised as containing losses, but which some children did not recognise as incurring any losses:

I felt really happy, because all my other cousins were here [and I have been able to] go to the different places (Brave, 9yrs).

[It is better here] because it's got more shops (Christian, 9yrs).

Similarly, some children who had changed schools identified that moving schools was a positive event for them. Ellie (11yrs) mentioned that she was much happier at her new school and that the teachers were better. Caitlin (12yrs) said her new school was better, because there are "*people who are kind and helpful*". Catherine (8yrs) also stated that changing school was good "*because you get to do new things*". Defining major life changes as positives, without seeing losses within them, is the first, and most obvious way in which children focused on the positives.

The ability to focus on the positives of life experiences which children strongly associated with losses was more difficult. Both Ellie (11yrs) and Verity (12yrs) agreed, that in these circumstances: "*It's hard to focus on the positives*". The children, however, displayed a steady determination to do just this. For some children, this task required a constant level of devotion or effort, which was evidenced through the consistent application of affirmation or reflexive activities. For example, Max (6yrs) stated that he constantly reminds himself to "*choose his attitude*" and he tried to apply this motto to all parts of his life. Other children adopted similar mottos, such as:

> *Stay strong, umm, stay strong, don't worry about a thing (Maleek, 10yrs).*

> *I was like, bloated my ego kind of, like 'I am awesome', just constantly (Vexame, 14yrs).*

Many children also demonstrated an ability to identify and focus on new opportunities or resources resulting from losses. For example, Jess (10yrs) talked at length about the loss of contact with her father after migrating to Australia. In telling her story, however, Jess explained that she had gained friends from moving to a new place and that her life is probably better now. Similarly, Verity (12yrs) and Vexame (14yrs) had made better friends as a result of losing valued friends and having to find new friendship networks. Children also

relied upon, and sometimes even strengthened, relationships during times of adversity. Freddie (8yrs) stated that since her sister's death she has opened up and talked more to her mum. She thought this was one *"good"* thing that had come from her sister's death.

Children's optimism was often tested by the time it took to find positives from major loss experiences. They were, however, determined to stay positive and to eventually find some good, in even the most difficult of circumstances. Vexame's (14yrs) story was emblematic of this patient optimism. Vexame spent two years in various out-of-home care placements before being placed with a more permanent foster family where she felt loved and cared for. She continued to fight to be returned to her mother's care, which happened some years later. Vexame's advice to children in similar circumstances encapsulated her gritty determination to focus on the positives of life events:

> *It's not the end of the world kinda thing and even though it may seem like the worst thing possible in your life now, it will become better. Cliché I know, but like every experience is worth it kinda thing…Just don't like focus on the loss, like focus on what you gain from the loss (Vexame, 14yrs).*

Some children were also able to embrace their loss experiences and use them as a springboard to develop a positive sense of self. Ellie explained how she and her friend call each other *"weirdlings"*. Although this term represented the sense of difference she felt, she also used it to symbolise the strength of her character. When I suggested that she was not weird, Ellie protested fiercely, stating:

> *Don't say that, I like being weird…I don't like people trying to change what I am or what I've done or trying to change and help me through my experiences, because if I didn't go through these experiences, I wouldn't be who I am today (Ellie, 11yrs).*

Chapter 7: Strategies and Supports for Coping with Loss

Verity was also able to claim a strong sense of identity born from, or in spite of, the adversity and loss she had faced:

> *You have gone through it and that is what makes you who you are and that is what makes you who you are as a person and what influence you make (Verity, 12yrs).*

Some children had been unable to integrate positives from their loss experiences into their everyday lives or self-concept. In these cases, often the only way to stay positive was to try and ignore or suppress loss events or experiences. Children realised this would not help them resolve their feelings, but it did help them get through each day:

> *I just ignore it and think about something else (Brave, 9yrs).*

> *Well I'd just try and think of better things, like stuff that would not waste my time (Taylah, 10yrs).*

Children's core advice to their peers, who may be experiencing similar losses to themselves, was to ensure loss does not become the focal point of life. To do this, children encouraged others to look beyond their own circumstances, and realise there was always something to be thankful for:

> *Try to be grateful for what you've got and 'cos some kids don't have parents or brothers or sisters, um, try not to think about it too much (Julie, 9yrs).*

> *Don't be upset, it's OK you still have your life (Max, 6yrs).*

> *Yeah like with me, like I had a big meltdown in a period and I got really, really, upset and I sat down and I just thought, and I came up with a big list of what to be thankful for, and it kind of made me feel better. So in the Journal of Anne Frank…she was thankful for the fleas; so right, yeah the fleas (Ellie, 11yrs).*

7.4 Fun, Play and Laughter

Fun, play and laughter emerged as important and valued components of children's everyday lives and integral to coping with losses. The desire to have fun and be happy was something that all children appeared to strive for. Julie's (9yrs) advice to others was to *"have fun",* whilst Taylah also stated that children should:

> *Try and be as happy as you can, and then just forget about it and just live your life (Taylah, 10yrs).*

Throughout their interviews, children talked at length about the strategies and efforts they employed to ensure they could have fun and feel happy, at least some of the time. Maleek encouraged children to use their initiative to find fun:

> *Go off and do your own thing, just something random that they do, because that's what I do, I just do something random (Maleek, 10yrs).*

As well as seeking fun and play opportunities on their own, children also relished opportunities to engage in fun activities with others. About a third of the participants talked about the joy they experienced playing organised sport. Sport participation was often done as a regular team activity. Along with being fun, it helped prevent loneliness or boredom, which also featured heavily in their interviews.

The benefit of sport, or any other form of fun, play, and, laughter extended well beyond short-term distraction. Many children acknowledged and appreciated the physical and emotional high which came from activities which could elicit play and laughter. For example, Freddie described laughter as providing her with a boost of energy to help her cope with loss:

> *[Laughing is important] because it makes your body get up and um really, really fun! And you feel like running around and having a mark, jumping on walls jumping on the roof, yeah!... If you have so much fun you normally forget about everything that's happened to your life (Freddie, 8yrs).*

This account of the value of laughter came after Freddie had described her main source of support, her pet dog, who she relies on for the fun and laughter he brings to her life. This became a common theme across the study; many children discussed their pets and their friends as helping them to have fun, play and laugh. Their pets and friends could cheer them up, even when they were in the depths of sadness:

> *The main thing is that she [my friend] always managed to make me laugh. Even if I am extremely, extremely, sad she can always manage it…. Because like I've tried ignoring it and I've tried to stay sad and but I can't… last time I was really upset because mum was going into surgery, because she had pre-cancer and [best friend's name] put on what she called a funny show (Ellie, 11yrs).*

> *I could… just tell them how I feel, like my friend and they always cheer me up (Jess, 10yrs).*

> *Friends especially for me are a huge way that I recover from grief and sadness because they are always there in your face making funny comments… it just like brightens everything up…it's not laughing about loss…somehow they find some bit of it, like not a huge chunk of it, but some little bit of it and make a really funny joke of it. But it is not offensive it is just crazy (Verity, 12yrs).*

Adults did not feature as heavily in children's accounts of fun, play and laughter; this sometimes discounted them from being children's preferred supporters. Some children said

they would only seek support from adults who could help them to laugh and have fun.

Jasmine urged adults not to dwell on children's negative feelings, but rather to:

> *Cheer them up…. Ask them something happy (Jasmine, 9yrs).*

7.5 Maintaining Connections and Remembering

Maintaining connections to the person or thing that had been lost was important to children. One of the ways children maintained connections with lost people was through remembering them. Jess's advice to other children was:

> *Just think of the memories that they have had. If they, like, they are*
> *separated and they live with their mum or dad (Jess, 10yrs).*

Children often used tangible objects to help them remember lost people or places, or to maintain a sense of connection with them. For Vexame (14yrs), having tangible reminders of lost people or places makes it *"harder to forget"*. Photographs, videos and objects which had been given to them by lost people, became particularly valued and important to children. Many children enthusiastically shared their photographs and other objects with me during interviews. Archie (7yrs) left the interview to return with his grandfather's hat; he later disappeared to retrieve his grandfather's guitar. During interviews, I was also shown photos of lost people or places. I looked at photos on the walls of their homes, in photo albums, in wallets, and on phones. Jess told me about her childhood by guiding me through a photo album containing photos from when she was a small baby, right through to her migration journey to Australia. These photos appeared to help children create a coherent sense of identity; the pictures helped them create and tell the story of their lives.

Chapter 7: Strategies and Supports for Coping with Loss

Revisiting past people and places in this way was often difficult for children. It was something which, although they were determined and happy to do, often elicited a range of conflicting emotions. Vexame explained the experience in this way:

Well it's like, it's like, happy sad, 'cause I'm happy that I've got like got the memory, but I'm sad that like the memory is not…that's all there is of the memory, there's like nothing more to it…Yeah I think it's a good balance between happy and sad and I think that it's necessary, 'cause I don't want to forget (Vexame, 14yrs).

Some of the children's connections with lost people went much deeper than intermittent remembering. Chapter 5 explained how three Aboriginal children in the study consistently spoke about their deceased grandfather in the present tense; their connection with him remained so strong that they all recorded him as being an active supporter in their everyday lives.

One would imagine that maintaining connections to lost people who were still alive would be somewhat easier for children. The restricted access children had to transport or communication technologies, such as computers or phones, however, meant that maintenance of these relationships was out of their control and often severely limited. Children suggested that adults could and should help them with the task of maintaining connections to lost people and places and discussed two ways they could do this. Firstly, by helping children to remember using photos or other objects; and secondly, by enabling contact with lost people or places so they can remain part of the children's lives.

Remembering through photos and objects. Children often relied on adults to be the keepers of memories and important objects which linked to the past. At times, children relied on adults' storytelling to explain significant family losses they would otherwise have been

too young to remember. Photos and objects often helped children feel connected to these stories, and to locate their place within them. Vexame explained, with much emotion, how she was extremely grateful that her mother had held onto, and recently found photos and a DVD from her young childhood when her family and friends had been together. They watched the DVD together, sharing and building on their memories of past people and of a happier time in their family life:

> *I still have photos though. 'Cause when she found the disc, 'cause I forgot what [my friend] looked like...I treasure that DVD so much.... 'Cause then it's like harder to forget...I did forget what she looked like! [laugh]. Like I completely forgot and it's just like, like you remember stuff, but you don't remember like everything, and just like seeing those, it just triggers memories and it's just like 'ahhhh' [noise signifying happiness or contentment] (Vexame, 14yrs).*

Contact so they can be part of and stay in your life. As stated above, children's ability to contact people who lived away from them was severely restricted. Limited access to transport, sometimes caused by financial hardship, meant children were unable to visit communities where they used to live or important commemorative sites of the people they had lost. Jamie said his family has been waiting for his Dad's next payday to allow them to visit his deceased grandparent:

> *'Cause dad gets paid tomorrow, and we might be going to see Pop (Jamie, 8yrs).*

Without any control over when they could see absent people, children worried about them. Catherine (8yrs) said she worried *"that I won't see my mum and dad anymore"*, while her brother, Brave (9yrs) was concerned about them dying.

Children in this study had almost no access to computers for email or other social networking purposes and their use of telephones was also limited. They relied on adults to partake in this type of communication and, unfortunately, were often let down by them:

> *'Cause he always says that he'll call me every day but it turns out to be lies and says that he is really, really busy, but he is actually not, like he could actually call me when he is not working (Jess, 10yrs).*

> *Sometimes we can't get in touch with mum, and we can't like, when we call her it always cuts out, and she never answers her phone 'cause all the kids always play games on her phone and are messing around with it (Julie, 9yrs).*

> *At first she gave me her number on a slip of paper and I was like 'yeah it's cool yeahhh!' And then I lost the slip of paper! And then I absolutely freaked out…And then I um, I wanted facebook, so you know, I could find her and stalk her, 'cause I knew she had facebook, and then they [foster carer and child protection services] were all like 'no you can't have facebook blah blah blah, it's not safe and blah blah' …So sad face! (Vexame, 14yrs).*

Although children expressed a desire for more contact with significant people by any means available, their preferred mode of maintaining connections with lost people was seeing and being with them in person. Seeing and being with people seemed particularly important to children and was demonstrated by the way they wove references to this throughout their everyday accounts of relationships. Catherine (8yrs) stressed that she had not *"seen"* her baby sister yet; she had seen photos but not actually *"seen her"*. Jess (10yrs) classified the strength of her friendships by the amount of time she spent *"with"* her friends. Others, like Julie and DJ, conveyed this concept in more direct ways:

It would be easier [if she lived closer], because I would be able to see her more (Julie, 9yrs).

Being with mum and dad [makes me happy] (DJ, 8yrs).

For children in the study, like DJ, who had been removed from his parent's care by child protection authorities, seeing and being with lost people was often not possible. Child protection authorities controlled the contact children could have with their birth family. This contact most often took place at times, and in ways, that were not consistent with children's wants or needs. Contact with their family was usually in artificial environments, such as offices, and all of the children involved in these systems said their visits with family were both challenging and frustrating:

DJ: We can only see Daddy because he's in jail, but mummy we are not allowed to see her anymore, we can only see her if we really, really, really want to see her….

Researcher: So how long is it since you've seen mummy?

DJ: Well actually, I don't know, it's been really long I can't remember. I think it's been a bit too long (DJ, 8yrs).

Vexame explained some of the frustrations she felt:

I used to have contact at my mum's house with um [a community based organisation supervising] and then we changed to this really annoying company where you had to do it in this like room! Surrounded by offices! And just 'yewww!', like, not a nice environment… [and now] sometimes I miss out on the monthly contact [with my siblings] and I'm like 'what can we do to make up' and there's just nothing (Vexame, 14yrs).

Children wanted child protection authorities to be more flexible and responsive to their wants and needs for contact with significant family members. Children wanted contact to be consistent with their needs and wishes, meaningful to them, and done in a way which allowed them to incorporate the people they loved and cared for into their everyday lives. Taylah and Vexame seemed to hold out little hope that this type of contact could, or would ever, be facilitated. At the time of the interview, they were both struggling to come to terms with the loss of important relationships which were becoming more and more distant as time went on:

> *I would like to spend at least some of my last years with my parents (Taylah, 10yrs).*

> *I feel like I'm not in their lives anymore, like, they're always excited to see me, but I'm like, I'm just in their lives, like I'm not a focus or anything and when I was younger right, I calculated how old [sibling] would be and he would be grade 7 I think when I would have been in grade 10. And I always wanted to walk to [the suburb] and like 'cause that's like the primary school I went to and walk him home, like [my friend] used to do with me. And one day when he went into foster care and that wasn't possible anymore it made me feel really depressed and I was like 'ohhh!'...'cause yeah, I like imagined exactly what I wanted and then it just fell apart (Vexame, 14yrs).*

7.6 The Important Role of Significant Others

The preceding section highlighted the many self-initiated strategies that children used to cope with their losses. Due to their limited resources, lack of power and the diverse range of their needs, it was also apparent that children required help from others to enact some of their chosen strategies. In addition to this, children also required additional support from

others to properly meet their needs. Verity and Ellie stated that helping yourself and getting help from others are *"both equally as important" (Verity, 12yrs)* in coping with losses, and which form of support is most needed depends on the person or the situation:

> *Sometimes it's good for them just to solve through it because then they will feel like they have accomplished something by doing that, but if they are really having problems and they need to talk to somebody (Ellie, 11yrs).*

The need for people to *"just listen"* when children wanted to talk about their losses *"from time to time"* was one of the main supports that children required from significant others. This section explores this need to listen, along with the other supports that children needed from others, including: providing information, being included and given *"a say"*, and practical care and comfort for them and their families. The need for help from adults to maintain connections with others was outlined in the preceding section. Before these other supports are outlined in detail, it is important to outline the people or things that children sought out to provide this support.

One of the key difficulties of loss was that the things which children said were their most significant losses were also the things which they relied upon for support. Ellie, for example, described the heartbreak of losing her dog:

> *One of my biggest losses was when [my dog] died and I've already told you about that and that's because he was my best ever friend and I really, really, loved him and he was like a dad that couldn't really speak or get angry and yeah. I'm not saying that dad always gets angry, dad's pretty good, but when he did, yeah [my dog] would always be there to help… [losing him] made a lot of difference because I didn't have that person to go to… it was like losing my best friend. Like losing one of the members of my family. Yeah I couldn't handle it (Ellie, 11yrs).*

Along with the fact that children had lost, or were often at risk of losing their key supporters, the diversity of support they required underscored their need to have a variety of supporters. Although children were united in the view that it was the job of adults to care for and support them, it was not always adults who provided them with the support they needed. The most common source of support for children were their parents, closely followed by pets, and, as children reached about 10 years of age, friends.

Proximity of supporters was vital. Children stated it was important that support was available at all times and in all of their different environments. While children were in school, teachers were sometimes considered as potential supporters. Teachers who could provide emotional and practical support to children were singled out as being especially helpful. Usually, though, individual teachers were not a consistent presence in children's lives and all the children who cited teachers as being supportive now had very limited contact with them. Siblings were rarely listed as a source of support, and they seemed to be only accessed as supports when adult members of the family were considered unavailable. Taylah was one child who relied heavily on the presence of her sibling, reminding us that just being there – especially in the absence of others – is often crucial:

> *I wouldn't be able to cope if I was on my own…well 'cause [my sibling] is the only person that I'm with that's in my family, so being with my family helps a lot (Taylah, 10yrs).*

Children appeared to select supporters on their capacity to be: near and available; kind and caring; able to have fun and help you to play and laugh; able to understand and respond to your wants and needs; trustworthy; and, prepared to *"just listen"*. In the present study, situated within the context of the child, youth and family support system, and where all children were recruited from professionals in this system, it is important to note that only a

few children talked about professionals, including school counsellors, being able to meet these needs. Only three children identified a child and family services professional as being a source of support to them, and only one said this person supported them with their loss experiences. When I presented this finding to the third CRG meeting, children explained this was because: they did not know the worker who had been assigned to their family; the worker very rarely talked to them; or if the worker did talk to them, it was never about their losses. Children also said that they were reluctant to talk to professionals about their feelings and when they had talked to professionals they had mostly found them to be unhelpful. Even children who were designated as the main client of the service from which they were referred, such as those who were involved with child protection authorities, said they rarely received helpful support from professionals. Taylah (10yrs) said she thought child protection professionals cared about her and were nice, but accessing support was difficult because *"you never know who is your case worker and stuff"*. As a result of these issues, children were undecided about whether these professionals could, or should, be a source of support to them.

The remainder of this chapter highlights the types of support children wanted in the wake of loss. These are the things depicted on the outside perimeter of the diagram on page 246, and include: to be listened to; informed; included; and care and comfort for them and their families.

To be listened to. Listening was critical to the effective support of children. Children felt that if adults listened to them, adults would be able to better understand what was important to them and what sort of support they wanted and needed.

> *I think that something else that needs to be acknowledged is that different people will have different things, like different losses and different opinions so they will all need different approaches (Ellie, 11yrs).*

Although, as Ellie says, all children will need different approaches, most children agreed that sharing their feelings was something which was helpful *"from time to time" (Verity, 12yrs)*. Children were cautious about talking about their feelings; it was only helpful if done on their terms. These views had often been formed as a result of previous negative interactions with adults, who children said were sometimes "*too pushy" (Christian, 9yrs)*.

> *Pressuring isn't a good way to find out what is wrong with your kids. No matter how much you are worried about them, usually children will tell you in their own time, when they're ready, so just space and time and being patient with them and just letting them go with the flow (Verity, 12yrs).*

Children talked at length about the type of environment and conditions which would enable them to talk about their feelings. In short, children wanted to choose: who they talked to; how they shared their feelings; and, when and for what purpose this occurred. The purpose was generally not to *"fix"* anything. Rather, it was the simple act of sharing their feelings, in and of itself, that they considered beneficial. Children explained that sharing feelings could provide relief from the intensity of their feelings and sometimes helped them to make sense of their experiences:

> *I feel happy that we have talked about it and I've got it off my back (Ellie, 11 yrs).*

> *It feels nice, because you're talking about it and you're comprehending it and you're being able to talk to someone or something about it and it makes you feel good (Verity, 12yrs).*

Children wanted their supporters to *"just listen"*, to allow them to explain what they were experiencing and how they were feeling about it. Children rarely described adults as being

good at this sort of support. One exception came from Ellie, who said she could go to her former teacher for support because:

> *She sort of just listened and she didn't interrupt and say 'oh well you should do this and you should do this', she just sort of listened to what I had to say and didn't interrupt and sat there (Ellie, 11yrs).*

The ability for me to listen quietly to children's accounts of loss was also identified as being one of the main reasons why children could talk to so openly about their loss experiences in their interviews:

> *I am just going because that's because you just listened…I think like with a counsellor person…they like 'oh this this this, oh yes, this this, oh yeh this, oh you need to do this, this will help you', but like. [Sigh] I don't know I think maybe it wasn't just like my story, [they were] just trying to solve the problem, it's not what this person has gone through it is how do we solve this (Ellie, 11yrs).*

Ellie's comments provide important insights for professionals who hope to support children; emphasising that effective listening can be the most critical skill required when talking to children. Her opinions closely aligned with Vexame's answer to my question of *"what makes a good child protection worker?"*:

> *Well a good [worker] is like one that is, just listens…Bad one is more like that wants to know every detail. Sorry that really bugged me as a child, I was like I don't want to have to explain, [they] like want to know every detail or they tell someone else and you're like 'I didn't want you to do that', or umm, they cut you off or like try to tell you what's right and what's wrong (Vexame, 14yrs).*

Friends and pets were also identified as being better at this form of support than adults. Unlike adults, their friends did not demand intricate details about what was going on in their lives. It was for this reason that children indicated they were more likely to talk to their friends or pets about their feelings. One of the most valued aspects of support from friends was that it was not contingent on the ability or desire of children to talk about their experiences at any great length. This allowed children to provide limited information, but enough from which a mutual understanding and strong foundation for a reliable and trusted friendship could develop:

> *I don't usually bring it up once I've told someone. So once I've told someone it's like, 'oh OK, that's cool'. And then we like, we're close. And we don't usually bring it up that much and we don't get heavily involved in it. It's just it is there and it is good to know that someone who you're close to knows about your life. Yeah. It's a good feeling (Verity, 12yrs).*

> *She was always like 'yeahhh' [happy noise] and she was always supportive and she was like my supporting person. Like whenever I felt crap, [name], kind of thing… she was awesome because she was just, 'cause most people when I tell them something they always want to know all the details and try and find who's right and who's wrong, which always liked really bugged me. It was like 'can't you just take my word for it?'…But she was just more like helping me get through my feelings, and she's funny and amazing and awesome (Vexame, 14yrs).*

Bella also mentioned that her friend was her main support person, because:

> *She doesn't tell… [a good friend] they don't tell, they be honest (Bella, 9yrs).*

Bella's quote indicates trust, and the ability to hold information in confidence, was also important to children. Unfortunately, when discussing trust, children were just as likely to disclose that someone had betrayed their confidence, than to say they had people in their lives they could trust. Many children described how pets, or even possessions such as soft toys, were their preferred and best supporters because they *"just listened"* and could be trusted not to judge you or to betray your confidence:

> *I talked to my teddy bear when I was upset because I knew like I had this feeling that I could tell like my teddy bear something it wouldn't judge me or tell anyone else what I thought (Verity, 12yrs).*

> *I talk to [my dog] a lot…Yeh I'm like 'hey [name of dog] come up on my bed' and then talk about how sad I am (Freddie, 8yrs).*

Children's experiences and views on this matter indicate that conversations around loss need to be carefully approached and managed by adults. Julie and Ellie provide this advice to adults who are hoping to support children:

> *Be careful what you say or do to make it not make them feel uncomfortable for doing something, or try not to talk about it too much to them because it makes them upset (Julie, 9yrs).*

> *Well if they are going through a tough time and you can see it, sort of just ask them and then just listen to what they say, don't interrupt until they are finished and then try and see how you can help (Ellie, 11yrs).*

It is only when these conditions are met, that children can really feel that *"a problem shared is a problem halved"* (Verity, 12yrs).

Provision of accurate and timely information. Accurate and timely information was one of the children's greatest needs. Information about important loss events in children's lives helped them understand and make sense of what had happened, or was happening, in their lives. Chapter 6 highlighted the secrecy and silence which often accompanied children's losses. If children lacked accurate information, they were often left feeling confused and vulnerable. Taylah (10yrs) said she felt *"confused"* during the years after her removal from her parent's care, and *"kept talking [and constantly thinking] about something different because I didn't know like the real reason"*. When she was finally told *"a long time after"* things finally started to make sense. Accurate information, whether it was positive or negative, was one of the most important supports required from adults in the wake of losses:

> *Something that can really affect kids is not being told what's happening or being told the wrong thing (Ellie, 11yrs).*

> *Because in case they're confused or they don't know what is really going on (Julie, 9yrs).*

> *It's just like so I have some justification of why my life has been the way it is. 'Cause I just feel a lot of the time out of control of what's happening and it's just like 'I would like to know why' at least… [The most important thing is] knowing exactly what is going on and understanding the situation (Vexame, 14yrs).*

Included and given a say. Including children made them feel cared for and important; it alleviated their feelings of being left out, lonely and isolated. Adults who went out of their way to include children in shared activities were appreciated, and were consequently the people who children were more likely to call on when they needed support. Julie counted her grandmother as her most significant supporter because:

> *She comes out and plays…we can paint sometimes, sometimes she gets the paints*
>
> *out (Julie, 9yrs).*

Participating in shared family events which commemorated significant losses was particularly valued by some children. Verity (12yrs) and Freddie (8yrs) explained that remembering their deceased sibling on the anniversary of their death, or on their birthdays, was something special which they valued sharing with their family. Conversely, children who had been excluded from important death rituals, such as funerals, or rites of passage, expressed disappointment and sometimes frustration. Archie (7yrs), Jamie (8yrs) and Jasmine (9yrs), were all disappointed they were not allowed to attend their grandparent's funeral. Taylah (10yrs) and DJ (8yrs) were upset they never had the chance to say goodbye to their parents:

> *Well when I, 'cause we, didn't get to say goodbye to them, so it was kind of*
>
> *upsetting that we didn't get to say goodbye and then we got to care and protection*
>
> *place we got to call mum, but we didn't get to say anything to Dad (Taylah,*
>
> *10yrs).*

As well as being included in, and given information about, the losses in their lives, children wanted to have *"a say"* on what was happening, or potentially going to happen. This appeared particularly important to children who had endured changes to their caregiving and living arrangements. Some children spoke about being extremely unhappy with decisions made by others in the wake of parental separation or child protection removal. Maleek's most fervent advice to adults who may be considering separation was to:

> *Let their kid have a say in it (Maleek, 10yrs).*

Chapter 7: Strategies and Supports for Coping with Loss

Having *"a say"* in complex family living arrangements was difficult. Some children who did get a say in their caregiving arrangements described how this process had caused them internal conflicts and worry. For example, Jess stated:

> *It was really hard to pick [who I lived with] 'cause I have fun with my Dad and I also have fun with my mum, and my dad usually works a lot and my mum's always there with me, and it feels that I love my mum and my dad at the same time so it's really hard to pick which is which so I chose to live with my mum (Jess, 10yrs).*

This highlights the requirement of adults to do more than just *"let their kid have a say in it"* as Maleek (10yrs) wanted. In these situations, adults also need to ensure children are appropriately supported during, and after this process has taken place, and that they continue to reassess children's views and respond when circumstances change. Checking-in with children at intervals was critical; this ensured supports remained appropriate as the meanings, impacts and needs associated with their losses changed over time.

Practical care, comfort and support. Children expected adults to provide for them, and to meet their basic needs for safety, care and comfort. This was particularly important if children had been hurt, physically or emotionally. Penelope (7yrs) stated that adults should *"help children if they get sad"*. In the wake of loss, children generally asked for little more than practical care and comfort from the people around them. When asked what was, or would have been helpful, after a loss experience, the younger participants in the study stressed this point:

> *Maybe you could give them a hug, a big hug and make them feel happy (Max, 6yrs).*

> *She would give us a big hug (DJ, 8yrs).*

> *[You could ask] do you want a hug? (Catherine, 8yrs).*

> *My dad [helped me], he tried to get a drink for me (Brave, 9yrs).*

Small or inconsequential acts of kindness, things that could help just *"a bit" (Taylah, 10yrs)*, were acknowledged by children as making a big difference in their lives and held significant meaning to them. One of Julie's first childhood memories was an act of kindness from her neighbour when she was sick in hospital:

> *This is when I can first remember, oh wait I can remember before that, here when um, I was like about 2 and we went to the hospital which I didn't put in but I was sick...and then I got a panda off the next door neighbour (Julie, 9yrs).*

Acts of kindness provided one way for potential supporters to reach out and offer support to children in a non-threatening manner. Supporters who knew children well enough to be able to identify changes in their mood were identified as being capable of providing this support, reinforcing the importance of getting to know children and what is important to them:

> *I had one teacher at [school] when I was going through a hard time because of family and she helped me...'cause she sort of knew me a bit, she knew that I was upset. So she sort of went to me and asked me what's wrong and I told her and she helped me out...I felt like she was like a best friend so I felt I could go to her (Ellie, 11yrs).*

Pets seemed very perceptive and responsive to changes in children's mood and were especially important to those children who otherwise had few supporters. Maleek (10yrs) said *"I swear my cat can read my mind"*, while Ellie recounted this story:

You know how cats choose people, like in the family…my current cat he [has] chosen me as his favourite person…Yeah one time [my cat] saw me crying because I was really upset about something and I went back inside and I got happier again after a while and um, [cat's name], Mum said I think [cat's name] got something, he's at the door, go open it. And I opened it and there is a little bird there, like that big of a bird [shows with fingers]… might have been smaller, like that big. And he had caught it and it was still alive and I don't think he had tried to hurt it, but he had caught it, like for me (Ellie, 11yrs).

To provide practical care and comfort, supporters also needed to be near-by. This was especially important when emotions became overwhelming and children required immediate support to calm down. Children especially valued the support of teachers who could help them contain their emotions and be calm at school. The only support person Maleek felt he had ever had was a former teacher who had:

Helped me from getting angry…she made me calm (Maleek, 10yrs).

Pets were also able to calm children at times of distress or intense emotion:

Researcher: OK and is there anyone else that makes you feel better when you are upset?

Bella: my cat…she purrs (Interview with Bella, 9yrs).

My cat…it just weird, but it calms me down (Maleek, 10yrs).

Practical care and comfort, including small acts of kindness, were particularly important, often forming the foundation for deeper and more trusting relationships in which children could feel comfortable sharing their feelings. As time progressed, children said they

often needed other forms of support, such as someone to talk to, information, and to have *"a say"*, but their basic needs for practical care and comfort always remained.

Help for their families. Many of the children in this study were actively looking for, and finding ways to support other members of their family. Many children felt responsible for caring for their parents and siblings. This caring role, and their family's distress, sometimes acted as a barrier for children to express, or cope with, their own grief:

> *I just felt like a feeling to be strong like I had to be strong for the people around me, even though they were like going through the same thing as I was (Ellie, 11yrs).*

> *Every time I asked her and my mother would just burst out into tears… she was doing the best she could, but she couldn't go any further (Verity, 12yrs).*

Children felt extra support for other family members, particularly their parents, would alleviate some of the stress and burden of care which they felt. Children said they required and would appreciate this sort of support from the child and family service system:

> *I think it's nice knowing that I am not the only one out there that can help my mum, there is lots of other people that can help my mum too (Verity, 12yrs).*

> *Yeah that there is someone else to hold your parents, you are not the one having to hold your parents (Ellie, 11yrs).*

In addition to the emotional support required by their parents, children also stated that practical help, such as secure and stable housing would benefit their families. Chapter 6 described how some of the complexity and disadvantage faced by the families in this study had caused, complicated or compounded losses. Therefore, any assistance or support with these broader issues may help to prevent, or alleviate the effects of, childhood loss. One

example which the children focused on included the benefits which could result from secure and safe housing. Jasmine (9yrs), Julie (9yrs), Jamie (8yrs), and Archie (7yrs) all discussed the benefits that could come with permanent housing, including being able to have pets.

7.7 Conclusion

The children in this study demonstrated a fierce desire and determination to cope with their losses and to be happy. Many of the children tried to focus on the positives of their lives and actively looked for gains from their loss experiences. This determination led to the development and use of many self-initiated coping strategies which children often employed out of sight of adults. It was these strategies which children predominantly relied upon to negotiate, make sense of, and cope with their loss experiences.

Due to the diversity of their needs and their lack of agency, children also required support from others. The support they most wanted included being given information, getting to have *"a say"*, and practical care, comfort and support. The ability to *"just listen"* also emerged as particularly valued by children. Children sought these supports from trusted adults (mainly family but sometimes teachers), pets and friends, who were close by and had demonstrated that they were kind and caring. Professionals within the child and family service system were rarely considered as providers of this support. Children did, however, feel these professionals had an important role in providing support and assistance to their families.

In describing the efforts and challenges inherent in children's attempts to cope with their losses, it became clear that coping with loss requires a delicate balancing act. Children continually balanced: their negative emotions with the desire to have fun, play and laugh; their efforts to cope independently (often in isolation), with their need to seek and accept the support of others; and, their desire for continued connection to lost people and places, with

their perceived need to move on and focus on the positives and *"start a new life"*. This balancing act, which was an important part of children's lived experience of loss, often tipped in different directions as the meanings, impacts and needs associated with their losses changed over time.

This chapter has provided the final insights required to build our understanding of how the children in this study perceived and experienced loss. In doing so, it has provided vital information for those who aim to support children with their losses. The next chapter explores the implications of the study findings in full by comparing our current understandings of childhood loss with the new and important perspectives and experiences gained from the children in this study. Practical implications for those seeking to provide better support to children are also provided.

Chapter 8: Discussion and Conclusion

8.1 Introduction

The previous three chapters detailed children's perceptions and experiences of loss. The 22 children who participated in the study provided rich and detailed accounts of their perceptions and experiences, including the many self-initiated coping strategies they relied on in the wake of loss. The children's accounts reinforce the need for broader understandings of, and more sensitive responses to, childhood loss experiences. This chapter fully explores these issues and the implications of the research.

The chapter begins by outlining the theoretical contributions of the study. The new knowledge gained by exploring children's perceptions of loss are first detailed, outlining how children's perspectives support calls for an expanded field of loss. The chapter then details how children's perspectives of loss challenge and extend dominant understandings of childhood grief. New directions required to further these pursuits are also outlined by highlighting the value of adopting and combining social constructionist views of childhood, grief, and loss. These understandings will greatly benefit child and family welfare professionals, who, for the most part, struggle to recognise, understand, and address the diverse losses experienced by children from families facing complex challenge and change.

In addition to these theoretical contributions, the chapter offers key learnings for policy makers, practitioners, and researchers which have the potential to re-orient and improve responses to children. The recommendations for improving responses to childhood loss include improved: recognition and acknowledgement of children's losses; engagement with children's emotions; creation of safe spaces for children to share their feelings; recognition of children's capacity; and, better understandings of adults' responsibilities.

Chapter 8: Discussion and Conclusion

To conclude the thesis, the strengths and limitations of the study are outlined and future research directions are explored.

8.2 Overview of the Thesis

Prior to the current study, very little was known about how children – particularly those from families facing complex challenges and change – perceive or experience loss. The voices of these children have been subdued by the theory and practice driven fields of grief, attachment and thanatology which have adopted a traditional developmental view of childhood to account for the experience of childhood loss. These perspectives have, perhaps unwittingly, prevented children from being viewed as active and capable grievers, who are able to provide reliable accounts of their lived experience.

In recent years, understandings of childhood grief have grown as researchers have increasingly become interested in, and concerned about, children's loss experiences. Much of this empirical interest has, however, focused on children's intrapsychic response to death and attempted to measure the impact of parental losses on children's socio-emotional wellbeing and mental health. Although these studies have yielded contradictory results, there is consensus among researchers that most children adapt and learn to live with their losses.

The increased interest in childhood grief reflects a broader trend in childhood research, which now explores the lived experience and consequences of a wide range of adverse childhood events. As a result, research into childhood loss and grief is expanding beyond parental death, to explore the experience of parental separation, disasters, and interpersonal trauma. This research highlights that children, from families facing complex challenges and change, are likely to experience multiple losses, and are amongst those most at risk of adverse effects as a result of losses. These children do not often get the support they require, and their losses largely remain neglected and hidden from view.

Chapter 8: Discussion and Conclusion

The present study aimed to address some of the existing gaps in theoretical, empirical and practice approaches to children's experiences of loss, by allowing children from families facing complex challenges and change, to provide their perceptions and accounts of loss. A phenomenological study, underpinned by childhood studies, was carefully crafted to enable the full and authentic participation of children. This research approach and the methods used were outlined in detail in Chapter 4.

The rich and robust data the study uncovered through group activities and interviews with children was outlined in Chapters 5 – 7. This data comprehensively responded to the research question: **How do children (aged 6-12), from families facing complex challenges and change, perceive and experience loss?** The findings highlighted children's perceptions and experiences of loss, and provided important insights on how children were adapting to, and coping with, the losses in their lives. The aim of the study was, however, to extend beyond a mere description of perceptions and experiences. In keeping with the principles of social work research (McDermott, 1996) and the tradition of childhood studies (Christensen & James, 2008b; Corsaro, 2011), the study aimed to have participants' views inform the way children's loss experiences are conceptualised, researched, and supported into the future.

This chapter addresses this aim and offers important contributions to how childhood loss can be understood and approached in both research and practice. To highlight these contributions, the key theoretical insights gained from better understanding children's perceptions and experiences of loss, are first outlined. In doing so, the dominant discourse on childhood grief becomes unsettled. The opportunity for deeper understanding and integration of knowledge across the often distinct fields of, childhood studies, loss and grief, and child and family welfare, is also explored, before detailing the key lessons which can be applied by future researchers, or practitioners, interested in becoming more attentive to children's experiences of loss.

Chapter 8: Discussion and Conclusion

8.2 New Insights and Contributions to Knowledge

This study addresses key gaps in the literature on childhood loss and makes several contributions to theoretical knowledge. Firstly, the study offers a previously unrecorded account of how children perceive loss. The children's perceptions provide important information to the emerging field of loss by outlining what these children considered to be the essential features of loss. The children confirmed the commonality of experience across distinct loss events, and expanded our understanding of significant losses beyond the events of parental death or separation. In doing so, the children's views provide important impetus for the pursuit of a more integrated field of childhood loss.

Secondly, the study presents a rich account of children's lived experience of loss. This view of loss from children's perspectives challenges the dominant discourse on childhood grief. Children's accounts encourage more careful attention to the variable and active nature of children's grief, their capacities to cope and thrive in the wake of loss, and the influence of social processes and structures, on their experience of loss. Each of these factors challenges the reliance on traditional developmental stage models to explain childhood grief.

Finally, by acknowledging children as active social agents and drawing attention to the social processes and structures which impact on their loss experiences, the study has uncovered the potential for sociological understandings to emerge and flourish within the field of childhood loss and grief. It is proposed that a more considered integration of the field of childhood studies, with the field of loss and grief, would create better understandings of, and responses to, the losses of children. This fresh approach to theory, research, and practice on childhood loss is of particular value to the child and family service system, which currently struggles to appropriately recognise and respond to children's losses. This would ultimately benefit children from families facing complex challenges and change, for whom

Chapter 8: Discussion and Conclusion

loss remains a constant and challenging companion. These contributions and advances in knowledge are outlined in more detail below.

Understanding children's perspectives on loss.

What you think about something is important because it is your opinion…Like you really need to just listen to the person and their story and their opinions (Ellie, 11yrs)

In recent years, a range of scholars within psychology and sociology, have argued for a more thorough and explicit treatment of loss (Harris, 2011b; Harvey & Weber, 1998; Jakoby, 2015; Miller & Omarzu, 1998; Murray, 2001, 2016; Thompson, 2002b). Childhood losses have, however, remained on the periphery of this emerging field. Children have not had the opportunity to contribute their unique knowledge and perspectives on the subject of loss, including what they think it is, and how it manifests and impacts on their lives. This study addressed this gap, and the children provided thoughtful and sophisticated understandings on the common and important features of their loss experiences. The children's understandings were, for the most part, similar to those previously presented by loss and grief theorists; this overlap adds weight to the arguments for a more comprehensive field of loss considered in Chapter 2.

Not unlike the many scholars before them, children discovered it was difficult to come up with a precise definition of loss which could account for all its features. This task was complicated by the range of experiences children considered to be losses, and their belief that it was a unique and subjective experience. At first, some children doubted their familiarity with the concept, but once they related it to issues in their life they appeared at ease describing and debating a vast range of events and experiences they considered big, medium, or small losses. These losses ranged from everyday life events to more significant

life-changing issues; highlighting that losses were an inevitable part of their everyday lives and something they had all experienced. The definition of loss, provided by Max, reflects the children's sentiments on what they considered to be big losses:

You lost something or someone special, really important (Max, 6yrs)

Max's definition is similar to many loss and grief scholars, who emphasise the meanings of, and attachment to, the thing which was lost.

Children also revealed that loss is a negative emotional experience which occurs when you feel like you are missing someone or something that you used to have, or missing out on something or someone you have never had. The way children embedded their understandings of loss with, most often negative, emotions, supports the close association of grief and loss evidenced throughout the literature.

The children's view of loss as an experience, rather than an event is noteworthy and supports the views of other researchers who have previously sought children's perspectives on parental separation and divorce (Maclean, 2004; Wade & Smart, 2002). Despite this, loss is still most often discussed in relation, and perceived to be a response, to an event (Rosenblatt, 1996). Childhood loss, in particular, is often studied and discussed in the context of specific events such as death or divorce (Finn, 2003; Graham, 2004). Many of the children in this study, however, were unable to trace their most significant losses back to a distinct event. Rather, the loss of friends, fun, and family most often reflected enduring absences in children's lives, including things they may never have had access to. If losses continue to be discussed and studied in relation to distinct events, there is a significant risk children's most important losses will remain excluded from the theoretical, empirical, and practice landscape. Likewise, researchers, policy makers and practitioners are at risk of focusing on events, such as death or parental separation, when these may not be the key priority on the list of

children's concerns (Wade & Smart, 2002). This will only reinforce the status quo where the aspects of children lives that they consider to be important remain hidden beneath the more tangible issues that adults often focus on in their lives.

The children's descriptions of loss highlighted other common features which help us to understand the potency of loss in children's lives. These included losses being marked by a sense of permanence – as Verity (12yrs) said, *"You can't escape your loss, you're never gunna get over it"* – while also being dynamic and able to change in meaning and impact over time. This view of loss as an experience, embedded in emotions and requiring adaptation over the course of our lives, is shared by most loss theorists. Children's perspectives, therefore, support those who argue for a broader field of loss based on the inextricable link between the impact of significant losses and one's emerging and changing ideas of self (Harvey & Weber 1998; Harris, 2011b; Jakoby, 2015; Murray, 2016).

Paying attention to how and why children formed these perspectives is also informative. In addition to being mediated by the meaning of, or attachment to, things lost, and their own previous loss experiences, children's perceptions of loss were greatly influenced by cultural and social norms and the significant others around them. These findings, and the disadvantage, complexity, and powerlessness so often present in the children's accounts of loss, support the many scholars who increasingly question the literature's emphasis on grief as an intrapersonal phenomenon, and support those researchers who have uncovered similar findings of powerlessness in children's experiences of parental separation (Jamieson & Highet, 2013). The impact of social processes and structures, which were ever-present in children's perceptions and experiences of loss in this study, are currently understudied (Thompson et al., 2016).

Chapter 8: Discussion and Conclusion

This study argues that a broader field of loss, which incorporates children's perceptions, would lead to a more sophisticated understanding of the social positioning of children – especially those from families facing complex challenges and change – and further understandings of, and responses to, children's experiences of loss.

Understanding children's experience of loss.

This [loss] is like a really important thing that people don't understand…but they don't ever ask people who have gone through it how they feel (Verity, 12yrs).

In addition to understanding what children think about loss, this study offered a rarely captured and rich insight into children's experience of loss. In doing so, the study adds important depth to our knowledge of childhood loss, complementing the predominantly quantitative studies which have largely focused on the negative mental health and socio-emotional outcomes of parental bereavement (Williams & Aber, 2016). These understandings offer new perspectives and encourage us to question some of the commonly accepted explanations of childhood grief.

The commonality of experience across the diverse range of losses, discussed by the diverse range of children participating in the study, was noteworthy. This further supports a more integrated field of childhood loss which can encompass the broad range of losses children face. As somewhat expected, all losses were found to be synonymous with sadness. This sadness, however, was accompanied by a vast range of emotions, which the study's methodological approach allowed to surface. Children stated that, along with their sadness, they often felt left out, angry, worried, lonely, different, conflicted, and confused, and sometimes scared. These emotions extended and somewhat contrasted with the childhood loss literature, which most often emphasises sadness, anger, worry, and guilt (Long, 2005; Worden, 1996).

Chapter 8: Discussion and Conclusion

The prominence of feeling left out and lonely in this study, highlighted the social, cultural, and relational aspect of children's losses, which are less evident in the literature. It is not known whether these aspects of children's losses were made more apparent in this study due to the participants' families having particularly challenging and marginalised lives. Regardless of whether this is particular to these children, future studies would benefit from paying careful attention to these aspects of children's losses. As suggested in the findings, some children, at some times, found these feelings overwhelming, and would have benefited from better understanding, and timely and sensitive responses, from others.

The findings of the study diverged more distinctly from the general literature, as children explained how their lived experience of loss extended beyond their inner feelings and thoughts, and were highly influenced by their environment and interactions with others. These environments, and children's interactions with others, were dominated by silence, powerlessness, isolation, and an underlying complexity. These concepts are currently not often discussed, or well understood, especially in the death-related grief literature. As mentioned above, it is possible these aspects of children's losses emerged more strongly due to the complexity of the participants' lives. As the literature indicates, these children are likely to experience many simultaneous losses, and the impacts of their losses can be powerful and wide-ranging. Within such environments, the challenge to understand and reconcile losses, and coherently integrate them into their developing sense of self, was complex. This study supports quantitative evidence which indicates that multiple losses and inter-personal trauma places children at significant risk of negative outcomes (Alisic et al., 2014; Finkelhor et al., 2015; King et al., 2015). Despite this, there is currently limited research to understand the impact of social disadvantage on the loss experiences of children or young people (Ribbens McCarthy, 2006). This study offers insights on the way pervasive poverty, instability, family conflict, and abuse, can cause, complicate, and compound

children's losses. This finding is supported by previous qualitative studies with children which have found these life circumstances are problematic for children experiencing parental separation (Butler et al., 2003; Maclean 2004; Smart 2003) The impact of such social circumstances clearly warrants more careful investigation to ensure more effective support is targeted to the children who need it. Future studies which can draw on similar theoretical approaches and methods to the present study – which prioritise and create opportunities for children's perspectives to emerge – are crucial to further exploring the presence and meaning of these factors in children's lives.

In spite of the challenges and losses experienced by these children, the study found most were coping, and some were thriving (see findings in Chapter 7). Scholars have previously paid little attention to children's coping strategies and children themselves have rarely been asked what helps them to cope with their losses (Alisic et al., 2011; Brewer & Sparkes, 2011c; Chowns, 2013). The range of active and self-initiated coping strategies which the children in this study described – including focusing on the positives, fun, play and laughter, and remembering and being with others – adds essential knowledge to the field, and highlights children's capacity, and preferred ways, to adapt to loss.

One of the most striking research findings was that the support children said they wanted and required – including being listened to, help to be connected, informed, included, and given a say, and care and support for them and their families - were almost the exact opposite of their current relationships with others, which were encapsulated by silence, isolation, powerlessness, and complexity. Awareness of these important mediators of grief and loss, and the way in which they are currently undermined or lacking in children's lives, can help inform and target better service responses to children.

Chapter 8: Discussion and Conclusion

Children's insights into their lived experience of loss – which highlighted their active and capable coping mechanisms and the influence of social structures and processes on their losses – challenge the dominant discourse on childhood grief. Chapter 2 revealed that within theory and practice on loss and grief, the traditional developmental model of childhood, has been unanimously adopted to understand the distinct features of childhood grief. This approach positions children as progressing through fixed and universal stages; children are seen to passively progress from immature cognitive understandings and limited capacities for coping, to more mature understandings which allow them to fully participate in grief work. Within this model the intrapsychic processes of grief are centre stage, while the significant impact of social, cultural, and structural factors are given secondary, if any, consideration.

The children's perspectives gained in this study, paint a very different picture of the experience of childhood loss. The dominant descriptors of children's loss found in the literature (see Chapter 2 pages 62-64), that children grieve in bursts, grieve in actions rather than words, and are dependent upon adults, appear to provide only a superficial understanding of the children's experiences uncovered in this study. These simplistic explanations reinforce a universal experience of childhood grief which depicts children as passive, immature, vulnerable, and as having limited capacity to cope with loss.

In contrast, this study highlighted children's ability to provide sophisticated understandings of losses and to apply a vast range of active and self-initiated coping strategies, none of which appeared overly determined by the age or developmental stage of the participants. For example, rather than the common descriptions of children grieving in "bursts" (Hooyman & Kramer, 2006, p. 111) or having a "short-sadness span" (Dyregrov, 2008, p. 29), the children in this study emphasised that their losses and the negative emotions which accompany them, always remain, often as strongly as when the loss first occurred.

Chapter 8: Discussion and Conclusion

It may be that adults' views and interpretations of children's experiences have been obscured by the complex silences which accompanied the children's grief in this study, and also by the active coping strategies which the children in this study chose to employ out of the view of adults. In this study, children described shielding their emotions, and in particular the depth of their sadness, from the adults in their lives. It is also entirely possible that adults may see children having fun, playing, and laughing, and not realise these are active strategies which children use to cope with their losses. The combined result is that children are commonly observed and labelled as grieving in bursts, without understanding what is happening beneath their external presentation.

These deliberations imply children currently have their losses minimised and their active coping role misunderstood, at least within the broad literature base, and most likely from those who draw on this knowledge to support children. In contrast, it is interesting that adults who use active coping strategies are usually more generously described in the grief literature as being instrumental grievers – a term adopted to reflect the adaptive coping of adults who engage in more cognitive, action-oriented, and problem-solving approaches in the wake of loss (Doka & Martin, 2010). Such differing language and labels, or the lack of acknowledgment of children's active coping strategies, can have powerful ramifications for how children's behaviour and capacity is interpreted. This example demonstrates how commonly applied descriptors of grieving can work to either minimise or legitimise grief processes, often in the favour of adults and to the detriment of children.

Along with these common descriptors of childhood grief, few scholars have questioned the reliance on staged theories of development to explain children's understandings and experiences of grief. This contrasts to the adult field which, for over 25 years, has largely been united in their calls to "stop staging persons who are coping with loss" (Corr, 2015, p. 226). Throughout this period new social constructionist understandings of loss

and grief have been welcomed in the adult field; understandings which are valued for their acknowledgement of the variable and active nature of grief, and the important social and structural dimensions which impact on the experience. These new approaches have, however, had minimal impact on understandings of childhood grief. The continued dominance of the developmental paradigm in explaining childhood grief reflects that although adult-oriented theories have progressed, childhood grief remains largely confined to a distinct ages and stages model.

New directions to further understanding of childhood loss. Progression in the study of adult grief and loss has ensured new understandings offered by sociology can complement, rather than compete with existing psychological perspectives (Thompson et al., 2016). This progression offers hope that the childhood grief field will also be able to welcome new understandings, which build on the psychological approaches that currently retain a tenacious hold over theory and empirical study. Sociological understandings of children and childhood, which were used in this study to provide visibility and voice to children's everyday experiences and better attend to the contextual nature of children's grief, provide one avenue for this much needed expansion of childhood grief, loss, and trauma knowledge.

Childhood studies, therefore, offers a valuable lens and an important diversity of methods for future researchers to further develop understandings of childhood loss. Sophisticated and nuanced application of childhood studies approaches, which can highlight, but not overstate, the agency children have within families facing complex challenges and change is required. This study and those before it, caution that children's agency and active roles in their families are almost always contingent on the social processes and structures which govern their interactions with adults (Davies, 2013). As such, any future studies should ensure a balanced approach which can account for children's agency, as well as highlighting

the cultural and social structures and processes that impact on the lived experience of childhood loss and, at times, constrain the agency of children (Hammersley, 2016; Hartung, 2011; Valentine, 2011).

More sophisticated understandings of the loss and grief experiences of children most at risk of negative outcomes as a result of loss, are also required (Ribbens McCarthy, 2007). Although researchers are still to establish which children are most at risk, it appears children from families facing complex challenges and change are chief amongst them. This study has confirmed that children engaged in the child and family service system struggle daily, with little recognition or support to make meaning of and manage significant absences in their lives. For these children, our dominant understandings of childhood grief barely scratch the surface of their complex, socially situated, loss experiences.

The application of social constructionist loss and grief approaches, to better understand and respond to the loss experiences and complex needs of children engaged in the child welfare system, is emerging (Benson, 2006; Easterling & Johnson, 2015; Linseisen et al., 2011; Samuels, 2009; Schwartz, 2010; Wojciak et al., 2013). Theories such as ambiguous loss, meaning making, disenfranchised grief, and continuing bonds (detailed in Chapter 3), can all assist child welfare professionals to better understand and attend to ongoing absences, and the overwhelming uncertainty and complexity apparent in children's losses. These social constructionist theories, which embrace complexity and support a person-in-environment approach, offer new insights to human service professionals whose knowledge is often limited to understandings of grief and loss based on individually focused models of grief which prescribe a universal experience (Thompson, 2002a). Social constructionist theories would be welcomed by, and align more closely with, social workers and the contemporary participatory and child-centred practice frameworks aiming to reposition children as active social agents within the child welfare service system.

Chapter 8: Discussion and Conclusion

Locating a common ground, where loss and grief constructs can complement and extend current child and family welfare policy and practice is crucial. Despite the continued use of traditional theories – of attachment, trauma and child development – across the two domains of grief and loss and child welfare, the field of child welfare has failed to explicitly acknowledge or address the significance of loss and grief issues for children. The findings of this study support a stronger and more explicit presence of loss and grief in policy and practice, which can complement and expand the increasingly trauma-informed focus of child welfare service systems.

The study findings provide direction for policy makers, professionals, and researchers, as to how they can respond to these calls for more adequate attention to children's loss. It is to these more practical strategies that this chapter now turns.

8.3 Insights for Practice and Research with Children

The findings of the present study, which challenge and extend current understandings of loss, also provide key learnings to inform, influence, and hopefully improve the way we respond to children. These key learnings contribute essential information for policy makers, program managers, individual professionals, and researchers. Although the study was situated in the child and family service system context, these learnings raise important implications for any professionals or adults who share an interest in childhood loss.

The study findings demonstrate the following areas are essential to improving responses to childhood loss:

- Recognition and acknowledgement of children's losses

- Engagement with children's emotions

- Creation of safe spaces for children to share their feelings

- Recognition of children's capacity

- Understanding adults' responsibilities.

Each of these areas, and the lessons learnt from children about how to address them, are explored below.

Recognition and acknowledgment of children's losses.

Yeah, I just keep my tears all inside and yeah. I don't really cry, just make a sad face (Max, 6yrs).

It has been well established that children's losses often go unrecognised, especially within the child and family service system (Linseisen et al., 2011; Lloyd, 2002; Mudaly & Tucci, 2002; Sandbæk, 1999). This study confirmed this lack of recognition, finding that although some of the children's more obvious losses, such as deaths, were discussed with their parents, the depth and breadth of their loss experiences largely remained hidden. Furthermore, despite all the children being engaged with the child and family service system, only one of the children had discussed any of their loss experiences with professionals working within the system. According to the children, contact with professionals was minimal, often focused on practical issues for their families, or on the regulation and control of their anti-social behaviour. Children stressed the importance of having their losses acknowledged and they provided a number of avenues through which recognition and acknowledgement can be improved.

Chapter 8: Discussion and Conclusion

Firstly, the children confirmed that although losses were part of their everyday lives, they have more impact when the loss involves something *"special"* or *"important"*. As such, talking directly to children to learn what they perceive as important is a vital step in ascertaining what their most significant losses may be and understanding their distinct meanings and impacts. Along with the need for more careful attention to each child, the findings indicate which losses may require careful consideration more broadly.

For the children in this study – family (including pets), friends, and fun were considered important losses. This is supported by a UK study on social difference which also found family, friends, and fun to be amongst the most important things in children's lives, regardless of their background (Sutton, Smith, Dearden, & Middleton, 2007). Questions about these aspects of children's lives may need to be explicitly included in assessment and support models. Importantly, these did not have to be things they used to have, and had then lost. Rather, the important factor for children was that these things were currently missing from their lives. Although often having their roots in the past, losses were very much present issues for children. Adopting the language of 'missing', may make more sense to children than talking about lost people and things, and would help to focus our gaze on the current and future impacts of losses for children.

Children in the study thought that adults especially, may not understand the importance of pets to them, and asked that this be given precedence in the dissemination of the study findings. Previous scholars have also pointed out that the loss of a pet can be extremely distressing for children (Corr, 2004b; Duffy, 2003; Kaufman & Kaufman, 2006; King et al., 2015), particularly those children who have minimal social support from family or friends (Lowe, Rhodes, Zwiebach, & Chan, 2009). Similarly, loss of fun, is rarely discussed in the literature, and may not be as readily recognised in children's lives. Although a sense of missing out, difference and isolation is noted in many studies with vulnerable

children, it is often not conceptualised, or discussed, using the lens of loss. Children in this study did, however, perceive and discuss these experiences as losses.

The perception many children shared about missing out on important things which they should, or could, have in their lives supports the findings of previous research on children's perceptions of loss, and deserves more careful attention in future studies and practice approaches with children (Jamieson & Highet, 2013). Children's belief that they were missing out on things available to their peers influenced and intensified the losses of absent family members. These important absences, which were often not linked to specific events in children's lives, appeared to be largely unspoken, remaining hidden under the surface of children's everyday lives. To bring these losses to the surface and to explore the various meanings and consequences certain absences may have for children, the findings suggest child-centred assessments should explicitly address and pay careful attention to children's views of what is important to them, and ask their ideas about:

- Their family, pets, friends, and fun

- Their past experiences

- The things which they currently view as being missing from their life

- Their hopes and dreams for their present and future.

Previous research has supported the importance of similar questions for children in out-of-home care and found children as young as four years can provide very important insights about their lives in response to such questions (Winter, 2010).

Engagement with children's emotions.

I don't think they would have understood how it felt to me… I can ignore physical pain quite easily, but emotional pain is a bit harder (Ellie, 11yrs).

Chapter 8: Discussion and Conclusion

One way of bringing children's losses to the surface is to acknowledge and engage whole-heartedly with children's emotions. Children's language of loss, if they had one, appeared to be instinctively and intricately embedded with emotions. Children described loss as an emotional experience, and the vast range of emotions their loss experiences evoked was one of the central findings of the study. As indicated above, previous research appears to have only skimmed the surface on children's emotional experiences of loss. The dominant accounts of children's emotional response to loss found in the literature – including sadness, anger, guilt, and worry that is expressed in bursts and not with words – bore little resemblance to the children's accounts in this study. This study reinforces the need to study and discuss loss with children with openness, curiosity, and a preparedness to fully engage with, and explore children's emotional experiences. Although this involves being attuned and attentive to each child, the findings of this study provided insights into the emotions which children felt needed to be attended to most and how this may be best done.

As stated above, sadness was synonymous with children's losses. Although children may not have the same vocabulary as adults to describe their feelings in-depth, the children still found ways to identify their breadth of feeling. This sometimes involved children accessing and using aids such as Kimochis (see Chapter 4 page 149). Children also found ways to describe the depth of their emotions by using repetition to express the many levels and meanings which one emotion may have. For example, instead of expressing his deep sadness as chronic sorrow (as is used in reference to adult loss in the literature), Archie (7yrs) said he felt: "*Very, very, very, very, very, very, very, very, sad*" about his grandfather's death. Assisting children to find ways to express the breadth and depth of their emotion, and understanding each emotion may have many levels and meanings, is a key lesson for research and practice.

Chapter 8: Discussion and Conclusion

Anger, guilt, and worry did not feature as prominently in this study as expected from the review of childhood grief literature. Anger is recorded as a common response to grief within adult and children's grief literature and is included in many of the well-known stage models (Bowlby, 1980). Anger is commonly accepted as a normal response to childhood loss experiences. If anger is seen as normal and expected in children's responses to loss then adults are unlikely to explore and address this emotion or consider their own role in creating this response. The findings of this study urge adults to be curious about children's anger and to not take it for granted as a normal consequence of loss. In this study, each child that disclosed they felt anger in response to loss provided a very good reason as to why they were angry. Children's anger was usually related to adult's actions, or lack of actions, which had caused, or complicated their loss experience. Anger rarely existed as a response to loss, without being accompanied, or incited, by feelings of being left out and powerless. The more left out children felt, the angrier they appeared. Despite this, children's accounts highlighted how adult's attempts to deal with their anger most often did not get below the surface to ask or deal with the cause, but instead centred on the regulation or management of their expression of anger. More careful attention to the reasons underlying children's emotions are not only warranted, but also wanted by children who were desperate to have more say in their lives.

The findings of this study further indicate we may need to be more attentive to children's feelings of being left out and lonely, which were common to their experience of loss. These emotions appeared much more distinctly in this study than they have in the existing childhood grief literature. The prominence of these feelings reinforce that children's experience of grief and loss is often a relational one, which is deeply influenced by social processes and structures, just as much, as their intrapsychic developmental responses to the event. Like with anger, these feelings highlight the tangible things adults can do for, and

with, children to help alleviate the impact of loss, such as including and being with them, and aiding their connections to others.

Conflicted and confusing feelings were also prevalent for the children in the study, appearing most clearly in their relationships with absent parents. Children rarely had support to make meaning of, or manage, these absent relationships. The link between ambivalent relationships, ambiguous losses, and the experience of complicated grief has been well established in the literature (Boss & Yeats, 2014; Burke & Neimeyer 2013). These ambiguous losses and ambivalent relationships, are also prominent issues for children in out-of-home care (Holland & Crowley, 2013; Linseisen et al., 2013; Penny, 2007; Schwartz, 2010; Winter, 2010). More research to enhance understandings of how children can learn to negotiate and manage these losses, and integrate them into their developing sense of self, is urgently required. As stated above, more thorough integration of continuing bonds theory, ambiguous loss theory, meaning reconstruction and non-finite loss theories, in the child welfare field may help us to develop these understandings and service responses.

This study found that focusing on emotions may be the best way to engage with children about loss. Likewise, engaging children about loss is a way to facilitate conversations about emotions. These conversations can be complex, and the depth and breadth of children's feelings in relation to loss indicates they may benefit from therapeutic intervention. Despite this, for many children, attention to their loss feelings "will not need hours of therapy, simply moments of real understanding" (Kroll, 2002, p. 123). Child participants in this study reinforced that they did not want adults to fix their problems or to pressure them to talk at length about their losses. Rather, children wanted adults to *"just listen"*. If adults, and particularly professionals, continue to miss opportunities to listen to children, they also miss important opportunities to provide children with relief (Chapman & Saltmarsh, 2013).

Chapter 8: Discussion and Conclusion

Creation of safe spaces for children to share their feelings.

Sometimes kids don't feel safe sharing their feelings [but] …a problem

shared is a problem halved (Verity, 12yrs).

The need for individuals to acknowledge, express, and deal with the pain of loss is well established in the loss and grief field (Hagman, 2001). This is now supported by research demonstrating pre-school aged children – those under 5 years of age – can benefit from the opportunity to engage in the expression of their loss emotions (Coffman, 1988; Kranzler, Shaffer, Wasserman, & Davies, 1990). The present study identified, however, that children are rarely afforded a safe space to talk about their feelings with significant adults, and even less so with professionals. Yet, when offered the opportunity to do so, children not only wanted to, but had the capacity to, engage whole-heartedly in this exercise. The children in the study particularly mentioned the value of sharing feelings with their peers, or others, who had experienced similar issues and could understand how they were feeling. These insights support the findings of previous studies and add weight to the growing prominence of peer psychoeducational or therapeutic support programs (Brewer & Sparkes, 2011a; Butler et al., 2003; Newell & Moss, 2011)..

The methodology and methods adopted for this study, which included group and individual discussions with children, provide essential insights into how we can provide a safe space for children to explore their losses. Throughout the study additional learnings were provided by the children, who could clearly articulate the type of environment and conditions which would enable them to talk about their feelings. Children indicated that conversations around loss need to be carefully approached and managed by adults. Like previous studies conducted with children experiencing family change, the children in this study wanted to choose who they talked to, how they shared their feelings, and when and for what purpose

this occurred (Wade & Smart, 2002). The purpose was generally not to *"fix"* anything, which children said adults often want to do. Rather, it was the simple act of sharing their feelings, in and of itself, which was beneficial to children. In this way, children again demonstrated an in depth understanding of the complexity of loss, mirroring grief scholars, who have noted that "grieving is not a problem to be solved, but a process to be experienced" (Mallon, 2011, p. 30).

Conducting research in children's homes provided the first advantage for children. In their own homes, children could use the resources (people and objects) and the security provided by their home environment to talk openly about loss. It became obvious, however, that the safe space required by children, was much more than a physical space. It was the relational space between adult and child which most enabled children to feel comfortable to discuss their inner most feelings and fears. This study echoed many before me in finding that children and adults require time to develop mutual and genuine rapport and trust (Xu et al., 2008). For some participants in the study, rapport and trust was built over several visits with them and their families. In other cases, this time was not available and I had to rely on a suite of other strategies to quickly gain the trust of children.

One of the most helpful strategies was to leverage off the trust which already existed between the children and the other key adults in their lives. Children often stress that trust is the most important element they require to engage meaningfully with adults on family challenges (Wade & Smart, 2002). As such, ensuring that children's support workers could vouch for me, and taking time to build relationships with parents, was vital. In addition to these strategies, I found the most potent relationship-builders were the simple acts of displaying genuineness, empathy, respect, and optimism every time I communicated with children and their families (Scott et al., 2013). Children responded quickly once they realised I was treating with them with respect. This was also important for children from culturally

Chapter 8: Discussion and Conclusion

diverse backgrounds, where sensitive and culturally competent practice was necessary to create a safe cultural space to enable children to speak about their painful experiences, without the fear of judgement (Ranzijn et al., 2009). The nature of cultural competence, particularly as it relates to health and welfare work with Indigenous Australians, is explored fully by Ranzijn and colleagues (2009), who encourage a deep commitment to reflexivity, listening and being open to, and non-judgmental about, other cultural worldviews and responses to loss.

Providing children with some security and safety around the purpose and boundaries of our relationship was also important. This gave children control over the process and allowed them to manage the risks they may have felt in revealing their emotions. The consent process, child rights activities, and additional tools, such as flags, and being in charge of the audio recorder – used by children to control the interview process – all reinforced they could choose what they shared and how they shared this information. Choice and control, and resources to enact them, were critical. Repeated and tangible evidence provided by the researcher that children's choices would be respected and listened to, was also essential for children to trust in this process.

The various activities and questions devised with children, to help them engage in the topic of loss, were also helpful. My willingness to partake in these as shared activities was also appreciated by children. Some of the best conversations were had when I sat side-by-side children drawing my own family, while they drew theirs. Although not often openly discussed, tensions and uncertainty around appropriate limits of professional boundaries sometimes act as a barrier for professionals to engage in these sorts of interactions and to commit to the genuine professional caring relationships wanted and needed from their clients (Ruch, 2005).

Chapter 8: Discussion and Conclusion

Likewise, the need to engage in fun, play, and laughter was also important to children and something they said adults often did not do well. Previous children's researchers have found that, for many children, engagement in fun and games can be enough in itself to relieve children from the emotional pressures surrounding their losses (Wade & Smart, 2002). For those children who also want to talk about their losses, finding ways to naturally weave fun, play, and laughter into conversations on loss is not as hard as it sounds and can be learnt from paying careful attention to children, who appear to be the experts at it. Many of the interviews I conducted with children included moments of sadness, interspersed with moments of laughter. The activities and games which were incorporated into the reference groups and interviews also allowed children to express their feelings of sadness, alongside engaging and playful interactions. The value of humour has been reinforced by other grief practitioners and researchers as an effective way to provide social support for children who are experiencing grief (Brewer & Sparkes, 2011c; Cox, 2014).

Finally, the children who participated in the study taught me some specific lessons about talking to them about grief and loss. One of these was the need to be mindful and respectful of silences, which were powerfully embedded in children's experience of loss. I learnt, with practice, that there was often no need to fill the silences which would sometimes fill the space between us. Another important lesson was to not question children about the particulars of their loss events. Children were much more at ease talking about their feelings than recalling when things occurred. In practice settings, this sort of detail about losses, if considered important, could be sought from significant adults. Pressing children to answer factual questions that they either do not know the answers to, or cannot recall, may only make them feel inadequate, or prove to be unhelpful. This reinforces the view which I brought into the study; that the key to establishing safe spaces for children is allowing the focus to be on children's strengths, and capabilities, rather than their limitations.

Chapter 8: Discussion and Conclusion

Recognition of children's capacity.

People, like, don't see me helping myself. They see me getting help from others. So they think that…is more important, but… there's lots of different ways that you can overcome loss (Verity, 12yrs)

When reviewing the literature on childhood loss I was constantly informed that "children do not have the resources or experience to integrate loss into their world" (Kubler-Ross & Kessler, 2005, p. 160) and their "grief is complicated by a lack of coping mechanisms" (Cox, 2014, p. 18). This study defied these descriptions of children, joining with others who have also sought children's perspectives, and who have found that children are resourceful, and seek to actively manage and mediate the impacts of loss in their lives, and the lives of their family members, in numerous ways (Alisic et al., 2011; Brewer & Sparkes, 2011a, 2011b, 2011c; Butler, Scanlan, Robinson, Douglas, & Murch, 2002; Chowns, 2013; Worden, 1996, 2009). To better understand and assist children in their grief, a much clearer recognition of children's capacities and competencies is required (Chowns, 2013).

The children in this study were found to apply a range of self-initiated coping strategies, which future researchers and practice professionals might pay closer attention to. The study highlighted that over time, and often in private and special places, children sought out opportunities to engage in fun, play, and laughter, focus on the positives, and maintain connections with the people or things they had lost. Many of these strategies have been noted by other studies who have talked directly with children; findings which reinforce the emphasis for children after losses is not only on coping and surviving with their sadness, but also on having fun and finding ways to thrive (Brewer & Sparkes, 2011b, 2011c). Brewer and Sparkes (2011c) believe closer attention to these aspects of children's responses to loss,

particularly their ability to identify possible positive outcomes, may encourage an important "paradigm shift away from a preoccupation with pathology that several researchers have proposed" (p. 289).

With children's capabilities recognised, interventions can be expanded from a focus on teaching or treating children, to more readily capitalise on children's strengths and listening and learning from children. Raising children's status through such an approach also encourages us to include them more fully in family-centred assessments and interventions. The active role and contribution children provided to other family members in this study confirms children display a strong desire and capacity to help support, and try to stabilise their family (Bugge et al., 2014; Thastrum, Johansen, Gubba, Olesen, & Romer, 2008; Worden, 2009). These more inclusive and participatory strategies would also contribute to children feeling more in control of their lives, a determinant of children's healthy adaptation to grief (Worden, 1996).

Acknowledging and enabling children to enact their own coping strategies is vital, but this alone will not meet all their diverse needs. As Davies (2013) discovered in her research with children experiencing parental separation, children's agency and role in family decision-making is nearly always contingent on others being willing and able to help. Children stated they required a balance of helping themselves and receiving support from significant others. This reinforces the need for more nuanced and sophisticated responses to children's loss, which can attend to the vulnerability of children and their capacity and strengths, both of which are evident in the wake of loss. This is especially important for children from families facing complex challenges and changes, where the structural conditions of their lives can often cause, compound, and complicate their loss experiences.

Chapter 8: Discussion and Conclusion

Understanding adults' responsibilities.

Maybe you could give them a hug. A big hug and make them feel happy (Max, 6yrs).

Children in the study stressed that, although they used a range of coping strategies and a range of supporters (including pets and friends) they believed it is the job of adults to support and help them. The children in this study highlighted the following supports as most necessary: listening when children wanted to talk about their feeling from time to time; providing accurate and timely information; including children and giving them a say; helping to build and maintain children's connections to their present and lost networks; and consistent provision of practical care, comfort and support for them and their families. None of these needs were surprising or new, with the study reinforcing the established needs of children already outlined throughout childhood grief literature (Mallon, 2011; Worden, 2009). The key point of expansion this study offers is that the support children wanted was the exact opposite of what their interactions with adults were currently providing. The diagrams in Chapter 6 (page 206) and 7 (page 246) visually highlight the inverse relationship between what children were experiencing and what they felt they needed. This is a concerning finding which demonstrates that although adults may sometimes have the power to either prevent or mediate the effects of children's loss experiences, at least in the lives of the children in this study, they were often failing to do so.

Current grief literature often centres on the role of the surviving parent to mediate children's losses. This thesis suggests, however, that the child and family service system also has a clear role to play in responding to the support children want and need. This thesis has demonstrated that children engaged with the child and family service system are clearly at higher risk of experiencing multiple losses, which may have a significant impact on them.

Chapter 8: Discussion and Conclusion

The place of social support in mediating losses is especially important for individuals in families facing multiple stressors (Walsh & McGoldrick, 2013). Despite this, children's losses often end up neglected by service systems (such as child protection agencies) which, at times, have an active role in causing or contributing to their losses (Currer, 2007).

More explicit attention to children's losses, and more attentive, responsive and flexible approaches to alleviate the severity of children's felt losses are especially needed at the tertiary end of the child and family service system. Under new service system reforms in Australia, trauma informed services are now promoted within this tier of the service system. Despite the obvious links with losses, which have been well canvassed in this thesis, there is currently little explicit guidance on how to incorporate loss and grief work within these trauma-informed approaches.

The task required of generalist welfare professionals to understand and apply trauma-informed support, is great, and involves new understandings and a substantive change from current practice approaches (Bath & Smith, 2015). A more explicit focus on loss within these new frameworks, which does not necessarily require specialist knowledge, may be a helpful way forward to complement and help meet the desire to implement more therapeutic service responses. This approach would be consistent with the children's responses in the study, who stressed that the support they most often required and wanted was not specialised or difficult to provide. Children in this study, and others before it (Alisic et al., 2011), have described adaptation to losses as an incremental journey, that takes place bit by bit and where small gestures of support can make a big impact. These are comforting words for professionals who often feel ill-equipped and pressured to respond to the complex and diverse needs of their clients.

Chapter 8: Discussion and Conclusion

The main tools required of adults hoping to support children, whether they are professionals or not, appeared to be understanding, empathy, and a commitment to join with children as they struggle to understand and make meaning of their lives. This type of support does not require professionals to gain a whole suite of new skills and specialist knowledge. Losses are experiences which we all understand and can relate to without the need for specialist training (Long, 2005; Rumbold & Aoun, 2014). As such, frameworks of practice that explicitly acknowledge and respond to loss, should be adopted as an initial and complementary approach to the current efforts aimed at reorienting practice towards trauma-informed service provision.

In concluding this discussion of these key areas for improving responses to children, it should be remembered that although all children will experience loss, we cannot assume loss is the dominant or only issue facing children from families experiencing complex challenges and change. Similar to the findings of other studies, for some children, and particularly for those whose lives are more complex, losses may not be their main concern or priority area for support (Wade & Smart 2002). For some children it may be more beneficial to talk about challenges and change in a general way, rather than to pre-empt discussions based around loss (Ribbens McCarthy et al., 2013). As such, the development of a new suite of dedicated specialist loss and grief services is not necessarily required. Although, children would benefit from increased access to such supports, this study indicates that raised awareness, consideration of, and more sensitive responses to, the challenges, change, and losses experienced by children, can and should be provided within existing policy and practice frameworks. Remembering that the supports children wanted are not actually complex, or hard to accommodate, is comforting as we embark on this much needed shift in policy and practice.

Chapter 8: Discussion and Conclusion

8.4 Reflections on the Contributions and Limitations of the Present Study

The findings of this study make a substantial and meaningful contribution to the field of childhood loss. The study provided a unique opportunity for children engaged with the child and family service system to explore their perceptions of loss and provide their own rich accounts of their lived experience of loss. This also allowed the experience of loss to be considered beyond the events of death, parental separation, and disaster which currently dominate much of the literature. Beyond the findings and their implications, that have been the focus of the last chapters, the research approach and processes adopted in this study also make a considerable contribution; they provide important insights into how the ethical and methodological challenges of studying issues, such as loss, with vulnerable children can be sensitively and comprehensively addressed.

The adoption of childhood studies to theoretically guide and inform the study was critical. This theoretical approach provides a new lens with which to view childhood experiences of grief. The research methodology and methods which enabled children's perspectives and experiences to so effectively emerge were outlined in-depth in Chapter 4 with the intention that they may now be borrowed and re-worked by future researchers. The role of the children's reference group, the innovative tools and techniques adopted in this group and the interviews, and the careful consideration of the interactions between the adult researcher and the child participants, were all critical to ensuring rich data and engagement of children in safe and meaningful discussions. Most importantly, the children's reference group activities ensured that the study was guided by children's understandings of loss, and not confined to my own point of view, or that of previous adult scholars. This child-led methodology is currently underutilised by children's researchers, who are often restricted by time and resource constraints, and unable to incorporate participatory approaches in the early stages of the study (Moore et al., 2016).

Chapter 8: Discussion and Conclusion

The data analysis technique of IPA is also currently underutilised within social work and children's research. This study exemplified the merit of using this approach to analyse children's transcripts, particularly in highlighting the non-verbal transactions which often occur within interviews with young children. This approach ensured equal time was spent analysing each child's interview and due consideration was given to all the children's perspectives and experiences. The critical interpretative element in the final stages of the analysis also allows for the unique standpoint of social work researchers to address structural and systemic issues which are apparent in individual's lives. In this case, allowing me to compare the way children's narratives support or challenge existing knowledge and practices around childhood grief, and recognise how children's experiences of loss where affected by the context in which they lived.

Strategies to encourage researcher reflexivity (previously outlined in Chapter 4) were used throughout data collection and analysis to monitor the impact I was having on the research. In the early stages of the study I developed a personal loss inventory to bring my own experiences and understandings of loss to the surface. This commitment to reflexivity was further supported by journaling critical moments and insights, and engaging in supervision and critical discussions with colleagues and child participants. Writing the loss inventory helped me to re-examine the concept of loss from a child's perspective, by remembering what the experience of loss was like for me as a child. Through this process I realised how intensely I had felt some of my losses and how powerless I felt at the time. I also realised how much the losses of the significant others around me (such as my mother) had affected me in the past and remain influential to this day. I was sometimes reminded of these feelings and experiences when listening to child participants during interviews, and when I re-examined their accounts throughout data analysis. It was only during data analysis, that I realised how my experiences differed significantly from the children's stories that I was

examining so intently. Most evidently, I realised that as a child I had always felt safe and supported; something which, up until this point of hearing the contrasting experiences of the children in this study, was an assumed part of my experience and my broader construction of loss experiences. In realising this, my awareness of the responsibility of adults to provide safe and supportive environments for children was heightened. This became an important point that I wanted to stress in the dissemination of the study findings.

The study's commitment to being child-led ensured my own views and perceptions, and the impact they could have on the study processes and outcomes, had to be re-examined with the child participants. Providing children with opportunities to engage with me in joint reflexive practices, most commonly through their involvement in the children's reference group, was critical throughout the study. Initially, this assisted me to think carefully about my planned interactions with children, including what I was asking them to do, and how I was asking them to participate. The children brought a wealth of information about the role of researchers, and how they should engage with children. Some of these insights were shared eagerly and with ease by children, whilst others were only learned through paying careful attention to how children engaged in research activities. I found myself continually learning and refining the way I engaged with children and, over time, I felt more confident and comfortable with them taking the lead during our interactions. Some children were initially uncomfortable with the power offered to them in the interviews, but once they realised it was genuine, they took up these opportunities whole-heartedly. The time which both I, and the children, required to be confident with the power re-balancing in our interactions, reflects the difficulties and discomfort that come with challenging, or moving outside of, traditionally accepted models of adult-child interactions.

Co-reflexive exercises between the researcher and the children were also critical to the data analysis and final presentation of the research findings. PhDs, by their very nature of

ensuring individual contributions to knowledge, can become isolating and introspective endeavours. Over time, a researcher's gaze can become increasingly narrowed as they focus intently on deciphering the meanings of emerging themes. Providing children with opportunities to check and refine the findings of the study was an important, but mixed experience for me. Fewer children than had initially expressed an interest in doing so, participated in the final reference group. This highlighted the difficulties in sustaining meaningful contact with child research participants from families facing complex challenges and change. Many parents or children were uncontactable at the final stage of the study.

Despite the disappointment that not all of the children were provided with the opportunity to provide feedback in the final reference group, the insights offered by the children who could participate proved invaluable; confirming, and at times challenging, some of the research findings. This co-reflexive process helped to put my mind at ease that I had not overstated or prefaced particular issues as a result of my own personal reactions to the data, or my pre-existing knowledge of the topic. Rather, it was children's views of what was important to them, and why, that were stressed in the thesis.

On reflection, asking the children to not only comment on over-riding themes, but to also check their own personal transcripts and the coding which I had imposed on them, was less successful. After being so consumed by transcripts and coding for months, I had not fully considered how foreign and overwhelming this task would be for children or, for that matter, anyone without research training. As a consequence, I had not provided enough scaffolding and support for children to engage in this task. The children were largely unable to shed light on their understandings or impressions of their own coded transcripts. This exercise left me feeling regretful and concerned about how children felt in response to seeing their detailed accounts laid out and examined in such a way. Despite this point of regret and key learning, I was encouraged by children's feedback on their overall experience of participating in the

study. Although it was clear that talking about challenging issues elicited a range of emotions including sadness, I consistently received feedback from the children (and their parents and carers) that children found their participation in the study enjoyable, meaningful, and rewarding.

This study exemplifies that research with children who face significant difficulties in their lives, is not without its challenges, but possible if carefully constructed and conducted with children's interests at the forefront, and if ethical and methodological issues are reflexively kept in mind throughout. The study provides important impetus for children's perceptions, knowledge, and experience to contribute to future research and knowledge.

In presenting the study as an exemplar within the field, it is also necessary to outline the many limitations which were evident due to the sample, design, and focus of the study. Firstly, the homogenous nature of the study sample must be recognised. The study was undertaken in one small jurisdiction in Australia, and only with children engaged in the child and family service sector. These children's lives differ in significant ways to other children, due to the particular set of challenges and life circumstances they experience. The children in the study highlighted that even among this group, loss remains a subjective and a unique experience; caution should be used when applying these findings to other individuals and groups.

Secondly, this study did little to rectify the imbalance of the overwhelming majority of research on grief, trauma, and loss, being conducted within western societies, and with little consideration of the unique grief experience of minority cultural groups (Rosenblatt, 2008; Stroebe et al., 2008b). Although the sample was, by chance, culturally diverse, it was too small to definitively conclude any point of difference on loss experiences based on cultural differences, or for that matter, age or gender. The study did highlight, however, that

Chapter 8: Discussion and Conclusion

Aboriginal Australian children may regard family composition and roles differently to their non-Indigenous peers, and that the availability of, and reliance on, extended cultural kin for these Aboriginal children – including ongoing support from deceased family members – may mediate the impact of lost family members. This is supported by research conducted in the USA, which has found "more elastic [family] boundaries" to mediate the loss experiences of African-American families (Boss, 2006, p. 13).

Aboriginal children had particularly strong bonds with deceased members of their family, who continued to have a very strong presence in children's lives. These children's experiences indicate that the concept of continuing bonds may manifest in unique and powerful ways for Aboriginal children. These children's perceptions, which reflect their culturally influenced worldviews of death and grief, can often be misunderstood, devalued, or even pathologised by professionals (Ranzijn et al., 2009). To better understand and provide more appropriate responses to the losses faced by Aboriginal children, it is vital that we gain a better understanding of, and respect for, their cultural worldviews on death, dying, and grief. Culturally sensitive research, which can help us better understand and respond to the multiple and cumulative loss experiences by Aboriginal children and their families, is urgently needed within Australia.

Another limitation, given the circumstances of the children participating in the study, was that no participant explicitly identified, or discussed in detail, whether they or their parent had a disability or illness. Nor did any child raise these issues as impacting on their perceptions or experiences of loss. To remain true to the child-led nature the study, the thesis left issues of disability and illness aside and did not explore how these may be relevant to children's perception or experience of loss. This is still an important area of study, however, as other research has found issues of grief and loss are often present in the lives of children with disabilities (Robinson, 2014). McKissock (1998) claims loss and disability are

313

intricately related, as "some children grieve because of their own genetic or acquired disabilities [as] they rail against the unfairness of their situation, of life" (p. 133). It is also likely that losses will be incurred due to the social stigma and lack of support children with disability often experience.

Issues around loss and disability are prominent for those who support a social model of disability[6], who argue it is inappropriate to impose a loss framework on disability (Gorman, 2011; Spacey, 2002). These scholars state "the loss narrative implies incompleteness, vulnerability, and need for rehabilitation" and "implies that all disabled people have aspirations to achieve so-called normality" (Gorman, 2011, p. 201). In line with this perspective, and as no children raised this issue within the current study, I did not feel qualified to make any statements on the association between childhood loss and disability or illness. This area of debate could be enhanced, however, by the inclusion of children's knowledge, perspectives, and experiences.

Although children's interactions with the adults around them were critical to their experience of loss, the study neglected any direct participation and inclusion of these adult's perspectives. When I set out on this topic of study, I originally thought it would be important to collect the views of parents, carers, and professionals from within the child and family service system. The aim was not to verify children's accounts of their own lived experiences, but to provide a more comprehensive picture of the influence of children's social and support networks on their experience of loss. Highlighting the difference in views and knowledge on childhood loss, between these groups, may have provided interesting data to further answer why children's losses often remain hidden from view and unaddressed.

---

[6] A social model of disability can be defined as the view that "it is society's responses to those with an impairment that create disability" rather than people being inherently disabled (Currer, 2007, p.88).

Chapter 8: Discussion and Conclusion

The purpose of this study was not, however, to traverse the well-trodden path of researchers who have built a picture of children's experiences from the views of adults. Likewise, as phenomenology prescribes, the purpose was not to provide any definitive or objective truth about children's experiences, but to seek their own account of it (Boss, 2006). Children's researcher, Winter (2010, p. 189) explains, "in this process, one has to accept that all perspectives are subjective and filtered through many lenses", but this does not make the accounts of individual children any less valid. Rather, childhood studies researchers would argue there is much to learn from seeking the direct perspectives of children – who are best placed to comment on, and provide descriptions of, their lived experiences – and in allowing these perspectives to take centre-stage.

This study leaves many questions about childhood loss unanswered, and raises some new questions for exploration. In this way the study meets the aim of phenomenological research to provide a launching pad for further explorations of the diverse, interesting, and important experience of, in this case, childhood loss. While researchers must consider how they respond to these new areas for exploration, the research findings also encourage policy makers and practitioners to reflect on and explore possibilities for improving service systems responses to children and families. The key messages for researchers, policy makers and practitioners outlined in this final chapter (in section 8.3) provide critical information to help direct this endeavour. My ongoing commitment to translate the knowledge gained from the study, beyond completion of the PhD, will be key in facilitating such positive change.

8.5 Conclusion

This thesis began with curiosity and hope; the curiosity to learn more about children's experiences of loss, and the hope of finding better ways to respond to children's losses. I soon learnt these were important, but ambitious aims in a field of inquiry which is still in its

infancy and often stifled as children's losses remain hidden from view. When childhood grief and loss have come to the attention of scholars, they have largely been understood through a developmental lens and by applying theories formulated with adults in relation to death related losses. Within the grief field, and the wider disciplines which add value to our knowledge of childhood loss – such as trauma, attachment, coping, and resilience – children's perspectives of their lived experiences, have rarely been sought or taken into account.

This study addressed this gap, by having children provide their own understandings of loss, and their own accounts of their lived experience of loss. Even though I started from a perspective which valued children's knowledge and recognised their capacities, I was somewhat surprised and gratefully rewarded by the sophisticated understandings and rich accounts which the primary school aged children participating in this study were able to provide. The strength of children's accounts challenged the dominant discourse on childhood grief which endorses a developmental age and stage based view of children's experience of loss, and which often serves to minimise children's loss experiences and coping capacities; a view which depicts children as immature, vulnerable, and passive grievers.

This study provided a different view of these children's losses. Although confirming that children from families facing complex challenges and change face multiple losses which can have severe and long lasting consequences, the children eloquently told how they applied a myriad of coping strategies to adapt to loss. Importantly, for the aims of this study, they were also able to clearly articulate the support they wanted and needed to better attend to the loss experiences in their lives. The extent of children's emotions, and the opportunity for these to be mediated by their interactions with others, were resounding and important findings. There is much that significant adults, including professionals within the child and family service system can and should be doing to support children to cope, and even thrive, in

the wake of loss. The thesis particularly pointed to the need for more careful attention to the: recognition and acknowledgment of children's losses; importance of engaging with children's emotions; creation of safe places for children to share their feelings; recognition of children's capacities; and understanding of adults' responsibilities to, and for children.

In addition to providing an in-depth response to the research question at hand this study reinforces that a more integrated field of childhood loss may improve our understandings of children's losses and create more appropriate interventions which attend to the complexity of children's loss experiences. Further scholarly work which can integrate sociological understandings of children and childhood, with grief, loss, and trauma, and use these understandings to better attend to the losses of children engaged with the child and family service system is essential.

The need for continued expansion within and across these fields reinforces a key lesson from this study; we can always hope to know more about, and do more for, children. Providing definitive understandings or closure on the complex life experience of childhood loss is unattainable. Although this thesis must finish, my quest to understand the mysteries of both loss and children will continue; propelled by my desire to continue to conduct research which elicits children's perspectives and works to enhance their health and wellbeing.

References

Abebe, T., & Bessell, S. (2014). Advancing ethical research with children: critical reflections on ethical guidelines. *Children's Geographies, 12*(1), 126-133.

Abel, E. M., Chung-Canine, U., & Broussard, K. (2013). A quasi-experimental evaluation of a school-based intervention for children experiencing family disruption. *Journal of Evidenced Based Social Work, 10*(2), 136-144.

Abercromby, S. (2011). Are you safe? Understanding the loss of safety for women and children who experience abuse. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp.29-35). New York: Routledge.

ACT Department of Disability Housing and Community Services and ACT Health. (n.d) *Canberra building a child friendly city: ACT Children's Plan 2010 – 2014 Vision and building blocks for a child friendly city.* Retrieved from ACT Government: http://www.children.act.gov.au/documents/PDF/CP_web.pdf

ACT Government. (2012). *Child, youth and family services program service delivery* framework: 2011-2015. Retrieved from ACT Government: www.communityservices.act.gov.au/__data/assets/.../Service-Delivery-Framework.doc

ACT Government Community Services. (2014). *A step up for our kids one step can make a lifetime of difference: Out-of-home care strategy 2015-2020.* Retrieved from ACT Government: www.communityservices.act.gov.au/__data/.../CSD_OHCS_Strategy_web_FINAL.pdf

Ahern, K. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research, 9*(3), 407-411.

Akerman, R., & Statham, J. (2014). *Bereavement in childhood: The impact on psychological and educational outcomes and the effectiveness of support services*. London: Childhood Wellbeing Research Centre.

Alderson, P., & Morrow, V. (2011). *The ethics of research with children and young people* (2nd ed.). London: Sage Publications.

References

Alisic, E., Boeije, H. R., Jongmans, M. J., & Kleber, R. J. (2011). Children's perspectives on dealing with traumatic events. *Journal of Loss and Trauma, 16*(6), 477-496.

Alisic, E., Krishna, R. N., Robbins, M. L., & Mehl, M. R. (2015). A comparison of parent and child narratives of children's recovery from trauma. *Journal of Language and Social Psychology*, 1-12. doi:10.1177/0261927X15599557

Alisic, E., Zalta, A. K., van Wesel, F., Larsen, S. E., Hafstad, G. S., Hassanpour, K., & Smid, G. E. (2014). Rates of post-traumatic stress disorder in trauma-exposed children and adolescents: Meta-analysis. *The British Journal of Psychiatry, 204*, 335-340.

Allan, J. (2003a). Loss and grief: Weaving together the personal and the political. In J. Allan, B. Pease, & L. Briskman (Eds.), *Critical social work: an introduction to theories and practice* (pp. 170-184). Crows Nest: Allen & Unwin.

Allan, J. (2003b). Theorising critical social work. In J. Allan, B. Pease, & L. Briskman (Eds.), *Critical social work: An introduction to theories and practices* (pp. 32-51). Crows Nest: Allen & Unwin.

Andresen, S. (2014). Childhood vulnerability: Systematic, structural, and individual dimensions. *Child Indicators Research, 7*(4), 699-713.

Andrews, C. R., & Marotta, S. A. (2005). Spirituality and coping among grieving children: A preliminary study. *Counseling and Values, 50*, 38-50.

Anglicare Diocese of Sydney and Innovative Resources (2013) *Two worlds: When relationships end and parents separate. 48 conversation-building cards.* Kangaroo Flat: Anglicare Diocese of Sydney and Innovative Resources.

Archer, J. (2008). Theories of grief: Past, present and future perspectives. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 45-65). Washington DC: American Psychological Association

Aries, P. (1962). *Centuries of childhood*. London: Cape.

Arizmendi, B. J., & O'Connor, M. (2015). What is "normal" in grief? *Australian Critical Care, 28*(2), 58-62.

References

Arney, F., Chong, A., & McGuinness, K. (2013). Family decision-making approaches for Aboriginal and Torres Strait Islander families. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: A partnership approach* (2nd ed., pp. 123-141). New York: Cambridge University Press.

Atkinson, J. (2013). *Trauma-informed services and trauma-specific care for Indigenous Australian children. (Resource sheet no. 21)*. Canberra: Australian Institute of Family Studies.

Atkinson, J., Nelson, J., & Atkinson, C. (2010). Trauma, transgenerational transfer and effects on community wellbeing. In N. Purdie, P. Dudgeon, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (pp. 135-144). Barton: Commonwealth of Australia.

Attig, T. (1996). *How we grieve: Relearning the world*. New York: Oxford.

Atwool, N. (2016). Life story work: Optional extra or fundamental entitlement? *Child Care in Practice*. doi:10.1080/13575279.2015.1126228

Australian Association of Social Workers (AASW). (2010). *Code of Ethics*. Canberra: Australian Association of Social Workers.

Australian Bureau of Statistics (ABS). (2015) Australian Demographic Statistics, 3101.0. Retrieved from Commonwealth of Australia: http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0.

Australian Child and Adolescent Trauma, Loss and Grief Network (ACATLGN) (2016). *About us.* Retrieved from ACATLGN: http://earlytraumagrief.anu.edu.au/about-us

Australian Geographic. (2016). *Floods: 10 of the deadliest in Austrlaian history.* Retrieved from Australian Geographic: http://www.australiangeographic.com.au/topics/history-culture/2012/03/floods-10-of-the-deadliest-in-australian-history/

Australian Human Rights Commission. (2014). *The forgotten children: National inquiry into children in immigration detention*. Sydney: Australian Human Rights Commission.

Australian Institute of Health and Welfare (AIHW). (2015). *The health of Australia's prisoners 2015*. Cat. no. PHE 207. Canberra: AIHW.

Australian Institute of Health and Welfare. (2016a). *Child protection Australia 2014–15*. Child welfare series no. 63. Cat. no. CWS 57. Canberra: AIHW.

References

Australian Institute of Health and Welfare. (2016b). *Youth justice in Australia 2014–15.* Bulletin 133. Canberra: AIHW.

Australian Research Alliance for Children and Youth (ARACY). (2013). *The common approach to assessment, referral and support (CAARS): Working together to prevent child abuse and neglect – final report.* Canberra, ACT: ARACY.

Ayers, T. S., Sandier, I. N., West, S. G., & Roosa, M. W. (1996). A dispositional and situational assessment of children's coping: Testing alternative models of coping. *Journal of Personality, 64*(4), 923-958.

Back, C., Gustafsson, P. A., Larsson, I., & Bertero, C. (2011). Managing the legal proceedings: An interpretative phenomenological analysis of sexually abused children's experience with the legal process. *Child Abuse & Neglect: The International Journal, 35*, 50-57.

Baggerly, J., & Exum, H. A. (2007). Counseling children after natural disasters: guidance for family therapists. *The American Journal of Family Therapy, 36*(1), 79-93.

Bagshaw, D. (2007). Reshaping responses to children when parents are separating: Hearing children's voices in the transition. *Australian Social Work, 60*(4), 450-465.

Bagshaw, D., Quinn, K., & Schmidt, B. (2006). *Children and families in transition: Towards a child-centred integrated model of practice*. Retrieved from University of South Australia: https://www.unisa.edu.au/Documents/EASS/HRI/cafit-report-06%5B1%5D.pdf

Baker, J. E., Sedney, M. A., & Gross, E. (1992). Psychological tasks for bereaved children *American Journal of Orthopscyhiatry, 62*(1), 105-116.

Balen, R. (2000). Listening to children with cancer. *Children and Society, 14*(3), 159-167.

Balk, D. E. (2004). Recovery following bereavement: an examination of the concept. *Death Studies, 28*(4), 361-374.

Balk, D. E., Zaengle, D., & Corr, C. A. (2011). Strengthening grief support for adolescents coping with a peer's death. *School Psychology International, 32*(2), 144-162.

Bansel, P. (2013). Losing oneself and finding the other: A response to Jonathan Silin. *Contemporary Issues in Early Childhood, 14*(1), 24-28.

References

Barry, C., Britten, N., Barber, N., Bradley, C., & Stevenson, F. (1999). Using reflexivity to optimize teamwork in qualitative research. *Qualitative Health Research, 9*(1), 26-44.

Barter-Godfrey, S., Pollock, S., & Taket, A. (2014). Inclusion in participatory research: What were the whitefellas doing in an Aboriginal health project. In A. Taket, B. Crisp, M. Graham, L. Hanna, S. Goldingay, & L. Wilson (Eds.), *Practising social inclusion* (pp. 237-246). Oxon: Routledge.

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth, 17*(3), 17-21.

Bath, H. (2015). Out of home care in Australia: Looking back and looking ahead. *Children Australia, 40*(4), 310-315.

Bath, H., & Smith, B. (2015). Practice challenges in the shift to therapeutic residential care. *Developing Practice, 41*, 62-70.

Baugher, J. E., McIntyre, M., House, C., Mawhinney, M., O'Brien, B., & Reagan, A. J. (2012). When grieving adults support grieving children: Tensions in a peer support bereavement group programme. *Mortality, 17*(3), 276-299.

Bazeley, P., & Jackson, K. (2013). *Qualitative data analysis with NVIVO*. London: Sage.

Beale, E. A., Jr., Sivesind, D., & Bruera, E. (2004). Parents dying of cancer and their children. *Palliative & Supportive Care, 2*(4), 387-393.

Beckel, J. R. (2006). *Supporting parentally bereaved students: The school counselor's role.* (Masters of Science Degree in Guidance and Counselling), University of Wisconsin-Stout.

Bell, H., Limberg, D., & Robinson, E. M. (2013). Recognizing trauma in the classroom: A practical guide for educators. *Childhood Education, 89*(3), 139-145.

Bennett, J., Espie, C., Duncan, B., & Minnis, H. (2009). A qualitative exploration of children's understanding of indisicriminate friendliness. *Clinical Child Psychology and Psychiatry, 14*, 595-618.

Benson, L. J. (2006). *Ambiguous loss, number of foster care placements, child age and child sex as the predictors of the behavior problems and posttraumatic stress symptoms of children in foster care.* (Master of Science), University of Maryland, Maryland.

References

Berzoff, J., & Drisko, J. (2015). What clinical social workers need to know: Bio-psycho-social knowledge and skills for the twenty first century. *Clinical Social Work Journal, 43*(3), 263-273.

Bessant, J., & Broadley, K. (2016). Transparency and 'uncomfortable knowledge' in child protection. *Policy Studies, 37*(2), 93-112.

Bessell, S., & Mason, J. (2014). *Putting the pieces in place: Children, communities and social capital in Australia*. Retrieved from Australian Policy Online: http://apo.org.au/node/42262

Biank, N. M., & Werner-Lin, A. (2011). Growing up with grief: Revisiting the death of a parent over the life course. *OMEGA - Journal of Death and Dying, 63*(3), 271-290.

Birnbaum, R., & Saini, M. (2012). A scoping review of qualitative studies about children experiencing parental separation. *Childhood, 20*(2), 260-282.

Bistamam, M. N., Jais, S. M., Jusoh, A. J., Abdul Rahman, A. M., Arif, M. A. S. M., & Razali, M. M. S. (2015). The effect of REBT structured counselling group towards the grief and depression among teenagers of divorced parent. *International Journal of Education and Research, 3*(4), 113-122.

Black, D. (1998). Bereavement in childhood. *British Medical Journal, 316*(7135), 931-933.

Blair, E. M., Zubrick, S. R., & Cox, A. H. (2005). The Western Australian Aboriginal child health survey: Findings to date on adolescents. *Medical Journal of Australia, 183*(8), 433-435.

Blakely, T. J., & Dziadosz, G. M. (2015). Application of attachment theory in clinical social work. *Health & Social Work, 40*(4), 283-289.

Bocknek, E. L., Sanderson, J., & Britner, P. A. (2008). Ambiguous loss and posttraumatic stress in school-age children of prisoners. *Journal of Child and Family Studies, 18*(3), 323-333.

Bogolub, E. (2010). The obligation to bring about good in social work research: A new perspective. *Qualitative Social Work, 9*(1), 9-15.

Bolas, H., Wersch, A. V., & Flynn, D. (2007). The well-being of young people who care for a dependent relative: An interpretative phenomenological analysis. *Psychology & Health, 22*(7), 829-850.

References

Bonnano, G., Boerner, K., & Wortman, C. (2008). Tracjectories of grieving. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 287-307). Washington D C: American Psychological Association.

Bonoti, F., Leondari, A., & Mastora, A. (2013). Exploring children's understanding of death: Through drawings and the death concept questionnaire. *Death Studies, 37*(1), 47-60.

Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, Massachusetts: Harvard University Press.

Boss, P. (2006). *Loss, trauma and resilience: Therapeutic work with ambiguous loss*. New York: WW Norton and Company.

Boss, P. & Yeats, J.R. (2014). Ambiguous loss: A complicated type of grief when loved ones disappear. *Bereavement Care, 33*(2), 63-69.

Botsis, A. J., Plutchik, R., Kotler, M., & van Praag, H. M. (1995). Parental loss and family violence as correlates of suicide and violence risk. *Suicide & Life - Threatening Behavior, 25*(2), 253-260.

Bowlby, J. (1969). *Attachment and loss volume I: Attachment*. London: Penguin Books.

Bowlby, J. (1973). *Attachment and loss volume II: Separation: Anxiety and anger*. London: Penguin Books.

Bowlby, J. (1980). *Attachment and loss: volume III: Loss: Sadness and depression*. London: Penguin.

Bowman, T. (2007). Chronic sorrow: Exploring the reality. *Minnesota Coalition for Death Education and Support*, *March*, 6-7.

Boyd Webb, N. (2003). Play and expressive therapies to help bereaved children: Individual, family, and group treatment. *Smith College Studies in Social Work, 73*(3), 405-422.

Braband, B. J., Faris, T., & Wilson-Anderson, K. (2014). Evaluation of a memory book intervention with orphaned children in South Africa. *Journal of Pediatric Nursing, 29*(4), 337-343.

Bradford Garcia, R., & Pomeroy, E. C. (2011). Grief and loss among children and adolescents in the school setting. In E. C. Pomeroy & R. Bradford Garcia (Eds.), *Children and loss* (pp. 93-119). Chicago: Lyceum Books.

References

Brannen, J., & O'Brien, M. (1996). Introduction. In J. Brannen & M. O'Brien (Eds.), *Children in families: Research and policy* (pp. 1-12). London: The Farmer Press.

Braun, V., & Clarke, V. (2013). *Successful qualitative research: a practical guide for beginners*. London: Sage Publications.

Brewer, J., & Sparkes, A. C. (2011a). The meanings of outdoor physical activity for parentally bereaved young people in the United Kingdom: Insights from an ethnographic study. *Journal of Adventure Education & Outdoor Learning, 11*(2), 127-143.

Brewer, J., & Sparkes, A. C. (2011b). Parentally bereaved children and posttraumatic growth: Insights from an ethnographic study of a UK childhood bereavement service. *Mortality, 16*(3), 204-222.

Brewer, J., & Sparkes, A. C. (2011c). Young people living with parental bereavement: Insights from an ethnographic study of a UK childhood bereavement service. *Social Science & Medicine, 72*(2), 283-290.

Bright, R. (1996). *Grief and powerlessness: Helping people regain control of their lives*. London: Jessica Kingsley Publishers.

Brocki, J. M., & Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health, 21*(1), 87-108.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press: Cambridge, USA.

Brown, C., & Davies, M. (1994). Foreword. In I. Butler & H. Williamson (Eds.), *Children speak: Children, trauma and social work* (pp. ix-x). Norfolk: Longman.

Brown, E. J., Amaya-Jackson, L., Cohen, J., Handel, S., Thiel De Bocanegra, H., Zatta, E., . . . Mannarino, A. (2008). Childhood traumatic grief: A multi-site empirical examination of the construct and its correlates. *Death Studies, 32*(10), 899-923.

Brown, E. J., & Goodman, R. F. (2005). Childhood traumatic grief: An exploration of the construct in children bereaved on September 11. *Journal of Clinical Child & Adolescent Psychology*, 34(2), 248-259.

References

Brown, O. K & Symons, D. K. (2016). "My pet has passed": Relations of adult attachment styles and current feelings of grief and trauma after the event, *Death Studies,* 40(4), 247-255.

Brown, T. B., & Kimball, T. G. (2012). Residential grief camps: An initial phenomenological study of staff perspectives. *The Qualitative Report,* 17(1), 78-91.

Bruce, E. L., & Schultz, C. L. (2001). *Nonfinite loss and grief: A psychoeducational approach*. Baltimore: Paul H Brookes Publishers.

Buchanan, F. (2013). A Critical Analysis of the use of Attachment Theory in Cases of Domestic Violence. *Critical Social Work,* 14(2), 19-31.

Bugge, K., Darbyshire, P., Grelind Rokholt, E., & Helseth, L. (2014). Young children's grief: Parent's understanding and coping. *Death Studies, 38*(1), 36-43.

Bull, S., & Pengelly, M. (2014). 'I'm not the only one': A collaborative approach to developing a children and young person's bereavement group. *Bereavement Care, 33*(3), 97-102.

Burke, L. & Neimeyer, R. (2013). Prospective risk factors of complicated grief: A review of the empirical literature. In M.S. Stroebe, H. Schut, J. van der Bout & P. Boelen (Eds.), *Complicated grief: Scientific foundations for healthcare professionals* (pp. 145-161). London: Routledge.

Burr, V. (1995). *An introduction to social constructionism*. London: Routledge.

Butera-Prinzi, F., & Perlesz, A. (2004). Through children's eyes: Children's experience of living with a parent with an acquired brain injury. *Brain Injury, 18*(1), 83-101.

Butler, I., Scanlan, L., Robinson, M., Douglas, G., & Murch, M. (2002). Children's involvement in their parents' divorce implications for practice. *Children and Society, 16*, 89-102.

Butler, I., Scanlan, L., Robinson, M., Douglas, G., & Murch, M. (2003) *Divorcing children: Children's experience of their parents' divorce.* London: Jessica Kingsley Publishers.

Butler, I., & Williamson, H. (1994). *Children speak: Children, trauma and social work*. Norfolk: Longman.

References

Butler, K., Winkworth, G., McArthur, M., & Smyth, J. (2010). *Experiences and aspirations of younger mothers*. Canberra: Institute of Child Protection Studies, Australian Catholic University.

Butvilas, T. (2007). Grieving children's socialization: A brief educational research review. *Socialinis Darbas, 6*(1), 126-133.

Bylund-Grenklo, T., Furst, C. J., Nyberg, T., Steinbeck, G., & Kreicberg, U. (2016). Unresolved grief and its consequences. A nationwide follow-up of teenage loss of a parent to cancer 6–9 years earlier. *Support Care Cancer, 24*(7), 3095-3103.

Cacciatore, J., & Flint, M. (2012). ATTEND: Toward a mindfulness-based bereavement care model. *Death Studies, 36*(1), 61-82.

Callaghan, J. E. M., & Alexander, J. H. (2015). *Understanding agency and resistance strategies (UNARS): Children's experiences of domestic violence*. Northampton, UK: University of Northampton. Doi: 10.13140/RG.2.1.2509.2324

Cannella, G., & Lincoln, Y. (2011). Ethics, research regulations and critical social science. In N. Denzin & Y. Lincoln (Eds.), *The sage handbook of qualitative research* (4th ed., pp. 81–89). Thousand Oaks, California: Sage.

CanTeen. (2016, February 19). *CanTeen.* Retrieved from: https://www.canteen.org.au/

Carney, K. L. (2004). Barklay and Eve: the role of activity books for bereaved children. *Omega: the journal of death and dying, 48*(4), 307-319.

Carroll, B. (2010). *Survey of childhood bereavement services in Ireland*. (Master's thesis). The Irish Hospice Foundation & Royal College of Surgeons in Ireland, Ireland.

Carers Australia. (2002). *Young carers research project: Background papers*. Canberra: Department of Families and Community Services.

Carter, M. A. (2002). *Grief and loss in childhood: Exploring childhood bereavement*. Queensland: M.A. Carter Consulting.

Cassidy, J., & Shaver, P. R. (2008). *Handbook of attachment: theory, research and clinical applications* (2nd ed.). New York: Guildford Press.

Cerel, J., Jordan, J. R., & Duberstein, P. R. (2008). The impact of suicide on the family. *Crisis, 29*(1), 38-44.

References

Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health, 8*(1), 144-162.

Champagne, E. (2008). Living and dying: a window on (Christian) children's spirituality. *International Journal of Children's Spirituality, 13*(3), 253-263.

Chapman, A., & Saltmarsh, S. (2013). The politics of normative childhoods and non-normative parenting: A response to Cristyn Davies and Kerry Robinson. *Contemporary Issues in Early Childhood, 14*(1), 60-65.

Chowns, G. (2005). Swampy ground: brief interventions with families before bereavement. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children* (pp. 125-139). Oxford: Oxford University Press.

Chowns, G. (2013). 'Until it ends, you never know…': Attending to the voice of adolescents who are facing the likely death of a parent. *Bereavement Care, 32*(1), 23-30.

Christ, G. (2005). Forword. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children*. Oxford: Oxford University Press.

Christ, G. H. (2000). *Healing children's grief: Surviving a parent's death from cancer*. New York: Oxford University Press.

Christ, G. H., & Christ, A. E. (2006). Current approaches to helping children cope with a parent's terminal illness. *CA: A Cancer Journal for Clinicians, 56*(4), 197-212.

Christensen, P., & James, A. (2003). Childhood diversity and commonality: Some methodological insights. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (pp. 160-178). London: London Farmer Press.

Christensen, P., & James, A. (2008a). Childhood diversity and commonality: Some methodological insights. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd edition ed., pp. 156-172). Abingdon: Routledge.

Christensen, P., & James, A. (2008b). Introduction: Researching children and childhood cultures of communication. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd Edition ed., pp. 1-9). Abingdon: Routledge.

References

Christie, D., Romano, G., Barnes, J., Madge, N., Nicholas, D. B., Koot, H. M., . . . Sutcliffe, A. G. (2012). Exploring views on satisfaction with life in young children with chronic illness: An innovative approach to the collection of self-report data from children under 11. *Clinical Child Psychology and Psychiatry, 17*(1), 5-15.

Clark, S. (2003). *Loss and grief in General Practice: The development and evaluation of two instruments to detect and measure grief in General Practice patients.* Adelaide: The University of Adelaide.

Clarke, A. M., Sixsmith, J., & Barry, M. M. (2015). Evaluating the implementation of an emotional wellbeing programme for primary school children using participatory approaches. *Health Education Journal, 74*(5), 578-593.

Clute, M. A., & Kobayashi, R. (2013). Are children's grief camps effective? *Journal of Social Work in End-Of-Life & Palliative Care, 9*(1), 43-57.

Coates, D. (2015). Working with families with parental mental health and/or drug and alcohol issues where there are child protection concerns: Inter-agency collaboration. *Child and Family Social Work*, 1-10. doi:10.1111/cfs.12238

Coffino, B. (2009). The role of childhood parent figure loss in the etiology of adult depression: Findings from a prospective longitudinal study. *Attachment and Human Development, 11*(5), 445-470.

Coffman, S. (1988). Children's reactions to disaster. *Journal of Pediatric Nursing, 13*(6), 376-382.

Cohen, J., Goodman, R. F., Brown, E. J., & Mannarino, A. (2004). Treatment of childhood traumatic grief: Contributing to a newly emerging condition in the wake of community trauma. *Harvard Review of Psychiatry, 12*(4), 213-216.

Cohen, J. A. (2003). Treating acute posttraumatic reactions in children and adolescents. *Biological Psychiatry, 53*(9), 827-833.

Cohen, J. A., & Mannarino, A. P. (2004). Treatment of childhood traumatic grief. *Journal of Clinical Child & Adolescent Psychology, 33*(4), 819-831.

Cohen, J. A., & Mannarino, A. P. (2011). Trauma-focused CBT for traumatic grief in military children. *Journal of Contemporary Psychotherapy, 41*(4), 219-227.

References

Coleman, K. J. (2009). Learning about loss within a health education program. *Health Education, 109*(1), 9-24.

Commerford, J., & Hunter, C. (2015) Children's contact services: Key issues *CFCA Paper 35*. Melbourne, Victoria: Australian Institute of Family Studies.

Commissioner for Children and Young People Western Australia. (2014). *Building blocks: Best practice programs that improve the wellbeing of children and young people – Edition Two*. Subiaco: Commissioner for Children and Young People Western Australia.

Connolly, P. (2008). Race, gender and critical reflexivity in research with young children. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd Edition ed., pp. 173-188). Abingdon: Routledge.

Cooper, C. A. (1999). Children's dreams during the grief process. *Professional School Counseling, 3*(2), 137.

Corr, C. A. (1984). A model syllabus for children and death courses. *Death Education, 8*(1), 11-28.

Corr, C. A. (2002). An annotated bibliography of death-related books for children and adolescents. *Literature and Medicine, 21*(1), 147-174.

Corr, C. A. (2004a). Grandparents in death-related literature for children. *OMEGA - Journal of Death and Dying, 48*(4), 383-397.

Corr, C. A. (2004b). Pet loss in death-related literature for children. *OMEGA - Journal of Death and Dying, 48*(4), 399-414.

Corr, C. A. (2004c). Spirituality in death-related literature for children. *OMEGA - Journal of Death and Dying, 48*(4), 365-381.

Corr, C. A. (2015). Let's stop "staging" persons who are coping with loss. *Illness, Crisis and Loss, 23*(3), 226-241.

Corsaro, W. (2011). *The sociology of childhood: Third edition*. Thousand Oaks: Sage Publications.

Cossar, J., Brandon, M., & Jordan, P. (2016). 'You've got to trust her and she's got to trust you': Children's views on participation in the child protection system. *Child and Family Social Work, 21*(1), 103-112.

References

Costello, S. (2003). Families: Reconstructing social work practice. In J. Allan, B. Pease, & L. Briskman (Eds.), *Critical social work: An introduction to theories and practice* (pp. 139-154). Crows Nest: Allen & Unwin.

Council of Australian Governments. (2009). *Protecting children is everyone's business: National framework for protecting Australia's children 2009–2020.* Canberra: Council of Australian Governments.

Country Fire Authority. (2016, October 23). *About Black Saturday.* Retrieved from: http://www.cfa.vic.gov.au/about/black-saturday/

Cox, G. (2014). Using humour with dying and bereaved children. *The Great Plains Sociologist, 24*, 16-31.

Crenshaw, D. A. (1996). *Bereavement: Counseling the grieving child throughout the life cycle.* New York: Crossroad.

Crenshaw, D. A. (2002). The disenfranchised grief of children. In K. Doka (Ed.), *Disenfranchised grief: New directions, challenges, and strategies for practice* (pp. 293-306). Illinois: Research Press.

Crotty, M. (1998). *The foundations of social research: Meaning and perspectives in the research process.* St Leonards: Allen & Unwin.

Currer, C. (2007). *Loss and social work.* Exeter: Learning Matters.

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2007). The effectiveness of bereavement interventions with children: A meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology, 36*(2), 253-259.

Curtis, K., & Newman, T. (2001). Do community-based support services benefit bereaved children? A review of empirical evidence. *Child: Care, Health and Development, 27*(6), 487-495.

D'Cruz, H., Gillingham, P., & Melendez, S. (2007). Reflexivity, its meanings and relevance for social work: A critical review of the literature. *British Journal of Social Work, 37*, 73-90.

D'Cruz, H., & Stagnitti, K. (2008). Reconstructing child welfare through participatory and child-centred professional practice: A conceptual approach. *Child and Family Social Work, 13*, 156–165.

References

Daley, K. (2015). The wrongs of protection: Balancing protection and participation in research with marginalised young people. *Journal of Sociology, 51*(2), 121-138.

Dalton, T. A., & Krout, R. E. (2005). Development of the grief process scale through music therapy songwriting with bereaved adolescents. *The Arts in Psychotherapy, 32*(2), 131-143.

Danaher, T., & Briod, M. (2005). Phenomenological approaches to research with children. In S. Greene & D. Hogan (Eds.), *Researching children's experience: Approaches and methods* (pp. 217-235). London: Sage Publications.

Danby, S., Ewing, L., & Thorpe, K. (2011). The novice researcher: Interviewing young children. *Qualitative Enquiry, 17*(1), 74-84.

Daniel, B., Vincent, S., Farrall, E., & Arney, F. (2009). How is the concept of resilience operationalised in practice with vulnerable children? *International Journal of Child & Family Welfare, 1*, 2-21.

Darlington, Y., & Scott, D. (2002). *Qualitative research in practice: Stories from the field*. Australia: Allen & Unwin.

Davies, H. (2013). Children and family transitions: Contact and togetherness. In J. Ribbens McCarthy., C-A. Hooper., & V. Gillies (Eds.), *Family troubles? Exploring changes and challenges in the family lives of children and young people* (pp. 135-150). Bristol: Policy Press.

Davies, B., Collins, J., Steele, R., Cook, K., Distler, V., & Brenner, A. (2007). Parents' and children's perspectives of a children's hospice bereavement program. *Journal of Palliative Care, 23*(1), 14-23.

Davis, C. (2008). Redefining goals and redefining self: A closer look at posttraumatic growth following loss. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 309-325). Washington D C: American Psychological Association.

Davis, C. G., Wortman, C. B., Lehman, D. R., & Silver, R. C. (2000). Searching for meaning in loss: Are clinical assumptions correct. *Death Studies, 24*(6), 497-540.

Dawe, S., & Harnett, P. (2013). Working with parents with substance misuse problems. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: A partnership approach* (2nd ed., pp. 160-175). New York: Cambridge University Press.

de Winter, M., Baerveldt, C., & Kooistra, J. (1997). Enabling children: Participation as a new perspective on child-health promotion. *Child: Care, Health & Development, 25*, 15-25.

Denenberg, P. (2016). *The experience of children and young people in long term foster care.* (Doctoral dissertation, Lancaster University, Lancaster, UK). Retrieved from: http://eprints.lancs.ac.uk/78550/1/2016Denenbergphd.pdf

Dent, A. (2005). Theoretical perspectives: Linking research and practice. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children* (pp. 13-27). Oxford: Oxford University Press.

Department of Social Services. (2015). *Footprints in time: The longitudinal study of Indigenous children—Report from Wave 5*. Canberra: Government of Australia.

Dittmann, I., & Jensen, T. K. (2014). Giving a voice to traumatized youth—Experiences with trauma-focused cognitive behavioral therapy. *Child Abuse and Neglect, 38*, 1221-1230.

Dixon, C., Murray, C., & Daiches, A. (2012). A qualitative exploration into young children's perspectives and understandings of emotional difficulties in other children. *Clinical Child Psychology and Psychiatry, 18*(1), 72-90.

Dobia, B., Bodkin-Andrews, G., Parada, R., O'Rourke, V., Gilbert, S., Daley, A., & Roffey, S. (2013). *Aboriginal girls circle: Enhancing connectedness and promoting resilience for Aboriginal girls. Final pilot report*. Retrieved from Wellbeing Australia: http://wellbeingaustralia.com.au/wba/wp-content/uploads/2014/02/AGC-FInal-Report-Feb-2014.pdf

Doka, K. (2008). Disenfranchised grief in historical and cultural perspective. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 223-240). Washington D C: American Psychological Association.

Doka, K. J. (1989). *Disenfranchised grief: Recognizing hidden sorrow.* Lexington, Mass: Lexington Books.

Doka, K. J. (2002). *Disenfranchised grief: New directions, challenges, and strategies for practice*. Champaign, Illinois: Research Press.

References

Doka, K. J., & Martin, T. L. (2010). *Grieving beyond gender: Understanding the ways men and women mourn* (Revised ed.). New York: Routledge.

Dominelli, L. (2015). The opportunities and challenges of social work interventions in disaster situations. *International Social Work, 58*(5), 659-672.

Dougherty, J. E. (2016). *School counselors' perceptions of preparedness for counseling and supporting students dealing with grief and complicated grief.* (Doctoral dissertation). Texas A&M University-Commerce, USA.

Doughty, E. A. (2009). Investigating adaptive grieving styles: A Delphi study. *Death Studies, 33*(5), 462-480.

Doveling, K. (2015). "Help me. I am so alone." Online emotional self-disclosure in shared coping-processes of children and adolescents on social networking platforms. *Communications, 40*(4), 403-423.

Dowdney, L. (2000). Annotation: Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry, 41*(7), 819-830.

Downey, L. (2007). *Calmer classrooms: A guide to working with traumatised children.* Melbourne, Victoria: Child Safety Commissioner.

Drake, G. (2014). The ethical and methodological challenges of social work research with participants who fear retribution: To 'do no harm'. *Qualitative Social Work, 13*(2), 304-319.

Driscoll, J. (2013). Supporting care leavers to fulfil their educational aspirations: Resilience, relationships and resistance to help. *Children and Society, 27*(2), 139-149.

Duffy, W. (2003). *Children and bereavement* (2nd ed.). London: Church House Publishing.

Dyregrov, A. (2008). *Grief in children: A handbook for adults.* London: Jessica Kingsley Publishers.

Dyregrov, A., Bie Wikander, A. M., & Vigerust, S. (1999). Sudden death of a classmate and friend: Adolescents' perception of support from their school. *School Psychology International, 20*(2), 191-208.

Easterling, B. A., & Johnson, E. I. (2015). Conducting qualitative research on parental incarceration: Personal reflections on challenges and contributions. *The Qualitative Report, 20*(10), 1550-1567.

References

Edgar-Bailey, M., & Kress, V. (2010). Resolving child and adolescent traumatic grief: Creative techniques and interventions. *Journal of Creativity in Mental Health, 5*(2), 158-176.

Ericksen, J. R., & Henderson, A. D. (1992). Witnessing family violence: The children's experience. *Journal of Advanced Nursing, 17*, 1200-1209.

Erickson, D. V. (2008). Spirituality, loss and recovery in children with disabilities. *International Journal of Children's Spirituality, 13*(3), 287-296.

Erikson, E. H. (1950). *Childhood and society*. New York, NY: Norton.

Evers, S., van der Brug, M., van Wesel, F., & Krabbendam, L. (2016). Mending the levee: How supernaturally anchored conceptions of the person impact on trauma perception and healing among children (cases from Madagascar and Nepal). *Children and Society*, 1-11. doi:10.1111/chso.12153

Exley, C. (2004). Review article: The sociology of dying, death and bereavement. *Sociology of Health and Illness, 26*(1), 110-122.

Fearnley, R. (2015). Writing the 'penultimate chapter': How children begin to make sense of parental terminal illness. *Mortality: Promoting the interdisciplinary study of death and dying, 20*(2), 163-177.

Ferguson, H. (2016). What social workers do in performing child protection work: Evidence from research into face-to-face practice. *Child and Family Social Work, 21*(3), 283-294.

Fern, E. (2014a). Child-directed social work practice: Findings from an action research study conducted in Iceland. *British Journal of Social Work, 44*, 1110-1128.

Fern, E. (2014b). "Grown-ups never understand anything by themselves …". *Practice: Social Work in Action, 26*(1), 3-22.

Fernandez, E. (2007). How children experience fostering outcomes: Participatory research with children. *Child & Family Social Work, 12*(4), 349-359.

Fernandez, E. (2014). Child protection and vulnerable families: Trends and issues in the Australian context. *Social Sciences, 3*, 785-808.

Field, N. P., Orsini, L., Gavish, R., & Packman, W. (2009). Role of attachment in response to pet loss. *Death Studies, 33*(4), 334-355.

References

Fineran, K. R. (2012). Helping foster and adopted children to grieve the loss of birthparents: A case study example. *The Family Journal, 20*(4), 369-375.

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse and Neglect, 48*, 13–21.

Finn, C. A. (2003). Helping students cope with loss: Incorporating art into group counselling. *The Journal for Specialists in Group Work, 28*(2), 155-165.

Finn, J. (2013). Judging childhood. *Children and Youth Services Review, 35*, 1166-1173.

Finn, J., Nybell, L., & Shook, J. (2013). Place, power, and possibility: Remaking social work with children and youth. *Children and Youth Services Review, 35*, 1159-1165.

Fook, J. (2002). *Social work: Critical theory and practice.* London: Sage Publications.

Ford, T., Collishaw, S., Meltzer, H., & Goodman, R. (2007). A prospective study of childhood psychopathology: Independent predictors of change over three years. *Social Psychiartry and Psychiatric Epidemiology, 42,* 953-961.

Ford Sori, C., & Sprenkle, D. H. (2004). Training family therapists to work with children and families: A modified delphi study. *Journal of Marital and Family Therapy, 30*(4), 470-495.

Fox, S. (1985). *Good grief: Helping groups of children when a friend dies.* Boston: The New England Association for the Educaton of Young Children.

Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D., & Smith, C. (2015). *Better systems, better chances: A review of research and practice for prevention and early intervention.* Canberra: The Australian Research Alliance for Children and Youth.

Frederick, J., & Goddard, C. (2008). Living on an island: Consequences of childhood abuse, attachment disruption and adversity in later life. *Child & Family Social Work, 13*(3), 300-310.

Gabrielli, J., Gill, M., Koester, L. S., & Borntrager, C. (2014). Psychological perspectives on 'acute on chronic' trauma in children: Implications of the 2010 earthquake in Haiti. *Children and Society, 28*(6), 438-450.

Gaffney, D. A. (2006). The aftermath of disaster: Children in crisis. *Journal of Clinical Psychology, 62*(8), 1001-1016.

References

Galanos, G. (2007). Helping children grieve: Coping with the loss of a family member or friend is hard enough for adults, let alone children. *Children's Voice Magazine, 16*(6), 26-28.

Gibbs, L., Di Pietro, M., Ireton, G., Mordech, S., Roberts, M., Sinclair, J., & Wraith, R. (2014). Core principles for a community-based approach to supporting child disaster recovery. *Australian Journal of Emergency Management, 29*(1), 17-24.

Gillingham, P. (2016). Social work and child protection in Australia: Whose job is it anyway? *Practice: Social Work in Action, 28*(2), 83-96.

Gimson, K., & Trewhella, A. (2014). *Developing a trauma-informed therapeutic service in the Australian Capital Territory for children and young people affected by abuse and neglect*. Retrieved from ACT Government: http://www.communityservices.act.gov.au/__data/assets/pdf_file/0003/642828/Discussion-Paper-Trauma-Recovery-Centre-September-2014.pdf

Goldman, L. (2001). *Breaking the silence: A guide to helping children with complicated grief - suicide, homicide, AIDS, violence and abuse* (2nd ed.). New York: Brunner Routledge.

Goldsworthy, K. (2005). Grief and loss in social work practice: All changes involve loss, just as all losses require change. *Australian Social Work, 58*(2), 167-178.

Goodyear, A. (2013). Understanding looked-after childhoods. *Child and Family Social Work, 18*, 394-402.

Gormally, S., & Coburn, A. (2014). Finding nexus: Connecting youth work and research practices. *British Educational Research Journal, 40*(5), 1-17.

Gorman, E. (2011). Chronic degenerative conditions, disability, and loss. In D. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. 195-208). New York: Routledge.

Graham, A. (2004). Life is like the seasons. *Childhood Education, 80*(6), 317-321.

Graham, A., & Fitzgerald, R. (2011). Supporting children's social and emotional well-being: Does 'having a say' matter? *Children and Society, 25*(6), 447-457.

References

Graham, A., Powell, M. A., & Taylor, N. (2015). Ethical research involving children: encouraging reflexive engagement in research with children and young people. *Children & Society*, 29, 331-343

Green, E. J., & Connolly, M. E. (2009). Jungian family sandplay with bereaved children: Implications for play therapists. *International Journal of Play Therapy, 18*(2), 84-98.

Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "ethically important moments" in research. *Qualitative Inquiry, 10*(2), 261-280.

Gunn, R. (2008). The power to shape decisions? An exploration of young people's power in participation. *Health & Social Care in the Community, 16*(3), 253-261.

Gutsche, K., Hoosain, S., & Chigeza, S. (2015). Perceptions of social workers regarding life story work with children. *Child Abuse Research in South Africa 16*(2), 130-136.

Hadfield-Hill, S., & Horton, J. (2014). Children's experiences of participating in research: Emotional moments together? *Children's Geographies, 12* (2), 135-153.

Hadley Centre for Adoption and Foster Care Studies & Coram Voice. (2015). *Children and young people's views on being in care: A literature review*. Retrieved from Coram Voice: http://www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf.

Hagman, G. (2001). Beyond decathexis: Toward a new psychoanalytic understanding and treatment of mourning. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 13-32). Washington: American Psychological Association.

Haine, R. A., Ayers, T. S., Sandler, I. N., & Wolchik, S. A. (2008). Evidence-based practices for parentally bereaved children and their families. *Professional Psychology: Research and Practice, 39*(2), 113-121.

Hammersley, M. (2015). Research ethics and the concept of children's rights. *Children and Society, 29*(6), 569-582.

Hammersley, M. (2017). Childhood studies: A sustainable paradigm? *Childhood, 24*(1), 113-127.

References

Harper, M., O'Connor, R., Dickson, A., & O'Carroll, R. (2011). Mothers continuing bonds and ambivalence to personal mortality after the death of their child – An interpretative phenomenological analysis. *Psychology, Health & Medicine, 16*(2), 203-214.

Harris, D. L. (2011a). Concluding thoughts. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. 247-251). New York: Routledge.

Harris, D. L. (2011b). Introduction. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. xvii-xxiv). New York: Routledge.

Harris, D. L. (2011c). Meaning making and the assumptive world in nondeath losses. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. 239-246). New York: Routledge.

Harris, D. L. (2011d). The social context of loss and grief. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. 15-24). New York: Routledge.

Harris, D. L., & Gorman, E. (2011). Grief from a broader perspective: nonfinite loss, ambiguous loss and chronic sorrow. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. 1-13). New York: Routledge.

Harris, T., & Bifulco, A. (1993). Loss of parent in childhood, attachment style, and depression in adulthood In C. Murray-Parkes, J. Stevenson-Hinde, & P. Marris (Eds.), *Attachment across the life cycle* (pp. 234- 267). Florence, KY, USA: Routledge.

Hartung, C. (2011). *Governing the 'agentic' child citizen: A poststructural analysis of children's participation.* (Doctor of Philosophy), University of Wollongong, Wollongong, NSW.

Harvey, J., & Weber, A. (1998). Why there must be a psychology of loss. In J. Harvey (Ed.), *Perspectives on loss: A sourcebook* (pp. 319-329). Philadelphia: Taylor and Francis.

Haslam, D. R., & Harris, S. M. (2011). Integrating play and family therapy methods: A survey of play therapists' attitudes in the field. *International Journal of Play Therapy, 20*(2), 51-65.

References

Healing Foundation. (n.d.). *Our children, our dreaming: A call for a more just approach for Aboriginal and Torres Strait Islander children and families*. Retrieved from Healing Foundation: http://healingfoundation.org.au/wordpress/wp-content/files_mf/1377574333compressedDiscussionPaperfinalforscreen.pdf

Healy, K., Harrison, G., Venables, J., & Bosly, F. (2016). Collaborating with families in differential responses: Practitioners' views. *Child and Family Social Work, 21*(3), 328-338.

Heath, M. A., & Cole, B. V. (2011). Strengthening classroom emotional support for children following a family member's death. *School Psychology International, 33*(3), 243-262.

Hemmings, P. (2005). The family perspective in bereavement. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children* (pp. 49-64). Oxford: Oxford University Press.

Hendrick, H. (2003). *Child welfare: Historical dimensions, contemporary debate*. Bristol, U.K: Policy Press.

Hendrick, H. (2008). The child as a social actor in historical sources: Problems of identification and interpretation. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd Edition ed., pp. 40-62). Abingdon: Routledge.

Henry, D. L. (2005). The 3–5–7 model: Preparing children for permanency. *Children and Youth Services Review, 27*(2), 197-212.

Herman, J. (2001). *Trauma and recovery*. London: Pandora.

Higgins, M., Goodyear, A., & Whittaker, A. (2015). Can a Munro-inspired approach transform the lives of looked after children in England? *Social Work Education: The International Journal, 34*(3), 328-340.

Highet, G. & Jamieson, L. (2007) *Cool with change.* Edinburgh: Scotland's Families and Centre for Research on Families and Relationships (CRFR).

Hill, J. (2013). Using participatory and visual methods to address power and identity in research with young people. *Graduate Journal of Social Science, 10*(2), 132-151.

References

Hill, M., Laybourn, A., & Borland, M. (1996). Engaging with primary-aged children about their emotions and well-being: Methodological considerations. *Children and Society, 10*(2), 129-144.

Holland, J. (2008). How schools can support children who experience loss and death. *British Journal of Guidance & Counselling, 36*(4), 411-424.

Holland, J., & Wilkinson, S. (2015). A comparative study of the child bereavement response and needs of schools in North Suffolk and Hull, Yorkshire. *Bereavement Care, 34*(2), 52-58.

Holland, S., & Crowley, A. (2013). Looked-after children and their birth families: Using sociology to explore changing relationships, hidden histories and nomadic childhoods. *Child & Family Social Work, 18*(1), 57-66.

Holmes, C., Levy, M., Smith, A., Pinne, S., & Neese, P. (2015). A model for creating a supportive trauma-informed culture for children in preschool settings. *Journal of Child and Family Studies, 24*(6), 1650-1659.

Hood, R. (2016). Combining phenomenological and critical methodologies in qualitative research. *Qualitative Social Work, 15*(2), 160-174.

Hooyman, N. R., & Kramer, B. J. (2006). *Living through loss: Interventions across the life span*. New York: Columbia University Press.

Houston, S., & Mullan-Jensen, C. (2012). Towards depth and width in qualitative social work: Aligning interpretative phenomenological analysis with the theory of social domains. *Qualitative Social Work, 11*(3), 266-281.

Howe, D. (1995). *Attachment theory for social work practice*. Hampshire: Macmillan Press.

Howe, D. (2005). *Child abuse and neglect: Attachment, development and intervention*. Basingstoke: Palgrave Macmillan.

Howell, K. H., Shapiro, D. N., Layne, C. M., & Kaplow, J. B. (2015). Individual and psychosocial mechanisms of adaptive functioning in parentally bereaved children. *Death Studies, 39*(5), 296-306.

Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations, 56*(2), 112-122.

References

Hultman, E., & Cederborg, A.-C. (2013). How social workers portray children's perceptions when constructing their identities. *International Journal of Social Science Studies, 1*(2), 73-81.

Hunter, C. (2012). *Is resilience still a useful concept when working with children and young people? (CFCA paper no.2).* Melbourne: The Australian Institute of Family Studies, Commonwealth of Australia.

Hunter, C., & Price-Robertson, R. (2014). *The good practice guide to child aware approaches: Keeping children safe and well (CFCA Paper no.21).* Melbourne: The Australian Institute of Family Studies, Commonwealth of Australia.

Huntsman, L. (2008). *Literature review. Parents with mental health issues: Consequences for children and effectiveness of interventions designed to assist children and their families.* Ashfield, NSW: Centre for Parenting & Research Service System Development Division NSW Department of Community Services

Ife, J. (1997). *Rethinking social work: towards critical practice*. Frenchs Forest: Pearson Education Australia.

Innovative Resources. (2007) *Picture this: 75 colour photographs for conversation and reflection.* Kangaroo Flat: Innovative Resources.

Innovative Resources. (2008). *Strength cards.* Kangaroo Flat: Innovative Resources.

International Work Group on Death, Dying and Bereavement. (1999). Children, adolescents, and death: myths, realities, and challenges. A statement from the work group on palliative care for children of the International work group on death, dying, and bereavement. *Death Studies, 23*(5), 443-463.

Jackson, K. (2015). How Children Grieve - Persistent myths may stand in the way of appropriate care and support for children. *Social Work Today,* 15(2), 20.

Jakoby, N. R. (2015). The self and significant others: Toward a sociology of loss. *Illness, Crisis & Loss, 23*(2), 110-128.

Jalland, P. (2013). A culture of silent grief?: The transformation of bereavement care in 20th century England. *Bereavement Care, 32*(1), 16-22.

References

James, A., & Prout, A. (1996). Strategies and structures: towards a new perspective on children's experiences of family life. In J. Brannen & M. O'Brien (Eds.), *Children in families: Research and policy* (pp. 41-52). London: The Farmer Press.

Jamieson, L., & Highet, G. (2013). Troubling loss? Children's experiences of major disruptions in family life. In J. Ribbens McCarthy., C-A. Hooper., & V. Gillies (Eds.), *Family troubles? Exploring changes and challenges in the family lives of children and young people* (pp. 135-150). Bristol: Policy Press.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition, 7*(2), 113-136.

Jay, C. (2015). The healing power of nature. *Bereavement Care, 34*(1), 4-5.

Jewett Jarratt, C. (1994). *Helping children cope with separation and loss* (Revised ed.). Boston: The Harvard Common Press.

Jimerson, S. R., & Miller, D. N. (2008). Treating the illness: The school practitioner's response to health-related student death and children's grief. *Journal of Applied School Psychology, 24*(2), 285-302.

Jones, A., Deane, C., & Keegan, O. (2015). The development of a framework to support bereaved children and young people: The Irish childhood bereavement care pyramid. *Bereavement Care, 34*(2), 43-51.

Jones, B. L., & Tesch, M. (2011). Children and loss. In E. C. Pomeroy & R. Bradford Garcia (Eds.), *Children and loss* (pp. 120-144). Chicago: Lyceaum Books.

Jones, E. H. (2001). *Bibliotherapy for bereaved children: Healing reading*. London: Jessica Kingsley Publishers.

Kaplan Schreiber, J., & McNamara O'Brien, K. H. (2015). Training and supervision of counselors at a residential grief camp. *Social Work with Groups, 38*(1), 56-67.

Kastenbaum, R. (2008). Grieving in contemporary society. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 67-85). Washington D C: American Psychological Association.

References

Katz, L. D. (2009). Love, loss, and hope go deeper than language: Linguistic semantics has only a limited role in the interdisciplinary study of affect. *Emotion Review, 1*(1), 19-20.

Kauffman, J. (2011). The trauma of neglect: Loss of self. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss, and transition in everyday life* (pp. 143-150). New York: Routledge.

Kaufman, K. R., & Kaufman, N. D. (2006). And then the dog died. *Death Studies, 30*(1), 61-76.

Kaustenbaum, R. (1972). The kingdom where nobody dies. *The Saturday Review*, December 23, 33-42.

Kearns, S. (2014). Working reflexively with ethical complexity in narrative research with disadvantaged young people. *Qualitative Social Work, 13*(4), 502-521.

Kelly, N., Munford, R., Sanders, J., & Dewhurst, K. (2015). *The pathways to resilience research project (New Zealand): Whāia to huanui kia toa: Young people's experiences. Technical Report 23*. Retrieved from Youth Pathways and Transitions: http://www.youthsay.co.nz/massey/fms/Resilience/Documents/Young%20people's%20experiences.pdf

Kernaghan, D., & Stewart, D. (2016). "Because you have talked about your feelings, you don't have to think about them in school": Experiences of school based counselling for primary school pupils in Northern Ireland. *Child Care in Practice*, 1-16. doi:10.1080/13575279.2015.1118015

Kieffer-Kristensen, R., & Gaardsvig Johansen, K. L. (2013). Hidden loss: A qualitative explorative study of children living with a parent with acquired brain injury. *Brain Injury, 27* (13-14), 1562-1569.

Kilburn, M. R., Cannon, J. S., Mattox, T., & Shaw, R. (2014). *Programs that work, from the promising practices network on children, families and communities*. Santa Monica, California: RAND Corporation.

King, L. S., Osofsky, J. D., Osofsky, H. J., Weems, C. F., Hansell, T. C., & Fassnacht, G. M. (2015). Perceptions of trauma and loss among children and adolescents exposed to disasters a mixed-methods study. *Current Psychology, 34*(3), 524-536.

References

Kiraly, M., & Humphreys, C. (2013). Policy briefing paper: Kinship care and family contact. *Developing Practice Issue, 35*, 67-74.

Kiser, L. J., Backer, P. M., Winkles, J., & Medoff, D. (2015). Strengthening family coping resources (SFCR): Practice-based evidence for a promising trauma intervention. *Couple and Family Psychology: Research and Practice, 4*(1), 49-59.

Kissane, D., & Lichtenthal, W. (2008). Family focused grief therapy: from palliative care into bereavement. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 485-510). Washington DC: American Psychological Association.

Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing bonds: New understandings of grief*. Philadelphia: Taylor and Francis.

Koolmatrie, J., & Williams, R. (2000). Unresolved grief and the removal of Australian Indigenous children. *Australian Psychologist, 35*(2), 158-166.

Kranzler, E., Shaffer, D., Wasserman, G., & Davies, M. (1990). Early childhood bereavement. *Journal of the American Academy of Child and Adolescent Psychiatry, 29*, 513-520.

Kraus, F. (2005). One-off or once a term: Brief interventions in groupwork. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children* (pp. 81-95). Oxford: Oxford University Press.

Kroll, B. (1994). *Chasing rainbows: Children, divorce & loss*. Lyme Regis: Russell House.

Kroll, B. (2002). Children and divorce. In N. Thompson (Ed.), *Loss and grief: A guide for human service practitioners* (pp. 111-124). Houndmills: Palgrave.

Kuban, C. (2011). Transition after traumatic loss. *Reclaiming Children & Youth, 20*(2), 40-42.

Kubler-Ross, E., & Kessler, D. (2005). *On grief and grieving*. New York: Scribner.

Lambert, V., Glacken, M., & McCarron, M. (2013). Using a range of methods to access children's voices. *Journal of Research in Nursing, 18*(7), 601-616.

Landau, J., & Saul, J. (2004). Facilitating family and community resilience in response to major disaster. In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss* (pp. 285-309). New York: Norton.

References

Lazarus, R., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.

Lee, N. (2005). Childhood and society: Growing up in an age of uncertainty. In N. Lee (Ed.), *Childhood and human value: Development, separation and separability* (pp. 12-19). Berkshire: Open University Press.

Leeson, C. (2014). Asking difficult questions: exploring research methods with children on painful issues. *International Journal of Research and Method in Education, 37*(2), 1-17.

Lester, S. (1999). *An introduction to phenomenolgical research*. Taunton, UK: Stan Lester Developments.

Levy, R., & Thompson, P. (2015). Creating 'buddy partnerships' with 5- and 11-year old-boys: A methodological apporach to conducting participatory research with young children. *Journal of Early Childhood Research, 13*(2), 137-149.

Lewis, A. (2010). Silence in the context of 'child voice'. *Children and Society, 24*(1), 14-23.

Li, J., Vestergaard, M., Cnattingius, S., Gissler, M., H., B. B., Obel, C., & Olsen, J. (2014). Mortality after parental death in childhood: A nationwide cohort study from three Nordic countries. *PLOS Medicine, 11*(7), 1-13.

Lin, K. K., Sandler, I. N., Ayers, T. S., Wolchik, S. A., & Luecken, L. J. (2004). Resilience in parentally bereaved children and adolescents seeking preventive services. *Journal of Clinical Child & Adolescent Psychology, 33*(4), 673-683.

Linseisen, T., Pomeroy, E. C., & Bradford Garcia, R. (2011). Grief and loss for children in foster care, adoption, and residential treatment settings. In E. C. Pomeroy & R. Bradford Garcia (Eds.), *Children and loss* (pp. 39-61). Chicago: Lyceum Books.

Lloyd, M. (2002). A framework for working with loss. In N. Thompson (Ed.), *Loss and grief: a guide for human service practitioners* (pp. 208-220). Houndmills: Palgrave.

Lofland, L. H. (1982). Loss and human connection: An exploration into the nature of the social bond. In W. Ickes & E. S. Knowles (Eds.), *Personality, roles, and social behavior* (pp. 219-242). New York: Springer.

Long, R. (2005). *Loss and separation*. London: David Fulton Publishers.

References

Lowe, S. R., Rhodes, J. E., Zwiebach, L., & Chan, C. S. (2009). The impact of pet loss on the perceived social support and psychological distress of hurricane survivors. *Journal of Traumatic Stress, 22*(3), 244-247.

Luecken, L. (2008). Long-term consequences of parental death in childhood psychological and physiological manifestations. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 397-416). Washington DC: American Psychological Association.

Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. Cohen (Eds.), *Developmental psychopathology volume 3: Risk, disorder, and adaptation* (2nd ed., pp. 739-795). Hoboken, NJ, US: John Wiley & Sons Inc.

Maclean, M. (2004). Together and apart: Children and parents expeirencing separation and divorce. *Foundations, March 2004,* 2-8.

Mallon, B. (2011). *Working with bereaved children and young people*. Los Angeles: Sage Publications.

Malone, P. A., Bradford Garcia, R., & Pomeroy, E. C. (2011). Grief and youth in crisis. In E. C. Pomeroy & R. Bradford Garcia (Eds.), *Children and loss* (pp. 145-168). Chicago: Lyceum Books.

Mannarino, A. P., & Cohen, J. A. (2011). Traumatic loss in children and adolescents. *Journal of Child & Adolescent Trauma, 4*(1), 22-33.

Marino, R. C., Thornton, M. D., & Lange, T. (2015). Professional school counselors address grief and loss: A creative group counseling intervention. *VISTAS Online, Article 66*, 1-12.

Markell, M. A., & Markell, K. A. (2008). *The children who lived: Using Harry Potter and other fictional characters to help grieving children and adolescents*. New York: Routledge.

Marris, P. (1986). *Loss and change*. London: Routledge and Kegan.

Marris, P. (1992). Grief, loss of meaning and society. *Bereavement Care, 11*(2), 18-22.

Mason, J. (2008). A children's standpoint: Needs in out-of-home care. *Children and Society, 22*(5), 358-369.

References

Mattison, V., & Pistrang, N. (2000). *Saying goodbye: When keyworker relationships end.* London: Free Association Books.

Mauthner, M. (1997). Methodological aspects of collecting data from children: Lessons from three research projects. *Children and Society, 11*(1), 16-28.

Mayall, B. (2008). Conversations with children: Working with generational issues. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd ed., pp. 109-122). Abingdon: Routledge.

McArthur, M., Thomson, L., Woodward, M., Barker, J., Layton, M., & Winkworth, G. (2011). *Evaluation of the supporting children after separation program and post separation cooperative parenting programs.* Dickson: Institute of Child Protection Studies, Australian Catholic University.

McAuliffe, D., Tilbury, C., Chenoweth, L., Stehlik, D., Struthers, K., & Aitchison, R. (2015). (Re)Valuing relationships in child protection practice. *Journal of Social Work Practice*, 1-13. doi:10.1080/02650533.2015.1116437

McClanahan, R. (1998). Children writing grief. *The Southern Review, 34*(1), 125.

McClatchy, I. S., Vonk, M. E., & Palardy, G. (2009). The prevalence of childhood traumatic grief--a comparison of violent/sudden and expected loss. *OMEGA - Journal of Death and Dying, 59*(4), 305-323.

McDermott, B., & Cobham, V. E. (2014). A stepped-care model of post-disaster child and adolescent mental health service provision. *European Journal of Psychotraumatology, 5*, 1-10. doi:http://dx.doi.org/10.3402/ejpt.v5.24294

McDermott, F. (1996). Social work research: Debating the boundaries. *Australian Social Work, 49*(1), 5-10.

McDougall, S., & Gibson, C. (2014). Advancing the visibility of the child in adult and child and family services. *Communities, Children and Families, Australia, 8*(1), 21-35.

McFerran-Skewes, K. (2005). Using songs with groups of teenagers: How does it work? *Social Work with Groups, 27*(2-3), 143-157.

McFerran, K., & Hunt, M. (2008). Learning from experiences in action: Music in schools to promote healthy coping with grief and loss. *Educational Action Research, 16*(1), 43-54.

References

McIntosh, J. (2001). *The inside journey through care*. Keynote Address to the New South Wales Foster Care Conference, May 2001.

McKissock, D. (1998). *The grief of our children*. Sydney: ABC Books.

McLean, S. (2013). Attachment theory: From concept to supporting children in out-of-home care. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: A partnership approach* (2nd ed., pp. 194-212). New York: Cambridge University Press.

McLean, S. (2016). *The effect of trauma on the brain development of children: Evidence-based principles for supporting the recovery of children in care (CFCA Practitioner Resource)*. Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.

McLoughlin, P. J., & Gonzalez, R. (2014). Healing complex trauma through therapeutic residential care: The Lighthouse Foundation therapeutic family model of care. *Children Australia, 39*(3), 169-176.

McNamee, S., & Seymour, J. (2012). Towards a sociology of 10-12 year olds? Emerging methodological issues in the 'new' social studies of childhood. *Childhood, 20*(2), 156-168.

Meagher, K. (2007). *Trauma, grief and happiness in bereaved children: Evaluation of a grief support group program.* (Doctor of Philosophy), University of Houston.

Melhem, N. M., & Brent, D. A. (2011). Bereavement. *Encyclopedia of Adolescence, 3*, 69-75.

Melhem, N. M., Moritz, G., Walker, M., Shear, M. K., & Brent, D. (2007). Phenomenology and correlates of complicated grief in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(4), 493-499.

Melhem, N. M., Walker, M., Moritz, G., & Brent, D. A. (2008). Antecedents and sequelae of sudden parental death in offspring and surviving caregivers. *Archives of Pediatrics & Adolescent Medicine, 162*(5), 403-410.

Mendes, P. (2009). Young people transitioning from state out-of-home care: Jumping hoops to access employment. *Family Matters, 83*, 32-38.

References

Mikulincer, M., & Shaver, P. (2008). An attachment perspective on bereavement. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 87-112). Washington D C: American Psychological Association.

Miller, E., & Omarzu, J. (1998). New directions on loss research. In J. Harvey (Ed.), *Perspectives on loss: A sourcebook* (pp. 3-20). Philadelphia: Taylor and Francis.

Mishna, F., Antle, B., & Regehr, C. (2004). Tapping the perspectives of children: Emerging ethhical issues in qualitative research. *Qualitative Social Work, 3*(4), 449-468.

Mitchell-Welch, C. (2014). *Resource parent handbook*. Merced: Cheryl Mitchell-Welch.

Modesto, M. T. (2011). Traumatic events and mass disasters in the public sphere. In D. L. Harris (Ed.), *Counting our losses: Reflecting on change, loss and transition in everyday life* (pp. 37-46). New York: Routledge.

Mongelluzzo, N. B. (2013). *Understanding loss and grief: A guide through life changing events*. Plymouth: Rowman and Littlefield.

Moore, T. (2012). *Keeping them in mind: A reflexive study that considers the practice of social research with children in Australia.* (Doctor of Philosophy), Australian Catholic University, Canberra.

Moore, T. (2014). *Understanding the nature and significance of early childhood: New evidence and its implications*. Paper presented at 'Investing in early childhood - the future of early childhood education and care in Australia', Conference in Melbourne, Australia.

Moore, T., & Layton, M. (2009). *Kids 'R' Central*. Canberra: Australian Catholic University and ACT Department of Disability, Housing and Community Services.

Moore, T., McArthur, M., Noble-Carr, D., & Harcourt, D. (2015). *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*. Melbourne: Institute of Child Protection Studies, Australian Catholic University.

Moore, T., Noble-Carr, D., & McArthur, M. (2007). *Finding their way home: Children's experiences of homelessness*. Canberra: Institute of Child Protection Studies, Australian Catholic University.

References

Moore, T., Noble-Carr, D., & McArthur, M. (2016). Changing things for the better: The use of children and young people's reference groups in social research. *International Journal of Social Research Methodology, 19*(2), 241-256.

Moore, T., Saunders, V., & McArthur, M. (2008). *Lost in Transition: Exploring young people's experiences of transition from youth detention in the ACT*. Canberra: Institute of Child Protection Studies, Australian Catholic University.

Morris, K. (2012). Bereavement in children and young people. In P. Wimpenny & J. Costello (Eds.), *Grief, loss and bereavement: Evidence and practice for health and social care practitioners* (pp. 19-35). London: Routledge.

Morrow, V., Boddy, J., & Lamb, R. (2014). *Novella working paper: Narrative research in action. The ethics of secondary data analysis: Learning from the experience of sharing qualitative data from young people and their families in an international study of childhood poverty*. Retrieved from National Centre for Research Methods: http://eprints.ncrm.ac.uk/3269/1/NOVELLA_NCRM_narrative_and_thematic_paper(030114)_Formatted_final.pdf

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks: Sage Publications.

Mudaly, N., & Tucci, J. (2002). Child abuse and family violence: The losses for children. *Grief Matters, Summer 2002*, 43-46.

Mullan, K., & Higgins, D. (2014). *A safe and supportive family environment for children: Key components and links to child outcomes (Occasional Paper 52)*Retrieved from Australian Policy Online: http://apo.org.au/files/Resource/aifs_dss_asafeandsupportivefamilyenvironmentforchildrenkeycomponentsandlinkstochildoutcomes_july_29_2014.pdf

Murphy, D., & Jenkinson, H. (2012). The mutual benefits of listening to young people in care, with a particular focus on grief and loss: An Irish foster carer's perspective. *Child Care in Practice, 18*(3), 243-253.

Murray, J. (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*(3), 219-241.

References

Murray, J. (2005). A psychology of loss: A potentially integrating psychology for the future study of adverse life events. In A. Columbus (Ed.), *Advances in psychology research* (Vol. 37, pp. 15-46). Hauppauge, N.Y. : Nova Sciences Publishers.

Murray, J. (2016). *Understanding loss: A guide for caring for those facing adversity*. Abingdon, Oxon: Routledge.

Murthi, M., & Espelage, D. L. (2005). Childhood sexual abuse, social support, and psychological outcomes: A loss framework. *Child Abuse & Neglect: The International Journal, 29*(11), 1215-1231.

Nader, K. (2011). Trauma in children and adolescents: Issues related to age and complex traumatic reactions. *Journal of Child & Adolescent Trauma, 4*(3), 161-180.

Nader, K., & Salloum, A. (2011). Complicated grief reactions in children and adolescents. *Journal of Child & Adolescent Trauma, 4*(3), 233-257.

National Health and Medical Research Council, Australian Research Council, & Australian Vice-Chancellor's Committee. (2015). *National statement: National statement on ethical conduct in human research 2007(Updated May 2015).* Retrieved from National Health and Medical Research Council: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/e72_national_statement_may_2015_150514_a.pdf

Naumann, E. E. (2015). *A retrospective examination of sibling bereavement counseling for children ages 6-18.* (Master of Science), Ohio University, Ohio.

Neil, A. L. & Christensen, H. (2007). Australian school-based prevention and early intervention programs for anxiety and depression: A systematic review*, Medical Journal of Australia, 186*(6), 305-308.

Neimeyer, R. A. (1998). Can there by a psychology of loss? In J. Harvey (Ed.), *Perspectives on loss: A sourcebook* (pp. 331-341). Philadelphia: Taylor and Francis.

Neimeyer, R. A. (2001a). Meaning reconstruction and loss. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. 1-9). Washington DC: American Psychological Association.

Neimeyer, R. A. (2001b). Preface. In R. A. Neimeyer (Ed.), *Meaning reconstruction and the experience of loss* (pp. xi-xiii). Washington DC: American Psychological Association.

References

Neimeyer, R. A., & Anderson, A. (2002). Meaning reconstruction theory. In N. Thompson (Ed.), *Loss and grief: A guide for human service practitioners* (pp. 45-64). Houndmills: Palgrave.

Newell, S., & Moss, A. (2011). *Supporting children and young people through change, loss and grief: An evaluation of the Seasons for Growth program.* Sydney: Good Grief (Australia).

Noble-Carr, D. (2006). *The experiences and effects of family homelessness for children.* Canberra: Institute of Child Protection Studies, Australian Catholic University.

Noble-Carr, D., Barker, J., & McArthur, M. (2013). *Me, myself and I: Identity and meaning in the lives of vulnerable young people.* Canberra: Institute of Child Protection Studies, Australian Catholic University.

Noble-Carr, D., Moore, T., & McArthur, M. (2009). *Who cares? Experiences of young people living with a family member who has an alcohol or other drug issue.* Canberra: Institute of Child Protection Studies, Australian Catholic University.

NSW Department of Family and Community Services. (2014). *Specialist homelessness services practice guidelines.* Retrieved from Family and Community Services, NSW Government: http://www.housing.nsw.gov.au/__data/assets/pdf_file/0009/327996/GHSHPracticeGuidelines.pdf

Nutbrown, C. (2011). Naked by the pool? Blurring the image? Ethical issues in the portrayal of young children in arts-based educational research. *Qualitative Inquiry, 17*(1), 3-14.

O'Brien, A. M., & McGuckin, C. (2013). *Bereavement: How guidance counsellors can support the grieving student.* Dublin: National Centre for Guidance in Education.

O'Kane, C. (2008). The development of participatory techniques: Facilitating children's views about decisions which affect them. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd ed., pp. 125-155). Abingdon: Routledge.

O'Reilly, L., & Dolan, P. (2016). The voice of the child in social work assessments: Age-appropriate communication with children. *British Journal of Social Work, 46*(5), 1191-1207.

References

Oehlers, K., & Shortland-Jones, R. (2013). Is family therapy including children? *Australian and New Zealand Journal of Family Therapy, 34*, 215-231.

Olafson, E., Boat, B. W., Putnam, K. T., Thieken, L., Marrow, M. T., & Putnam, F. W. (2016). Implementing trauma and grief component therapy for adolescents and think trauma for traumatized youth in secure juvenile justice settings. *Journal of Interpersonal Violence*. doi:10.1177/0886260516628287

Ong, S. (2014). *Healing through art for bereaved children:A group art therapy approach.* Paper presented at the Australian Grief and Bereavement Conference 2014, 27th March, 2014, Melbourne, Australia.

Padgett, D. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks: Sage Publications.

Palmer, S. E. (1990). Group treatment of foster children to reduce separation conflicts associated with placement breakdown. *Child Welfare, 69*(3), 227-238.

Parkes, C. M. (1988). Bereavement as a psychosocial transition: Processes of adaptation to change. *Journal of Social Issues, 44*(3), 53-65.

Parkes, C. M. (1988). Bereavement in adult life (Coping with loss, part 1.). *British Medical Journal, 316*(7134), 856-860.

Parsons, S., Sherwood, G., & Abbott, C. (2016). Informed consent with children and young people in social research: Is there scope for innovation? *Children and Society, 30*(2), 132-145.

Parton, N. (2000). Some thoughts on the relationship between theory and practice in and for social work. *British Journal of Social Work, 30*(4), 449-463.

Penny, A. (2007). *Grief matters for children: Support for children in public care experiencing bereavement and loss*. London: Jessica Kingsley Limited.

Pereira, J. K. (2014). Can we play too? Experiential techniques for family therapists to actively include children in sessions. *The Family Journal, 22*(4), 390-396.

Perry, B. (2002). *Stress, trauma and post traumatic stress disorders in children*. Houston: Child Trauma Academy.

Pfefferbaum, B., Noffsinger, M. A., Wind, L. H., & Allen, J. R. (2014). Children's coping in the context of disasters and terrorism. *Journal of Loss and Trauma, 19*(1), 78-97.

References

Phelan, S. K., & Kinsella, E. A. (2013). Picture this . . . Safety, dignity, and voice - Ethical research with children: Practical considerations for the reflexive researcher. *Qualitative Inquiry, 19*(2), 81-90.

Phillips, L. (2015). *An outcome evaluation of psychosocial services provided to orphans and vulnerable children in the western cape*. Retrieved from Western Cape Government: https://www.westerncape.gov.za/sites/www.westerncape.gov.za/files/an_evaluation_o f_psycho_social_services_for_ovc_aug_2015_0.pdf

Pinto, C., & Woolgar, M. (2015). Editorial: Looked-after children – a perspective into a more resilient future. *Child and Adolescent Mental Health, 20*(4), 181.

Pisano, L., & Aldemir, H. (2015). When the home is a warzone: Family violence through the eyes of a child. *Parity, 28*(4), 23-24.

Poling, D. A., & Hupp, J. M. (2008). Death sentences: A content analysis of children's death literature. *The Journal of Genetic Psychology, 169*(2), 165-176.

Pomeroy, E. C., & Anderson, K. (2013). The DSM-5 has arrived. *Social Work, 58*(3), 197-200.

Pomeroy, E. C., & Bradford Garcia, R. (2011a). Children and grief. In E. C. Pomeroy & R. Bradford Garcia (Eds.), *Children and loss* (pp. 17-38). Chicago: Lyceum Books.

Pomeroy, E. C., & Bradford Garcia, R. (2011b). Theories of grief and loss: An overview. In E. C. Pomeroy & R. Bradford Garcia (Eds.), *Children and loss* (pp. 1-16). Philadelphia: Lyceum Books.

Poso, T., Skivenes, M., & Hestbaek, A.-D. (2014). Child protection systems within the Danish, Finnish and Norwegian welfare states - time for a child centric approach. *European Journal of Social Work, 17*(4), 475-490.

Potter, T., & Brotherton, G. (2013). What do we mean when we talk about vulnerability? In G. Brotherton & M. Cronin (Eds.), *Working with vulnerable children, young people and families* (pp. 1-15). Oxon: Routledge.

Potts, S. (2013). Least said, soonest mended? Responses of primary school teachers to the perceived support needs of bereaved children. *Journal of Early Childhood Research, 11*(2), 95-107.

References

Powell, M. A., Fitzgerald, R., Taylor, N. J., & Graham, A. (2012). *International Literature Review: Ethical issues in undertaking research with children and young people.* Retrieved from Southern Cross University: http://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1041&context=ccyp_pubs

Powell, M. (2014). *Supporting children through difficult times: Recognising, responding and referring.* Lismore, NSW: Southern Cross University.

Powell, T., & Holleran-Steiker, L. K. (2015). Supporting children after a disaster: A case study of a psychosocial school-based intervention. *Clinical Social Work Journal*, 1-13. doi:10.1007/s10615-015-0557-y

Prigerson, H., Vanderwalker, L., & Maciejewski, P. (2008). A case for inclusion of prolonged grief disorder in DSM-V. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 165-186). Washington D C: American Psychological Association.

Prigerson, H. G., Shear, K., Frank, E., Beery, L. C., Silberman, R., Prigerson, J., & Reynolds III, C. F. (1997). Traumatic grief: A case of loss-induced trauma [clinical conference]. *American Journal of Psychiatry, 154*(7), 1003-1009.

Prosser-Dodds, L. (2013). *The relationship between grief and personality - a quantitative study.* (Doctor of Philosophy), Capella University.

Prout, A. (2003). Participation, policy and the changing conditions of childhood. In C. Hallett & A. Prout (Eds.), *Hearing the voices of children: Social policy for a new century* (pp. 11-25). London: Routledge Falmer.

Prout, A., & Hallett, C. (2003). Introduction. In C. Hallett & A. Prout (Eds.), *Hearing the voices of children: Social policy for a new century* (pp. 1-8). London: Routledge Falmer.

Prout, A., & James, A. (1997). A new paradigm for the sociology of childhood? Provenance, promise and problems. In A. James & A. Prout (Eds.), *Constructing and reconstructing childhood: Contemporary issues in the sociological study of childhood* (pp. 7-33). London: Routledge Falmer.

References

Purvis, K. B., Becker Razuri, E., Hiles Howard, A. R., Call, C. D., Hurst DeLuna, J., Hall, J. S., & Cross, D. R. (2015). Decrease in behavioral problems and trauma symptoms among at-risk adopted children following trauma-informed parent training intervention. *Journal of Child & Adolescent Trauma, 8*(3), 201-210.

Pynoos, R. S. (1992). Grief and trauma in children and adolescents. *Bereavement Care, 11*(1), 2-10.

Queensland Government Department of Communities, Child Safety and Disability Services (2016). *Loss and grief for children in care.* Retrieved from Department of Communities, Child Safety and Disability Services, Queensland Government: https://www.communities.qld.gov.au/childsafety/foster-and-kinship-care/carer-training/foster-carer-training/advanced-training/loss-and-grief-for-children-in-care

Qvortrup, J. (1994). Childhood matters: An introduction. In J. Qvortrup, M. Bardy, G. Sgritta, & H. Wintersberger (Eds.), *Childhood matters: Social theory, practice and politics*. Aldershot: Avebury Press.

Rabaia, Y., Saleh, M. F., & Giacaman, R. (2014). Sick or sad? Supporting Palestinian children living in conditions of chronic political violence. *Children and Society, 28*(3), 172-181.

Raffety, E. (2015). Mnimizing social distance: Participatory research with children. *Childhood, 22*(3), 409-422.

Rainbows. (2016) *Rainbows: Guiding families through life's storms.* Retreived from Rainbows: http://rainbowsforkidsandteens.org.au/

Rando, T. A. (1984). *Grief, dying and death: Clinical interventions for caregivers.* Illinois: Research Press Company.

Ranzijn, R., McConnochie, K., & Nolan, W. (2009). *Psychology and Indigenous Australians: Foundations of cultural competence*. South Yarra: Palgrave Macmillan.

Raphael, B. (1983). *The anatomy of bereavement*. Lanham: Rowman and Littlefield Publishers.

Rasmusson, B., Hyvonen, U., Nygren, L., & Khoo, E. (2010). Child-centred social work practice - three unique meanings in the context of looking after children and the assessment framework in Australia, Canada and Sweden. *Children and Youth Services Review, 32*, 452-459.

References

Ribbens McCarthy, J. (2006). Resilience and bereaved children: Developing complex approaches. *Grief Matters, 9*(3), 58-61.

Ribbens McCarthy, J. (2007). 'They all look as if they're coping, but I'm not': The relational power/lessness of 'youth' in responding to experiences of bereavement. *Journal of Youth Studies, 10*(3), 285-303.

Ribbens McCarthy, J., Hooper, C-A., & Gillies, V. (2013). Troubling normalies and normal family troubles: Diversities, experiences and tensions. In J. Ribbens McCarthy., C-A. Hooper., & V. Gillies (Eds.), *Family troubles? Exploring changes and challenges in the family lives of children and young people* (pp. 135-150). Bristol: Policy Press.

Rice, K., Primak, S., & Girvin, H. (2013). Through their eyes: Using photography with youth who experienced trauma. *The Qualitative Report, 18*(52), 1-14.

Roberts, H. (2008). Listening to children: And hearing them. In P. Christensen & A. James (Eds.), *Research with children: Perspectives and practices* (2nd ed., pp. 260-275). Abingdon: Routledge.

Robinson, S. (2014). *In the picture: Understanding belonging and connection for young people with cognitive disability in regional communities through photo-rich research, final report.* Lismore: Centre for Children and Young People.

Roche, R. M., Brooten, D., & Youngblut, J.M. (2016) Parent and child perceptions of child health after sibling death. *International Journal of Nursing and Clinical Practice, 3.* doi:10.15344/2394-4978/2016/185.

Roche, A., Trifonoff, A., White, M., Evans, K., Battams, S., Adams, V., & Scarfe, A. (2014). *From policy to implementation child and family sensitive practice in the alcohol and other drugs sector.* Civic Square, ACT: Australian National Council on Drugs.

Rolls, L., & Payne, S. (2003). Childhood bereavement services: A survey of UK provision. *Palliative Medicine, 17*, 423-432.

Roos, S. (2002). *Chronic sorrow: A living loss.* New York: Brunner-Routledge.

Rose, R., & Philpot, T. (2005). *The child's own story : Life story work with traumatized children.* London: Jessica Kingsley.

References

Rosenblatt, P. (1996). Grief that does not end. In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 45-58). Philadelphia: Taylor and Francis.

Rosenblatt, P. (2008). Grief across cultures: A review and research agenda. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 207-222). Washington DC: American Psychological Association.

Rosengren, K. S., Guitierrez, I. T., & Jiang, M. J. (2016). Using mixed methods in developmental psychology: From scale errors to death. In J. Prior & J. Van Herwegen (Eds.), *Practical research with children* (pp. 191-208). Oxon: Routledge.

Rosenthal, P. A. (1980). Short-term family therapy and pathological grief resolution with children and adolescents. *Family Process, 19*, 151-159.

Rosner, R., Kruse, J., & Hagl, M. (2010). A meta-analysis of interventions for bereaved children and adolescents. *Death Studies, 34*(2), 99-136.

Rossetto, K. R. (2015). Bereaved parents' strategies and reactions when supporting their surviving children. *Western Journal of Communication, 79*(5), 533-554.

Royal Commission into Institutional Responses to Child Sexual Abuse (2016). *About us.* Retrieved from Royal Commission into Institutional Responses to Child Sexual Abuse: http://www.childabuseroyalcommission.gov.au/

Rubin, S., Malkinson, R., & Witztum, E. (2008). Clinical aspects of a DSM complicated grief diagnosis: Challenges, dilemmas and opportunities. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: advances in theory and intervention* (pp. 187-206). Washington D C: American Psychological Association.

Rule, J., & Rice, E. (2015). *Bringing them home scorecard report 2015*. Retrieved from Austrlaian Policy Online: http://apo.org.au/files/Resource/scorecard_report_2015_with_appendices_11_copy.pd

Rumbold, B., & Aoun, S. (2014). Bereavement and palliative care: A public health perspective. *Progress in Palliative Care, 22*(3), 131-135.

References

Ruschena, E., Prior, M., Sanson, A., & Smart, D. (2005). A longitudinal study of adolescent adjustment following family transitions. *Journal of Child Psychology and Psychiatry, 46*(4), 353-363.

Ryan, T., & Walker, R. (1993). *Life story work: A practical guide to helping children understand their past.* London: British Association for Adoption and Fostering.

Sadowski, C., & McIntosh, J. E. (2016). On laughter and loss: Children's views of shared time, parenting and security post-separation. *Childhood, 23*(1), 69-86.

Salloum, A., Wang, W., Robst, J., Murphy, T. K., Scheeringa, M. S., Cohen, J. A., & Storch, E. A. (2016). Stepped care versus standard trauma-focused cognitive behavioral therapy for young children. *Journal of Child Psychology and Psychiatry, 57*(5), 614-622.

Samuels, G. M. (2009). Ambiguous loss of home: The experience of familial (im)permanence among young adults with foster care backgrounds. *Children and Youth Services Review, 31*(12), 1229-1239.

Sandbæk, M. (1999). Children with problems: Focusing on everyday life. *Children and Society, 13*(2), 106-118.

Sanders, J. (2011). Bereavement websites for children and young people. *Bereavement Care, 30*(2), 33-35.

Sandler, I., Ingram, A., Wolchik, S., Tein, J., & Winslow, E. (2015). Long-term effects of parenting-focused preventive interventions to promote resilience of children and adolescents. *Child Development Perspectives, 9*(3), 164-171.

Sandler, I., Wolchik, S., Ayers, T. S., Tein, J. Y., Coxe, S., & Chow, W. (2008). Linking theory and intervention to promote resilience in parentally bereaved children. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 531-550). Washington DC: American Psychological Association.

Sandler, I. N., Ayers, T. S., Wolchik, S. A., Tein, J.-Y., Kwok, O.-M., Haine, R. A., . . . Griffin, W. A. (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), 587-600.

References

Sandler, I. N., Wolchik, S., Ayers, T. S., Tein, J. Y., & Luecken, L. (2013). Family bereavement program (FBP) approach to promoting resilience following death of a parent. *Family Science, 4*(1), 87-94.

Sandler, I. N., Wolchik, S. A., & Ayers, T. S. (2007). Resilience rather than recovery: A contextual framework on adaptation following bereavement. *Death Studies, 32*(1), 59-73.

Saunders, V., & McArthur, M. (2013). *Children of Prisoners: Exploring the needs of children and young people who have a parent incarcerated in the ACT*. Canberra: Institute of Child Protection Studies, Australian Catholic University.

Scaletti, R., & Hocking, C. (2010). Healing through story telling: An integrated approach for children experiencing grief and loss. *New Zealand Journal of Occupational Therapy, 57*(2), 66-71.

Schneider, K. M., & Phares, V. (2005). Coping with parental loss because of termination of parental rights. *Child Welfare, 84*(6), 819-842.

Schofield, G. (1998). Inner and outer worlds: A psychological framework for child and family social work. *Child and Family Social Work, 3*, 57-67.

Schut, M. S. H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197-224.

Schwartz, A. E. (2010). "Nobody knows me no more": Experiences of loss among African American adolescents in kinship and non-kinship foster care placements. *Race and Social Problems, 2*(1), 31-49.

Scott, D. (2009). 'Think child, think family': How adult specialist services can support children at risk of abuse and neglect. *Family Matters, 81*, 37-42.

Scott, D. (2013). Working within and between organisations. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: A partnership approach* (2nd ed., pp. 24-41). New York: Cambridge University Press.

Scott, D. (2015). Children in Australia: harms and hopes. *Family Matters, 96*, 14-22.

Scott, D., Arney, F., & Vimpani, G. (2013). Think child, think family, think community. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: A partnership approach* (2nd ed., pp. 6-23). New York: Cambridge University Press.

References

Selby, S., Jones, A., Burgess, T., Clark, S., Moulding, N., & Beilby, J. (2007). Disenfranchised grievers: The GP's role in management. *Australian Family Physician, 36*(9), 768-770.

Sharpe, S., Ribbens McCarthy, J., & Jessop, J. (2006). The perspectives of young people. In J. Ribbens McCarthy (Ed.), *Young people's experiences of loss and bereavement: Towards an interdisciplinary approach* (pp. 53-93). Berkshire: Open University Press.

Shaw, I., & Holland, S. (2014). *Doing qualitative research in social work*. Los Angeles: Sage.

Shaw, J., McLean, K. C., Taylor, B., Swartout, K., & Querna, K. (2016). Beyond resilience: Why we need to look at systems too. *Psychology of Violence, 6*(1), 34-41.

Shields, C., Kavanagh, M., & Russo, K. (2015). A qualitative systematic review of the bereavement process following suicide. *OMEGA—Journal of Death and Dying*, 1-29. doi:10.1177/0030222815612281

Shumba, J., Moyo, G., & Rembe, S. (2015). Bereavement counseling: A dilemma for school counselors? *International Journal of Science Education, 11*(3), 277-284.

Silin, J. (2013). At a loss: Scared and excited. *Contemporary Issues in Early Childhood, 14*(1), 16-23.

Silverman, P., & Worden, W. (1992). Children's reactions in the early months after the death of a parent. *American Journal of Orthopscyhiatry, 62*(1), 93-104.

Silverman, P. R., & Klass, D. (1996). Introduction: What's the problem. In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 3-27). Philadelphia: Taylor and Francis.

Silverman, P. R., & Nickman, S. L. (1996). Children's construction of their dead parents. In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 73-86). Philadelphia: Taylor and Francis.

Simonich, H. K., Wonderlich, S. A., Erickson, A. L., Cook Myers, T., Hoesel, J., Wagner, S., & Engel, K. (2015). A statewide trauma-focused cognitive behavioral therapy network: Creating an integrated community response system. *Journal of Contemporary Psychotherapy, 45*(4), 265-274.

References

Simpson, J. (2015). *"Out with the old and in with the new": The need for social work practice to be informed by the sociology of childhood*. Paper presented at the 5th International Conference on Sociology and Social Work: New Directions in Critical Sociology and Social Work: Identity, Narratives and Praxis, University of Chester.

Slaughter Smith, C. (2009). Substance abuse, chronic sorrow, and mothering loss: Relapse triggers among female victims of child abuse. *Journal of Pediatric Nursing, 24*(5), 401-412.

Smart, C. (2003). Introduction: New perspectives on childhood and divorce. *Childhood, 10*(2), 123-129.

Smart, C. (2006). Children's narratives of post-divorce family life: From individual experience to an ethical disposition. *The Sociological Review*, *54*(1), 155-170.

Smart, C., Neale, B., & Wade, A. (2001) *The changing experience of childhood: Families and divorce.* Cambridge: Polity.

Smith, A., Joseph, S., & Das Nair, R. (2011). An interpretative phenomenological analysis of posttraumatic growth in adults bereaved by suicide. *Journal of Loss & Trauma, 16*(5), 413-430.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.

Sood, A. B., Razdan, A., Weller, E. B., & Weller, R. A. (2006). Children's reactions to parental and sibling death. *Child and Adolescent Disorders, 8*, 115-120.

South, R., Jones, F. W., Creith, E., & Simonds, L. M. (2016). Understanding the concept of resilience in relation to looked after children: A Delphi survey of perceptions from education, social care and foster care. *Clinical Child Psychology and Psychiatry, 21*(2), 178-192.

Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology, 5*. doi:http://dx.doi.org/10.3402/ejpt.v5.25338

Spacey, B. (2002). Disability. In N. Thompson (Ed.), *Loss and grief: A guide for human service practitioners* (pp. 139-148). Houndmills: Palgrave.

References

Spafford, M. M., Schryer, C. F., Campbell, S. L., & Lingard, L. (2007). Towards embracing clinical uncertainty: Lessons from social work, optometry and medicine. *Journal of Social Work, 7*(2), 155-178.

Spinney, A. (2013). Safe from the start? An action research project on early intervention materials for children affected by domestic and family violence. *Children and Society, 27*, 397-405.

Spyrou, S. (2016). Researching children's silences: Exploring the fullness of voice in childhood research. *Childhood, 23*(1), 7-21.

Steck, A., & Steck, B. (2016). Grief. In A. Steck & B. Steck (Eds.), *Brain and mind: Subjective experience and scientific objectivity* (pp. 199-216). Switzerland: Springer International Publishing.

Stokes, J. (2005). Family assessment. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children* (pp. 29-47). Oxford: Oxford University Press.

Strasser, A. (2015). Trauma-focussed cognitive behavioural therapy: An evidence based practice applicable with minority children. *Gallaudet Chronicles of Psychology, 3*(1), 38-42.

Stroebe, M., Hansson, R., Schut, H., & Stroebe, W. (2008a). Bereavement research: 21st-century prospects. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 577-603). Washington, D.C: American Psychological Association.

Stroebe, M., Hansson, R., Schut, H., & Stroebe, W. (2008b). Bereavement research: contemporary perspectives. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 3-25). Washington, DC: American Psychological Association.

Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197-224.

Stroebe, M., & Schut, H. (2010). The dual pocess model of coping with bereavement: A decade on. *OMEGA, 61*(4), 273-289.

Stroebe, M., & Schut, H. (2015). Family matters in bereavement: Toward an integrative intra-interpersonal coping model. *Perspectives on Psychological Science, 10*(6), 873-879.

References

Stroebe, M. S. (2002). Paving the way: From early attachment theory to contemporary bereavement research. *Mortality, 7*(2), 127-138.

Strolin-Goltzman, J., Kollar, S., & Trinkle, J. (2010). Listening to the voices of children in foster care: Youths speak out about child welfare workforce turnover and selection. *Social Work, 55*(1), 47-53.

Stylianou, P., & Zembylas, M. (2016). Dealing with the concepts of "grief" and "grieving" in the classroom: Children's perceptions, emotions, and behavior. *OMEGA Journal of Death and Dying*, 1-27. doi:10.1177/0030222815626717

Sutton, L., Smith, N., Dearden, C., & Middleton, S. (2007). *A child's-eye view of social difference*. York, UK: Joseph Rowntree Foundation.

Swain, H. L. (1978). Childhood views of death. *Death Education, 2*(4), 341-358.

Swain, S. (2014). *History of inquiries reviewing institutions providing care for children*. Retrieved from Royal Commission into Institutional Responses to Child Sexual Abuse : http://www.childabuseroyalcommission.gov.au/documents/published-research/historical-perspectives-report-3-history-of-inquir.pdf

Tay-Lim, J., & Lim, S. (2013). Privileging younger children's voices in research: Use of drawings and a co-construction process. *International Journal of Qualitative Methods, 12*(1), 65-83.

Te One, S., Blaikie, R., Egan-Bitran, M., & Henley, Z. (2014). You can ask me if you really want to know what I think. *Educational Philosophy and Theory, 46*(9), 1052-1068.

Tedeschi, R. G., & Calhoun, L. G. (2007). Beyond the concept of recovery: Growth and the experience of loss. *Death Studies, 32*(1), 27-39.

Tein, J.-Y., Sandler, I. N., Ayers, T. S., & Wolchik, S. A. (2006). Mediation of the effects of the family bereavement program on mental health problems of bereaved children and adolescents. *Prevention Science, 7*(2), 179-195.

Terr, L. (2003). Childhood traumas: An outline and overview. *Focus, 1*, 322-334.

Terry, J. (2013). The child in sight, in mind and right in the centre: Child-centred, family inclusive reunification. *Developing Practice, 36*, 31-40.

References

Thastrum, M., Johansen, M. B., Gubba, L., Olesen, L. B., & Romer, G. (2008). Coping, social relations, and communication: a qualitative exploratory study of children of parents with cancer. *Clinical Child Psychology and Psychiatry, 13*(1), 123-138.

The Allen Consulting Group. (2008). *Inverting the pyramid: Enhancing systems for protecting children.* Retreived from Ethnic Communities Council of Queensland: http://www.eccq.com.au/wp-content/uploads/2012/02/inverting-the-pyramid_2009.pdf

The Australian Centre for Posttraumatic Mental Health & Parenting Research Centre. (2014). *Approaches targeting outcomes for children exposed to trauma arising from abuse and neglect: Evidence, practice and implications*. Retrieved from Parenting Research Centre: http://www.parentingrc.org.au/images/Resources/Child-trauma-abuse-neglect-Evidence-practice-implications/Trauma_Feb2014_web.pdf

Thiara, R. K., & Humphreys, C. (2015). Absent presence: The ongoing impact of men's violence on the mother-child relationship. *Child & Family Social Work*, 1-9. doi: http://dx.doi.org/10.1111/cfs.12210

Thieleman, K., & Cacciatore, J. (2013). The DSM-5 and the bereavement exclusion: A call for critical evaluation. *Social Work, 58*(3), 277-280.

Thomas, N., & O'Kane, C. (1998). The ethics of participatory research with children. *Children and Society, 12*, 336-348.

Thompson, N. (2002a). Introduction. In N. Thompson (Ed.), *Loss and grief: A guide for human service practitioners* (pp. 1-20). Houndmills: Palgrave.

Thompson, N. (2002b). *Loss and grief: A guide for human service professionals*. Hampshire: Palgrave.

Thompson, N., Allan, J., Carverhill, P. A., Cox, G. R., Davies, B., Doka, K., . . . Wittkowski, J. (2016). The case for a sociology of dying, death, and bereavement. *Death Studies, 40*(3), 172-181.

Tichon, J. G. (2015). Exploring how children express feelings and emotions in an online support group. *Computers in Human Behavior, 53*, 469-474.

Tilbury, C. (2013). Social work with children and young people. *Australian Social Work, 66*(3), 311-313.

References

Tilbury, C., Walsh, P., & Osmand, J. (2016). Child aware practice in adult social services: A scoping review. *Australian Social Work, 69*(3), 260-272.

Tracey, A. (2011). Perpetual loss and pervasive grief. *Bereavement Care, 30*(3), 17-24.

Trethowan, V., & Nursey, J. (2015). Helping children and adolescents recover from disaster: A review of teacher-based support programs in Victorian schools. *Australian Journal of Emergency Management, 30*(4), 17-20.

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80-96.

Tyrka, A. R., Wier, L., Price, L. H., Ross, N. S., & Carpenter, L. L. (2008). Childhood parental loss and adult psychopathology: Effects of loss characteristics and contextual factors. *International Journal of Psychiatry in Medicine, 38*(3), 329-344.

Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma Violence Abuse, 14*(3), 255-266.

United Nations Human Rights Office of the High Commissioner. (2016a, October 23). *Ratification status for Australia.* Retrieved from TreatyBody Internet: http://tbinternet.ohchr.org/_layouts/TreatyBodyExternal/Treaty.aspx?CountryID=9&Lang=EN.

United Nations Human Rights Office of the High Commissioner. (2016b). *Convention on the Rights of the Child*. Retrieved from United Nations Human Rights, Office of the High Commissioner: http://www.ohchr.org/en/professionalinterest/pages/crc.aspx..

Valentine, K. (2011). Accounting for agency. *Children and Society, 25*, 347-358.

van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2014). Seeing eye to eye, or not? Young people's and child protection workers' perspectives on children's participation within the Dutch child protection and welfare services. *Children and Youth Services Review, 47*, 253-259.

van Bijleveld, G. G., Dedding, C. W. M., & Bunders-Aelen, J. F. G. (2015). Children's and young people's participation within child welfare and child protection services: A state-of-the-art review. *Child & Family Social Work, 20*(2), 129-138.

van Manen, M. (1997). *Researching lived experience: Human science for an action sensitive pedagogy*. Ontario: The Althouse Press.

References

Veale, A. (2014). Longitudinal evaluation of a therapeutic group work intervention with suicide-bereaved children. *The Irish Journal of Psychology*, 35(4), 188-204.

Victims Counselling and Support Services. (2016). *Safety and children: Teaching your child protective behaviours and how to develop a safety network*. Retrieved from Victims Counselling and Support Services: http://www.vcss.org.au/content/safety-and-children-teaching-your-child-protective-behaviours-and-how-develop-safety-network

Victorian Auditor-General. (2015). *Early intervention services for vulnerable children and families*. Retrieved from Victorian Auditor-General's Office: http://www.audit.vic.gov.au/publications/20150527-Early-Intervention/20150527-Early-Intervention.pdf

Viorst, J. (1988). *Necessary losses*. London: Simon and Schuster.

von Benzon, N. (2015). 'I fell out of a tree and broke my neck': Acknowledging fantasy in children's research contributions. *Children's Geographies, 13*(3), 330-342.

Wade, A., & Smart, C. (2002). *Facing family change: Children's circumstances, strategies and resources.* York, UK: Joseph Rowntreee Foundation.

Wakefield, J. C. (2013). The DSM-5 debate over the bereavement exclusion: Psychiatric diagnosis and the future of empirically supported treatment. *Clinical Psychology Review, 33*(7), 825-845.

Wall, L., Higgins, D., & Hunter, C. (2016) *Trauma-informed care in child/family welfare services (CFCA Paper No. 37)*. Melbourne: Australian Institute of Family Studies.

Waller, T., & Bitou, A. (2011). Research *with* children: Three challenges for participatory research in early childhood. *European Early Childhood Education Research Journal, 19*(1), 5-20.

Walsh, F., & McGoldrick, M. (2004). *Living beyond loss: Death in the family* (2nd ed.). New York: W W Norton.

Walsh, F., & McGoldrick, M. (2013). Bereavement: A family life cycle perspective. *Family Science, 4*(1), 20-27.

Walter, T. (2007). Modern grief, postmodern grief. *International Review of Sociology, 17*(1), 123-134.

References

Walters, D. A. (2008). Grief and loss: Towards an existential phenomenology of child spirituality. *International Journal of Children's Spirituality, 13*(3), 277-286.

Wass, H., Dinklage, R., Gordon, S. L., Russo, G., Sparks, C. W., & Tatum, J. (1983). Young children's death concepts revisited. *Death Education, 7*(4), 385-394.

Watson, D., Latter, S., & Bellew, R. (2015a). Adopted children and young people's views on their life storybooks: The role of narrative in the formation of identities. *Children and Youth Services Review, 58*, 90–98.

Watson, D., Latter, S., & Bellew, R. (2015b). Adopters' views on their children's life story books. *Adoption & Fostering, 39*(2), 119-134.

Weiss, R. (2008). The nature and causes of grief. In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 29-44). Washington D C: American Psychological Association.

Werner-Lin, A., & Moro, T. (2004). Unacknowledged and stigmatized losses. In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss: Death in the family* (2nd ed.). New York: W. W. Norton & Company.

Werner, E. E. (2012). Children and war: Risk, resilience, and recovery. *Development and Psychopathology, 24*(2), 553-558.

Westberg, G. E. (2011). *Good grief*: Minneapolis: Fortress Press.

Weston, F. (2009). Bereavement, part 1: Supporting children... third article in a series. *British Journal of School Nursing, 4*(7), 345-350.

White, K. R., & Wu, Q. (2014). Application of life course perspective in child welfare research. *Children and Youth Services Review, 46*, 146-154.

Wilkinson, C. (2016). 'Babe, I like your lipstick': Rethinking researcher personality and appearance. *Children's Geographies, 14*(1), 115-123.

Williams, L. D., & Aber, J. L. (2016). Testing for plausibly causal links between parental bereavement and child socio-emotional and academic outcomes: A propensity-score matching model. *Journal of Abnormal Child Psychology, 44*(4), 705-718.

Willis, S. (2005). Work with bereaved children. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children* (pp. 1-12). Oxford: Oxford University Press.

References

Willoughby, R. (2013). Notes on psychologies of vulnerability. In G. Brotherton & M. Cronin (Eds.), *Working with vulnerable children, young people and families* (pp. 16-34). Oxon: Routledge.

Winkworth, G., & McArthur, M. (2006). Being 'child centred' in child protection. What does it mean? *Children Australia, 31*(4), 13-21.

Winter, K. (2010). The perspectives of young children in care about their circumstances and implications for social work practice. *Child and Family Social Work, 15*, 186-195.

Winter, K. (2014). Understanding and supporting young children's transitions into state care: Schlossberg's transition framework and child-centred practice. *British Journal of Social Work, 44*(2), 401-417.

Wittkowski, J., Doka, K. J., Neimeyer, R. A., & Vallerga, M. (2015). Publication trends in thanatology: An analysis of leading journals. *Death Studies, 39*(8), 453-462.

Wojciak, A. S., McWey, L. M., & Helfrich, C. M. (2013). Sibling relationships and internalizing symptoms of youth in foster care. *Children and Youth Services Review, 35*(7), 1071-1077.

Wolchik, S. A., Ma, Y., Tein, J. Y., Sandler, I. N., & Ayers, T. S. (2008). Parentally bereaved children's grief: Self-system beliefs as mediators of the relations between grief and stressors and caregiver-child relationship quality. *Death Studies, 32*(7), 597-620.

Wolfelt, A. (2005). *Companioning the bereaved: A soulful guide for counsellors and caregivers*. Fort Collins: Companion Press.

Worden, J. W. (1996). *Children and grief: When a parent dies*. New York: Guilford Press.

Worden, J. W. (2009). *Grief counselling and grief therapy: A handbook for the mental health practitioner* (4th ed.). New York: Springer Publishing Company.

Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology, 57*(3), 349-357.

Wyness, M. (2012). *Childhood and society* (2nd ed.). Hampshire: Palgrave Macmillan.

Xu, T., Yan, Z., Duan, S., Wang, C., Rou, K., & Wu, Z. (2008). Psychosocial well-being of children in HIV/AIDS-affected families in Southwest China: A qualitative study. *Journal of Child and Family Studies, 18*(1), 21-30.

References

Young, S., McKenzie, M., Schjelderup, L., Omre, C., & Walker, S. (2014). What can we do to bring the sparkle back into this child's eyes? Child rights/community development principles: Key elements for a strengths-based child protection practice. *Child Care in Practice, 20*(1), 135-152.

Yule, W. (2005). Working with traumatically bereaved children. In B. Monroe & F. Kraus (Eds.), *Brief interventions with bereaved children* (pp. 187-200). Oxford: Oxford University Press.

Ziff, K., Pierce, L., Johanson, S., & King, M. (2012). ArtBreak: A creative group counseling program for children. *Journal of Creativity in Mental Health, 7*(1), 107-121.

Zilberstein, K. (2014). Trauma's neurobiological toll: Implications for clinical work with children. *Smith College Studies in Social Work, 84*(2-3), 292-309.

Zufferey, C., & Gibson, C. (2013). Social work education and children. *Australian Social Work, 66*(3), 391-401.

Zupanick, C. E. (1994). Adult children of dysfunctional families: Treatment from a disenfranchised grief perspective. *Death Studies, 18*, 183-195.

Appendix A – Recruitment Pamphlet

Talking to children about their perceptions and experiences of loss

Institute of Child Protection Studies

How can I get involved?

At the start of the project I will be getting a bunch of kids together to form a children's reference group. This group will give me advice about what questions to ask kids, and how to ask them in a way that is safe and respectful.

After this is sorted out then I will start interviewing children. If you want to participate in the reference group or interviews, or if just have some more questions about the research, please call me or get your support worker or parent to contact me:

Debbie Noble-Carr on (ph) 6209 1209

You and your parent will need to sign a consent form and then you can participate!

Everyone who participates gets a gift voucher (up to the value of $30) for contributing their time to the project.

AUSTRALIAN CATHOLIC UNIVERSITY

Participants rights!

Children who choose to participate in the project will have a number of rights around how they get involved and how the researcher will talk with them. These include:

- The right to be informed about the project and your involvement in it
- The right to choose whether you get involved and how you get involved in the project and whether you want to continue your involvement
- The right to be treated with respect and to not be harmed or negatively affected because of your involvement
- The right to not be discriminated against because of who you are or your background
- The right to benefit from the project - children will be compensated for their time.
- The right to privacy and confidentiality
- The right to complain if you are not happy about how you are treated

What's the research about?

My name is Debbie Noble-Carr and I am a Research Fellow and PhD student at the Institute of Child Protection Studies at Australian Catholic University.

I want to talk to children (aged 6-12yrs) about what they think about loss and the different loss experiences they have had in their lives. I also want to find out what services could be doing differently to help children with these issues.

Some of the things I want to talk to children about include:

- How you would define or describe what loss is like
- Your past or current loss experiences
- The effects of the loss for you and your family
- How people have responded to your loss experiences and what you think about this
- What strengths you and your family have shown in dealing with loss

How will the interviews work and what will happen with the information I give to you?

The interviews I do with children will take about an hour and might take place at your home, at a support service you and your family go to or somewhere else child-friendly. Like most things in this study— It's up to you and your family!

You get to choose if you want to be involved and what things you talk about in the interview. Sometimes we might just even draw, take photos, write stories or do activities instead of just talking.

Anyone who gets involved can STOP or change their mind at ANY stage.

The information I get will be used as part fulfilment of my PhD studies. I also plan to talk about it at conferences and write reports and/or journal articles. I might use your words and pictures in my reports, but no-one will be able to identify that it is about you or your family. Your privacy will be respected!

Why do a project about loss?

In other research projects we have done, children talk about how important loss experiences have been in their lives. We know that even though it is an important and normal experience you may not have talked about it much before.

We understand that talking about this stuff may be upsetting. That's why I will make sure that you can stop at any time and that you don't have to talk about things that you do not want to.

I will also make sure that you can talk to your support worker after the interview or you can call:

Kids Helpline (ph) 1800 55 1800

Lifeline (ph) 13 11 14

If you want to complain you can contact:

My supervisor at Australian Catholic University: Prof Morag McArthur (ph) 6209 1225.

And/or the chair of the Human Research Ethics Committee that has given approval for this project:

Office of the Deputy Vice Chancellor (Research)

Australian Catholic University

Melbourne Campus , Locked Bag 4115

FITZROY, VIC, 3065

Phone: 03 9953 3150

Email : res.ethics@acu.edu.au

Appendix B – Rights Cards

You have the right to have your say
We believe that children and young people should be involved in any research that focuses on their lives.

You have the right to privacy
We will not identify you in our reports unless you give us permission.

You have the right to participate in a way you like
It's up to you if you get involved in the research or not and how you want to be involved.

You have the right to be treated well
We will respect you for who you are and treat you well.
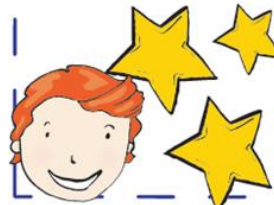
You have the right to be informed
We will help you understand what you're being asked to do. We'll use child-friendly words and activities.

You have the right to confidentiality
If you tell us that you aren't safe, that you are being hurt or if we are worried about you we will need to tell someone about it. Otherwise people won't know which specific things you told us.

You have the right not to be hurt
We will not hurt or tease you and we will stand up for you if others do.

You have the right not to be discriminated against
We will not treat people badly because of who they are or where they come from.

You have the right to benefit from the research
We hope that our project will make things better for children. We will give you a gift for participating.

You have the right to stop participating
If you want to stop working with us you can at any time.

You have the right to complain
If you're not happy you can tell us or our supervisors and we'll take it on board.

Appendix C – Interview Booklet

Children and Loss
Research Project

Researcher: Debbie Noble-Carr

MY name is

I am ★ years old

I am a: female or male

My culture is:

AUSTRALIAN CATHOLIC UNIVERSITY

The kids who helped plan this research said that loss might include:

❖ When someone or something is taken away from you;
❖ When something or someone is gone, is no longer there or disappears;
❖ You might experience loss when there is a change in your life; and
❖ It is usually not a good thing.

The children also said that other kids might want to talk about....

BIG losses that are really serious (like when someone you love dies, you lose a friend, your parent moves out of your house, you move house or when you do not feel good about yourself)

OR

little losses (like losing a special gift or not getting what you want for Christmas).

Whatever YOU think is important!

Because kids told me that all kids think differently about things!

In this interview we might do this by talking or drawing about:

• Yourself, your family and friends and anything else important to you
• Big changes or things that have happened in your life
• Things that make you feel sad, angry, scared, worried or upset
• People, places or things you miss or think you are missing out on
• Who helps you and what sort of help you want
• What advice you would have for other kids and their parents
• Your hopes and wishes for the future

LOSS

Sounds like...

Looks like...

Feels like...

You, your family & friends..

Can you tell me about any other people, places or things that are important to you, or that used to be important to you?

Maybe:

- School
- Where you live, or
- What you like to do

My journey

Mark on the timeline any big changes or losses that have happened in your life.

START
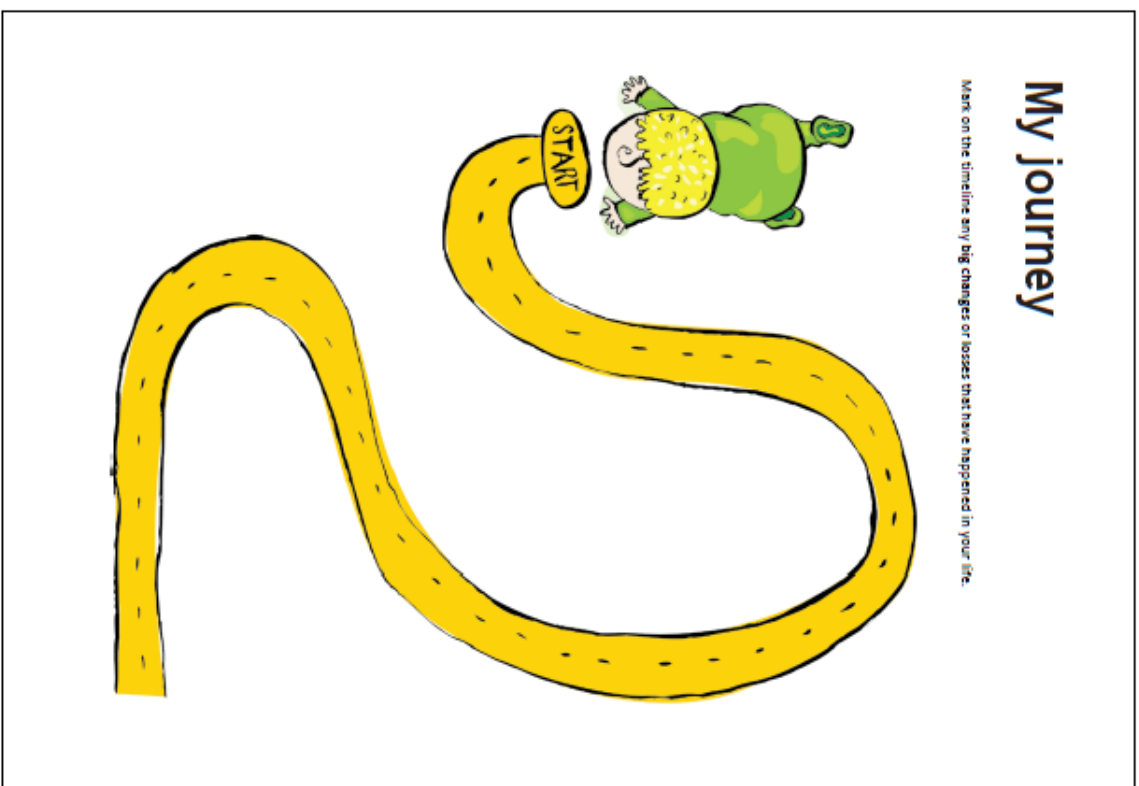
Can you tell me about a time when you had a loss?

Life before..   Life after..

what
happened..
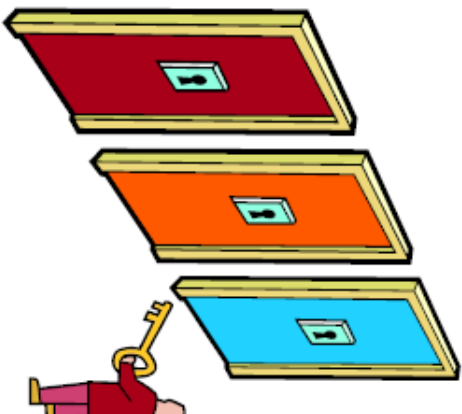
Things, people or places that I used to
have (but don't have anymore):

Things, people or places that I would like
to have in my life (that I don't have):

If I used this **key** to open a **door** to

find the one thing **missing** from my

life (or the **thing I miss the most**)

it would be..........

What has happened in your life

that has made you feel sad,

angry, scared, worried or upset?

Who has helped you?

What did they do that was helpful?

What advice would you give to other kids who are dealing with some of the tough things you have gone through?

What advice would you give their parents?

Your hopes and wishes for the future
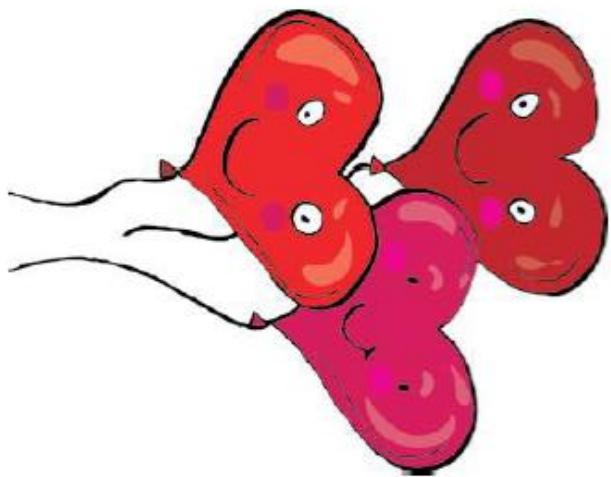
Anything else I should know about...

• You; or
• What you think about loss; or
• How children should be helped with their problems?

Sharing my story

Who I want to tell	What it is OK to tell them	What I don't want them to know

In the report I would like to be known as ....

If you have told the researcher that you or someone else is not safe
or that you've been hurt then the researcher might need to tell someone else.

My signature:

Researcher's signature:

Appendix D – Children's Consent Form

ACU
AUSTRALIAN CATHOLIC UNIVERSITY

CONSENT OF PARTICIPANTS AGED UNDER 18 YEARS
Copy for researcher

I, …………………………………… understand what this research project is designed to explore. What I will be asked to do has been explained to me. I understand that:

☐ Debbie will conduct an interview with me which will last for about an hour. She may ask about what I think about 'loss', my experiences of change and loss in my family, at school and any other part of my life that is significant to me. She may also ask about how I would like to be supported with these things, and how I have been helped in the past.

☐ With my permission, the interview will be recorded with a digital recorder and Debbie may take some photos of drawings or activity sheets I do.

☐ I can choose where the interview will be conducted and who else will be present.

☐ I won't have to do anything that I don't want to do, or answer any questions I don't want to answer.

☐ I can choose to stop at any time.

☐☐ I will be given a $30 voucher to thank me for participating in the research.

☐☐ If I get upset, Debbie can talk to my parents/carers and/or support worker if I want them to. I will also be given the names of other people that I can talk to over the phone.

☐☐ What I say during the interview is special and belongs to me. Debbie won't tell anyone else I took part unless I give them permission to do so.

☐ What I say may be used in different reports, articles or in public presentations or training, but Debbie will make sure that nobody will be able to tell who I am.

☐ The only time Debbie would have to tell someone else is if they are worried that
    • I might be badly hurt by someone
    • I am not being cared for properly
    • I might hurt myself
    • I might hurt someone else.

☐ It is OK for me to ask questions if I do not understand something.

☐ It is OK for me to complain if I am not happy about the way I've been treated or anything else.

I agree to take part in this interview which will take about 1 hour at …………………………………… (time and place) which will be digitally recorded, realising that I can withdraw at any time without having to give a reason for my decision.

NAME OF PARTICIPANT aged under 18: ……………………………

SIGNATURE: …………………………… DATE: ……………………

SIGNATURE OF PRINCIPAL SUPERVISOR: …………………… DATE: ……………

SIGNATURE OF STUDENT RESEARCHER: ………………… DATE: ……………

ACU
AUSTRALIAN CATHOLIC UNIVERSITY

QUESTIONS:
If you have any questions you can talk to my parent/carer or the researcher, Debbie:

Debbie Noble-Carr
Institute of Child Protection Studies
Australian Catholic University
(ph) 6209 1209
debbie.noble-carr@acu.edu.au

COMPLAINTS:
If you have any complaints about the way you have been treated you can contact Debbie's supervisor.

Morag McArthur
Institute of Child Protection Studies
Australian Catholic University
223 Antill Street
Watson ACT 2602
(ph) 6209 1225

And/or the Chair of the Human Research Ethics Committee that has given approval for this project:

Office of the Deputy Vice Chancellor (Research)
Australian Catholic University
Melbourne Campus
Locked Bag 4115
Fitzroy VIC 3065
(ph) 03 9953 3150
res.ethics@acu.edu.au

SUPPORT:
If you are upset or want to talk to anyone after the Reference Group you can ask Debbie to help you to talk to your parent/carer or your worker.

Or you can call:

Kids Helpline: (ph) 1800 55 1800

Appendix E – Ethics Approval

From:	Jo Mushin
To:	Morag McArthur; Debbie Noble-Carr
Cc:	Res Ethics
Subject:	Ethics Approval 2013 278N
Date:	Thursday, 19 December 2013 11:32:23 AM

Dear Morag and Debbie,

Principal Investigator: Prof Morag McArthur, Student Researcher: Debbie Noble Carr
Ethics Register Number: 2013 278N Project Title: Children's perceptions and experiences of loss
Risk Level: Low Risk 3 Date Approved: 19/12/2013 Ethics Clearance End Date: 31/12/2014

This email is to advise that your application has been reviewed by the Australian Catholic University's Human Research Ethics Committee and confirmed as meeting the requirements of the National Statement on Ethical Conduct in Human Research.

This project has been awarded ethical clearance until 31/12/2014. In order to comply with the National Statement on Ethical Conduct in Human Research, progress reports are to be submitted on an annual basis. If an extension of time is required researchers must submit a progress report.

Whilst the data collection of your project has received ethical clearance, the decision and authority to commence may be dependent on factors beyond the remit of the ethics review process. The Chief Investigator is responsible for ensuring that appropriate permission letters are obtained, if relevant, and a copy forwarded to ACU HREC before any data collection can occur at the specified organisation. Failure to provide permission letters to ACU HREC before data collection commences is in breach of the National Statement on Ethical Conduct in Human Research and the Australian Code for the Responsible Conduct of Research.

If you require a formal approval certificate, please respond via reply email and one will be issued.

Decisions related to low risk ethical review are subject to ratification at the next available Committee meeting. You will only be contacted again in relation to this matter if the Committee raises any additional questions or concerns.

Researchers who fail to submit an appropriate progress report may have their ethical clearance revoked and/or the ethical clearances of other projects suspended. When your project has been completed please complete and submit a progress/final report form and advise us by email at your earliest convenience. The information researchers provide on the security of records, compliance with approval consent procedures and documentation and responses to special conditions is reported to the NHMRC on an annual basis. In accordance with NHMRC the ACU HREC may undertake annual audits of any projects considered to be of more than low risk.

It is the Principal Investigators / Supervisors responsibility to ensure that:
1.   All serious and unexpected adverse events should be reported to the HREC with 72 hours.
2.   Any changes to the protocol must be approved by the HREC by submitting a Modification Form prior to the research commencing or continuing.

3.   All research participants are to be provided with a Participant Information Letter and consent form, unless otherwise agreed by the Committee.

For progress and/or final reports, please complete and submit a Progress / Final Report form: www.acu.edu.au/465013

For modifications to your project, please complete and submit a Modification form: www.acu.edu.au/465013

Researchers must immediately report to HREC any matter that might affect the ethical acceptability of the protocol eg: changes to protocols or unforeseen circumstances or adverse effects on participants.

Please do not hesitate to contact the office if you have any queries.

Kind regards,
Jo Mushin
on behalf of ACU HREC Chair, Professor John Ozolins

Ethics Officer | Research Services
Office of the Deputy Vice Chancellor (Research) Australian Catholic University

THIS IS AN AUTOMATICALLY GENERATED RESEARCHMASTER EMAIL

Jo Mushin
Ethics Officer | Research Services
Office of the Deputy Vice Chancellor (Research)

Australian Catholic University
Locked Bag 4115, Fitzroy, VIC, 3065
T: +61 3 9953 3158 F: +61 3 9953 3150
Email: res.ethics@acu.edu.au
Available Wednesdays and Thursdays

http://www.acu.edu.au/research/support_for_researchers/research_ethics

Australian Catholic University and the courses offered by the University are registered on the Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS). Provider registration codes: 00004G, 00112C, 00873F, 00885B. ABN: 15 050 192 660

Appendix F – Children's Reference Group Meeting Plans

Children and Loss Children's Reference Group Meeting One

10am-12:30pm

Wednesday 16 April 2014

Room B8 ACU

Time	Session	Overview	Data	Resources
10am or as kids arrive	Check in and get to know you	As children arrive give each a name tag and give them a cut-out person to decorate/draw as themselves (or how they want to look – it doesn't have to be an accurate depiction of them). They will also have other objects they can add (like footballs, microphone, i-pod, animals) Researchers will do one as well. This should stimulate discussion about each child – their likes and dislikes and a bit of info about them. As each child completes the task they will be asked to stick it on the 'how are you feeling chart', if any kids are towards the sad end, one of the researchers will ask them if they are OK and happy to keep participating. At the end of the activity kids can share their person with the whole group.	Photos of cut-outs created by kids Photos of how are you feeling chart	• How are you feeling chart • Cut outs (people and other objects) • Scrap paper/material • Pencils/textas • Camera
10:30am	Explanation, rights and rules	Sit in a circle. Play balloon game to get them in a circle. Put rights of kids on the floor in the middle. Welcome all kids and explain purpose of the day and what will happen. Ask for any questions. Ask kids to explain what different rights they have to Steven (who can remember any??). Ask kids if they want to make any other rules that the facilitators and kids have to abide by during the meeting.	Record discussion Photo of rules	• Balloons • Food • Drinks • Sticky-notes poster pad • textas • Rights cards • Digital recorder • Camera
10:40am	Researcher roles	Ask kids to think about researchers – o how they should look o how they should talk to kids o what rules they should follow o what they should do/say or should not do/say o How should a researcher ask kids about loss in their lives? Kids can choose to make a wanted poster – where they can draw or write ideas down. Or they can make another cut out person – this time a researcher. Have informal individual or group discussion about the kids posters or cut outs. Check in with all kids on some of the suggestions/issues – eg. "Blah has had a great idea, what do you all think about that, how could a researcher do that?"	Record discussion Photos of posters and cut out people	• A4 size Wanted posters • Cut out people • Butchers paper • Pencils/textas • Scrap paper/material • Digital recorder • Camera
11am	Loss brainstorm	**Do a loss brainstorm.** What words could we/would we use when talking about loss or how could we describe loss? Kids can choose if they want to do a Y chart with the group (or individually) *OR* to look at the two worlds cards. **Y Chart activity:** Split the paper up into a Y. In the top do looks like, then on the sides feels like & sounds like. Ask: o What does loss look like? (What sorts of things could be a loss? Can you think of at time in the last week, or last year where you missed someone or something or felt like you were missing out on something/someone?) o What does it feel like? (Inside your body what are the feelings or what feelings do you show others? Can use feeling cards here too (or Kimochies)? o What does it sound like?	Keep posters Record big group discussion and each of the little group discussions Photos of kids doing card activity	• Two worlds cards • A3 & A4 paper (to draw Y charts) • Feeling cards • Kimochies • 3 digital recorders • Camera

Appendices

		Two Worlds Cards activity:

		Spread out the Two Worlds cards onto the floor (or a table). Explain that these are cards that adults have made to talk to kids about loss...the kids have to pick up a card and explain what sort of loss they think it might be representing. Once they have selected one or more cards ask them:
		   ○ What would that person be feeling if they had gone through that sort of loss?
		   ○ How do you think they would cope with it?
		   ○ Who might help them?
		   ○ What do you think they could or should do?

Time	Session	Overview	Data	Resources
11:20am	Break for 10 minutes	Go outside (can play magnets or running games if facilitation needed)		

11:30am	Big losses, medium losses, little losses, not losses at all activity	Get kids into two or three groups.
		Each group gets a different colour of loss statements.
		They have to talk about each loss and decide if it is a big loss, medium loss, small loss or not a loss at all.
		Use this task as a tool for discussion – be curious about why the kids put things into the categories they did. Eg. Ask:
		   ○ What is it about these that make them big / small losses?
		   ○ Do the bigger ones make you feel more sad more of the time?
		   ○ Do the bigger ones take longer to get over?
		   ○ How would someone be feeling if this happened to them?
			Record each group discussion.
			
			Photos of final placement of cards
				• Loss cards
				• Digital recorder
				• Camera

12noon	**Lunch**			
12:20	**Check in**	Kids will be asked to put their person cut out on the how are they feeling chart again – to gauge if they are OK/happy/sad at the end of the day. An informal discussion may be helpful about how the kids found the day – if they enjoyed it (what was the best and/or worst part of the day?) and what could be better for next week. Kids will be picked up or driven home.	Photos of how feeling chart with cut outs Paper for suggestions	• sticky-notes poster pads • how are you feeling chart • Camera

Children and Loss Children's Reference Group Meeting Two

10am-12:30pm

Wednesday 23 April 2014

Room B8 ACU

Time	Session	Overview	Data	Resources
10am or as kids arrive	Check in and get to know you	As children arrive give each a name tag and give them their cut-out person to check in on the how are they feeling sheet. If any kids are towards the sad end, one of the researchers will ask them if they are OK, what we may be able to do to make them more comfortable and check if they are happy to keep participating. Sit in a circle on the floor and play the favourites game with the egg cracker. People have to pass the egg around and name their favourite colour to start with, when the egg cracks then the person who is holding the egg thinks of another favourite thing for people to say (eg. movie, tv show, toy, sport, shop).	Photos of cut-outs created by kids Photos of how are you feeling chart	• How are you feeling chart • Cut outs • Egg cracker • Pencils/textas
10:30am	Explanation, rights and rules	Explain that today's session is going to be about deciding on questions and activities for the interviews with children that the researcher is going to do. Check in with the rights and rules from the last week's session quickly. How can we best explain these rights to kids in the interviews we conduct to make sure they understand them? • Should I give kids a stop sign or pass cards so that they can use them to not answer questions?	Record discussion	• Food • Drinks • Sticky-notes poster pad • textas • Rights cards and rules from last session • Digital recorder

10:40am	Interview questions & Role reversal	Get into small groups and think up some questions or activities that would be suitable to ask 6-12yr olds about loss. We want to find out: • what they understand about it • how they may have experienced it • who should help and how We have some questions you might like to use You are going to be the researcher and you can do an interview with Steve/Elise or Debbie You might like to act out a good interview and a bad interview!	Record discussion and interviews Write questions down on sticky notes poster pad	• Sticky notes poster pad • Pens • Glue • Questions • Spare paper • Digital recorder
11:15am	Break – outside	Games/Free play		
11:30am	Interview activities	What sort of activities should we include in the interviews? Each child gets a set of stickers or a stamp to fill in the A3 poster on each separate activity or proposed interview tool. They will rate each tool on whether it is: • OK for boys • OK for girls • OK for 6-8yr olds • OK for 8-10yr olds • OK for 10-12yr olds • If it is important to use it • If it is easy • If it is hard • If it is fun • If it is good • If it is bad	Record discussion Photos of kids doing activities A3 activity sheets filled in	• Two worlds and picture this cards • Strength cards • Feeling cards • Stones • Funky fish • Proposed Activity sheets • Diary entries • Clouds • Kimochies • Digital recorder • Camera • Stamps or stickers • A3 Activity sheet checklist
12noon	**Lunch**			
12:15	**Check in**	Kids will be asked to put their person cut out on the how are they feeling chart again – to gauge if they are OK/happy/sad at the end of the day. An informal discussion may be helpful about how the kids found the day – if they enjoyed it (what was the best and/or worst part of the day?) and what could be done better. Kids can choose to write or draw on a cloud one thing they hope happens in this research project or because of it and they put it up on the how are you feeling board Play eye-spy Kids will be asked to opt-in for interviews with the researcher or for future reference group meetings. Presentation and thank you: kids get certificate and voucher. Kids will be picked up or driven home.	Photos of how feeling chart with cut outs at the end of the day Write up any suggestions for next week on the sticky note poster pad	• sticky-notes poster pads • how are you feeling chart • Camera • clouds

Appendices

Children and Loss Children's Reference Group Meeting Three

10am-12pm

Wednesday 8th Oct 2014

Room B8 ACU

Time	Session	Overview	Data	Resources
10am or as kids arrive	**Check in and Welcome back**	As children arrive give each a name tag Have the 'children and research rights' poster for each child and get them to complete the consent form (parent dropping them off needs to complete on too!) Ask children to sit in a circle and pick a kimochie to show how they are feeling Do an ice-breaker activity: Get each of the kids to introduce themselves and then mime an activity they like doing – go around in the circle, introducing all the previous people and re-enacting their mime activity	Kimochie chosen	• Rights poster for each child • Name tags • Textas • Consent forms • Kimochies • Food (sandwiches and fruit and cookies) • Drinks (bottles of water and juice boxes)
10:15am	**Explanation of day**	Remain sitting in the circle. Explain the purpose of the day – to go over the main themes and issues that came out of the interviews with 22 children aged 6-12yrs old and get their feedback on these. In doing this we may also be able to get some more information or explanation about a few things to find out what they might mean or what we should do about it.	Record discussion	• Digital recorder
		Ask for any questions.		
10:20am	**Talking about loss**	Firstly, I want to just briefly explore what it was like doing the interview and talking about loss: • Can you explain what it was like (what words spring to mind)? • How hard was it? Why? • Was it easier to talk to a researcher, rather than another sort of adult? Why/Why not? • Did anything I do make it easier or harder? ○ What did you like about the interview? • Has anyone else ever asked you similar questions or talked about similar things with you? ○ Who? When? What was this like?	Record discussion	• Digital recorder
10:30am	**Show poster 1**	**Show Poster 1: Types of loss** Put poster 1 in the middle of the circle and explain it to kids Ask: Finding out what is important or meaningful to children is the best way to determine if the thing that was lost is going to be a "big deal" to them. It is also really helpful in figuring out how to help kids (because you can use the things that are important to them). So: ○ Do you think adults usually understand what is important to children? ○ How can adults - At home - At school - or elsewhere (workers in services or counsellors) find out what is important to kids? ○ What are the best ways for adults to find out?	Record discussion	• Digital recorders • Poster 1

10:45am	Show poster 2&3	**Show Poster 2 & 3:** What's happening when loss happens and what is important to know
		
		Put poster 2 and 3 in the middle of the circle.
		Tell kids it is their turn to be a researcher or an investigator now.
		Give them their stickers and explain that you want them to have a look at the posters 1-3 (either whilst I read through them) or in the bit of time I will give you afterwards and think about
		    • What seems right (put a tick sticker on it)
		    • What seems wrong (put a cross sticker on it)
		    • What you don't understand or you don't think others would understand what I mean (put a ? sticker on it)
		    • What is really important for people to know (put a star sticker on it)
		
		Look at the results and discuss.
			Record discussion	• Recorder
				• Poster 2&3
				
				• Stickers

11am	Why kids cope on their own??	Point out that on **Poster 2** it says that one of the biggest things I found was that kids usually keep their feelings to themselves and not talk about loss with anyone and try to cope on their own – I want to know why!! Put out cards which show the range of reasons why this might be happening. Provide kids with new stickers (10 each) and ask them to allocate the 10 stickers to the different reasons – if they think they all contribute equally to why kids keep things to themselves then put one sticker on each card. If they think that some of the reasons are more important than others then they should put more stickers on these reasons. Have a look at the results and discuss them with the kids.	Record discussion Photo of cards	• Digital recorder • 10 cards showing reasons why kids don't talk about loss • 50 stickers to divide between kids there
		Are there any reasons that are not there that should be – that sometimes stop you from talking to others about your feelings? Ask: When you have decided to talk to someone about your loss feelings what was the main reason you decided to talk about it with that person at that time?		

11:20	Why some losses are harder than others??	Do the same ranking activity with the different reasons that are poster 3 that show the reasons why some loss can be particularly hard to deal with.
		
		Provide kids with 10 stickers again and ask them to allocate them to the different reasons.
		
		Have a look at the results and discuss.
		
		Was this hard to do?
		
		My hunch from the interviews was that one of the biggest issues was when kids didn't have information or any control over the situation and were not included – these are all things that we can do something about – is this stuff important?
		    • Why? Why not?
		    • How does it help when you have information or you are included?
			Record discussion
			
			Photo of cards
				• Digital recorder
				
				• 8 cards showing reasons why loss can be really hard to deal with
				
				• 50 stickers to divide between the kids

11:35	Break and game	Have a break either inside or outside – have frisbie for outside or play 'celebrity heads' inside (using characters such as peppa pig, batman, harry styles)		
11:40	Support and strategies for coping with loss	**Show Posters 4-7** Ask kids to use their investigator/researcher stickers again as I read	Record discussion	

		through the main themes and issues Discuss any relevant findings from this exercise Ask kids whether adults should be helping kids more or not? Or should adults be helping kids with skills or opportunities to just cope on their own in private? Think about some of the things were I got mixed messages: Draw on scale on the white board and put on the end of the scale: (1) Do kids want assistance, strategies and space to "be able to help themselves" or is it better for adults to help them by "having more support and time with adults" (2) Do the same scale with talking about feelings: "wanting to keep feelings to self" or "want to talk to others" (3) "remembering and talking about the lost thing/person" or "not thinking about it and moving on with your life" Do you always need and want a bit of both or is one more important than the other? Why	Photo of posters	
11:50	**Service system**	Discuss: No-one talked much about services/programs or workers or counsellors, but I got everyone's name through these people: So I want to know when your parents need to go to a service to get help to find somewhere to live or when you have to stay at a refuge or when you go to activities at places (like Barnardos) or maybe even for those kids who have workers in their lives because they can't live with their parents: • Do workers talk to you? • Do they talk to you about this stuff?	Record discussion	• Digital recorder
		• Should they talk to you about this stuff? • Or should they just talk with your parents only? • Can talking to these workers or counsellors sometimes be helpful? • Do you think workers and counsellors know all the stuff I have found out or do you think I need to tell them?		
12noon	**Dissemination**	Who needs this information? • Workers? • Parents? • Teachers? • Other kids? What would be a good way to give the results to other kids? • You tube video • Booklet (with your drawings and quotes) • Pamphlet Do you guys who have been involved want something like this to keep from the project?	Record discussion	
End	**Play outside**	Ask if kids want to look at and check their own map of themes and issues from their interviews Kimochies – how do you feel now? (last chance to use the kimochies) Free time playing outside whilst individuals go over their own interview maps		• Frisbie • Soccer ball • Food

Appendices

Appendix G – Events or Experiences used in Categorising Loss Activity

Blue Cards:

- Your pet going missing

- Your whole family moving house

- Not being as good at thing as other people your age

- Your teacher going on a really long holiday

- Feeling sad

- Someone in your family getting sick

- Your mum getting a new job

- Deciding not to be friends with someone anymore

Red Cards:

- Getting really sick

- Not getting what you want for Christmas

- Not feeling good about yourself

- Getting up in the morning

- One of your parents moving out of your home

- Never getting to meet your cousins

- Someone taking something of yours

Green Cards:

- A friend moving to a new city

- Going to High School for the first time

- Not being able to get the knots out of your hair

- Getting beaten at a soccer game

- Your baby sister being born

- Someone hurting you

- Not being able to find your favourite toy

- Someone you know dies

Appendix H – Emotions Depicted on Kimochis

Embarrassed	Hurt	Friendly
Happy	Hopeful	Silly
Cranky	Insecure	Disappointed
Sorry	Left Out	Excited
Surprised	Guilty	Sad
Sleepy	Loved	Proud
Optimistic	Scared	Grateful
Uncomfortable	Kind	Sensitive
Brave	Mad	Shy
Jealous	(and four blank ones)	

Appendices

Appendix I – Posters used in Third Children's Reference Group Meeting

Poster One:

Loss is harder to deal with when it involves you losing something or someone that is really special or important.

Losses experienced by children I interviewed included:
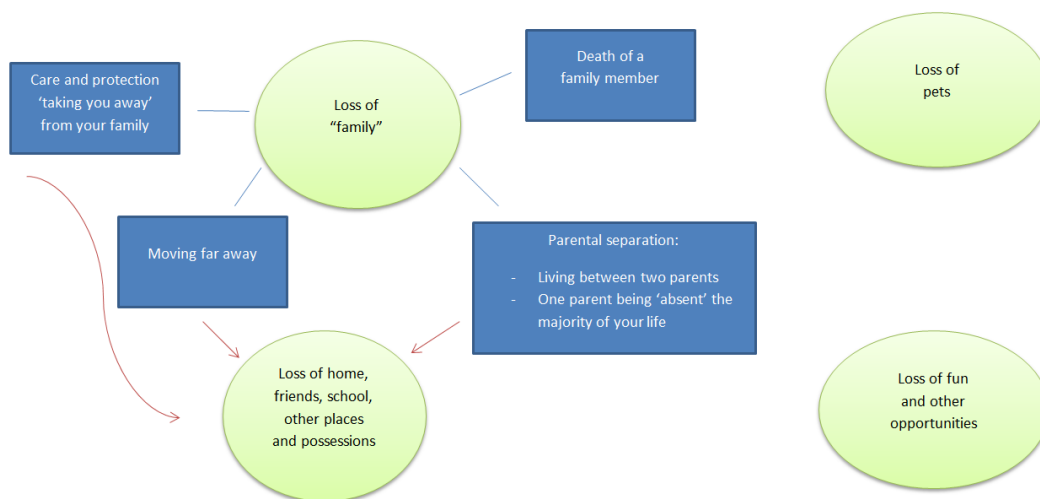
Poster Two:

Other important information:

- Loss is a part of everyday life and it is inevitable that we will all experience loss

- For some children loss was not *a pressing* or *major issue*
  - Many of these children focused on the positives of the big changes that happened in their lives

- For other children loss experiences or events had changed their lives *a lot!* And the feelings which resulted from these experiences were present almost all the time and were, at times, overwhelming

  - It seemed particularly hard to cope with losses when:
    - There were many losses present
    - Complex mixed emotions were involved
    - There was instability and/or uncertainty
    - When you weren't given information and you "didn't know" what was happening
    - You had no control or power over what was going on
    - There was constant conflict and stress around you
    - A traumatic event or experience was involved
    - There was involvement from services or systems (like child protection)
    - There were limited people around to help you

Appendices

Poster Three:

What was happening then?

Loss events and experiences:

- Were affecting all parts of children's lives, including how they felt about themselves

- Involved a vast range of mixed emotions that often remained present over a long time

- Due to the losses in their lives children often felt sad, worried, left-out, lonely and sometimes angry

- Most often children kept these feelings to themselves and tried to cope on their own

Poster Four:

Knowing and understanding what is important to children is the key to knowing and understanding how to help them!

Children said these things were important to them:

- Family (including extended family like grandparents, aunties, uncles and cousins)

- Pets

- Having fun (play, sports and laughter and **definitely not being bored**!)

- Friends (particularly when you are at school and as you get older)

- Having special or private places of your own

- Access to big outside spaces

- Doing things with others – and being included!

Poster Five:

When seeking support or help from others children mainly use:

Adults (mainly family members, but sometimes teachers)

Pets

Friends (especially as you get older)

Children use people and pets who:

❖ are close-by and available

❖ are kind and caring

❖ are fun and help you to play and laugh

❖ they have a pre-existing relationship with

❖ they can trust

Poster Six:

The support or help that children want:

- Practical care and comfort ("a big hug")
- Being with and doing things with others ("involving me")
- Information and having "a say"
- Talking and sharing feelings, but only sometimes
- Someone to "just listen"
- Access to fun, play and laughter
- Help to stay connected to lost people and/or places by:
  - Remembering (through photos and objects); and/or
  - Contact with people so you can "stay in their lives"

Children also thought that loss would be easier to cope with if they had some control, power, or "say" in their life, and the issues they were facing.

Poster Seven:

Children can be pretty good at helping themselves and others

Many children cared for, or helped, other important people in their lives

Most children viewed change as being positive and looked for the gains, or focused on the "good bits" of their lives

The majority of the children focused their time on trying to be happy and have fun

Other strategies children used to help themselves cope included:

- Seeking out time to themselves in special, private and/or quiet places
- Writing or drawing
- Sharing their feelings with their pets
- Remembering and focusing on the good things about the person or thing that they had lost

Appendix J – List of What Makes Loss Difficult Statements used in Children's Reference Group Meeting

- I had a lot of confusing and strong feelings

- I was dealing with a lot of different losses at the one time

- There was a lot of instability for me and my family and I didn't know what was going to happen next

- I wasn't given any information and I didn't know what was happening

- The thing that had caused the loss was a really traumatic and/or scary incident

- Life was very stressful because people around me were constantly fighting and/or arguing

- I had no say or control over what was going on

- There were not many people around to help me

Appendix K – List of Why Children Do Not Talk Statements used in Children's Reference Group

- I have had bad experiences before when I have told people stuff

- I don't like showing other people how I am feeling

- I don't want to upset other people

- Other people wouldn't understand anyway

- It is too upsetting to talk about it

- There is no-one I can trust

- There is no-one around to help or tell

- I just like to focus on the positives and try to be happy

- I wouldn't know how to talk about it

- Other people wouldn't be able to help anyway

Appendix L – Excerpt of one Transcript Post-Data Analysis

| Transcript	Descriptive comments	Linguistic comments	Conceptual comments	Emerging themes
E: Yeh, 'cause when I first met her I knew she was a little girl, so yeh. Um, and I used to have a dog named [name] and he was a [breed of dog]. R: Wow E: And before him I had a big [breed of dog], and he's not alive anymore, but he was probably my favourite dog that I ever had. R: How long did you have him for? E: Um, I don't know, but we didn't have him for like, I would say less than 5 years. Because [breed] have a cer…when they're born, some of them have a certain heart disease and Jet had that heart disease, so he died early [lower sadder voice]. R: That's sad. E: mm. R: Did you have to decide to put him down at the vets, or? E: No, he, um, my Dad was taking him out for a walk. And um [name] loves water, [name] loves to swim. The first time we got him we	she is coming back out, but when she does I am hopefully going to get her…I'm calling her [name]" Ellie then says "and I used to have a dog named [name] and he was [breed of dog]"…"and before him I had a big [breed], and he's not alive anymore, but he was probably my favourite dog that I have had" Ellie says she is not sure how long she had this dog for but said "but we didn't have him for like, I would say less than 5 years. Because [breed] have a…when they're born, some of them have a certain heart disease and [name] had that heart disease, so he died early"	*"I'm calling her [name]"* Again lowers voice when saying "he's not alive anymore, but he was my favourite dog that I ever had" *"so he died early"* Silence or non-verbal is used to denote her sadness at the event of her dog dying *"[name] loves water, [name] loves to swim"*	they all had to move to another home Ellie has named the kitten she found, she is already obviously quite attached to it, but she changes from saying *"I get to keep one. I am keeping one"* to in the next paragraph "I am *hopefully* going to get her" – kids again have limited control over these situations – and it seems that Ellie has limited information on where the kitten is and when she may be able to get her back Ellie continues to talk about animals and pets – we are now quite a way into the interview and she still hasn't mentioned family – pets appear very	Children sometimes little information relating to loss of important things such as pets Pets important and central in Ellie's life Pet loss Pets are the child's not the 'family's'
took him to the lake around the park and Dad couldn't hold him on the leash and he *bolted* and we went like 'oh, no that's the end of him, we won't be able to find him' and we went down to the lake, and he was in the lake paddling around R: Having a swim? E: Yeh, doggie paddle. [laughing] And then, um, and so, we were out near the lake and he went in and then he came back out and he looked at Dad and Dad went oh yeh go back in and he went back in and when he came back out he just died. Yeh, Dad tried everything because Dad and me loved [name], he was an awesome dog. R: When was that?	When researcher comments that this is sad Ellie replies non verbally to agree that it was sad Researcher asks about the circumstances of Jet's death and Ellie explains that "my Dad was taking him out for a walk. And Jet loves water, [name] loves to swim. The first time we got him we took him to the lake around the park and Dad couldn't hold him on the leash and he bolted and we went like 'oh, no, that's the end of him, we won't be able to find him' and we went down to the lake, and he was in the lake paddling around…and then…we were out near the lake and he went in and then he came back out and he looked at Dad and dad went oh yeh go back in and he went back in and when he came back out he	use of present tense for pet that is deceased Recounting memories of their times with pet dog Ellie laughs and has a smile on her face. When Ellie talks about his death, her voice get lower and softer.	important and central to her life – she says *"I'm calling her [name]"* and says of other pets *"I used to have"* – sees the pets as her own *"So he died early"* – indicates that Ellie is aware of the natural cycle of life and death, but that there are expectations about how long animals and people will live for – the fact that the dog died early may mean that this seemed unjust or unfair or it was especially sad because it was before his time. Remembering times with dog that has died makes Ellie feel happy – she is smiling and laughing – indicating that recounting	Talking quietly about loss Memories are a positive thing

E: A long time ago. I don't remember when.	just died. Yeh Dad tried everything because Dad and me loved [name] he was an awesome dog" When asked when this was Ellie said "it was a long time ago, I don't remember when" Ellie says that she still feels sad about it and "I've still got a big picture of him"		memories may be a happy and positive thing – Ellie can remember all of the details of his death but cannot remember or locate when it actually happened – kids can have trouble placing events on a timeline, but it doesn't mean that they are any less affected or engaged with this event or experience.	Kids not able to locate timelines of events/experiences
R: Do you still feel sad about it? E: Yep, I've still got a big picture of him. Yeh. Umm, I have a dog named [name] who is at [dad's old partner's name]'s because we can't have him here. I also have a dog named [name] and he's at [dad's old partner's name]'s as well. [pause]. Um, and, [pause] I don't know what else.	Ellie goes on to say that she has two other dogs who she doesn't see now because they are at her dad's ex-partner's house and she is unable to have a dog in her current house			Importance of photos/pictures in remembrance
			Ellie emphasises how important the dog was and how much she misses him and feels sad about his death by stating "I've still got a big picture of him" – picture/photos of things that are gone are important	
R: Have you run out of animals? [laughing]	Ellie pauses and says "I don't know what else" – When the researcher says that animals are important to her Ellie goes on to say that she also has "a very	Ellie and researcher sharing laughter	Ellie's father is living in	

R: Animals are important to you? E: Um. I have a very big [breed] giant rabbit called [name]. R: OK. Where's [name]? E: He's at my Mums. He's about that big [show hands]	big [breed] giant rabbit called [name]" who is at her mum's house		temporary housing provided through a homelessness service – this may be why they cannot have their dog in their current house – and another dog was seemingly left behind at ex-partner's house – shows the impact and secondary losses that result from homelessness and parent's relationship breakdown	Losses as result of homelessness and parental relationship breakdown
R: So do you miss them when you're not at your mums? E: Yeh. I miss one of them. When I was at camp, because it was in my mum's week, and I had to pretend that my toys, I have a very special connection to my toys. Because I've had them for a very long time	When Ellie is asked if she misses them when she is not at her mum's house Ellie says "Yeh. I miss one of them" Ellie also missed her toys when she was at school camp because "I have a very special connection to my toys. Because I've had them for a very long time"			Pets are central to her ideas of 'self'
R: what sort of toys? E: Well I've got two of them here. One's named [name]. R: soft toys? E: hm m [affirmative]. One's named [name] and she's a [sort of toy and colour] and the other one is [name] and he's a [sort of toy] and yeh, um, and then at [dad's old partner's name]'s which I'm trying to get back, he's one of my favourites, his name is [name]. I'm	Ellie says that she has two of the toys with her 'here' at her Dad's house, she describes what they are and their names and also says "and then at [dad's ex-partner]'s which I'm trying to get back is one of		Ellie has seemingly run out of ways of telling me about herself when she finishes telling me about her pets – pets are central to her identity and important in her life Ellie mentions she has a 'very special connection' to her toys	"Very special connection" to toys

Appendices

Appendix M – Example of Emergent and Superordinate Themes – Mapping, Table, and Diagram for One Participant

Mapping of emergent themes:
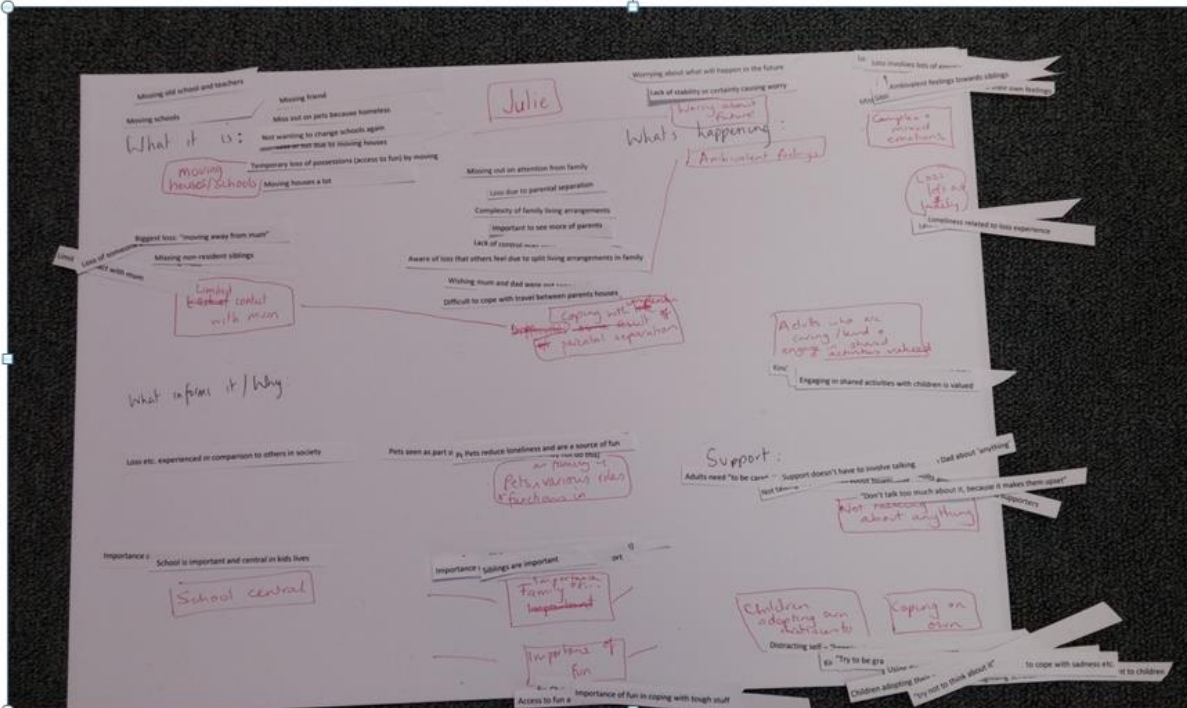
	Superordinate themes	Emergent themes	Data (on NVIVO)
	Coping with complexities of parental separation	Difficult to cope with travel between parent's houses	
		Loss due to parental separation	
		Missing out on attention from family	
		Wishing mum and dad were not separated	
What it is:		Complexity of family living arrangements	
		Lack of control over contact with mum	
		Aware of loss that others feel due to split living arrangements in family	
		Missing out on stuff because of siblings	
	Missing mum and siblings	Important to see more of parents	
		Missing non-resident siblings	
		Limited contact with mum	
		Loss of someone you love	
		Biggest loss: moving away from mum	
	Moving (houses and schools)	Temporary loss of possessions (access to fun) by moving	
		Not wanting to change schools again	
		Missing friend from old school	
		Missing old teachers and school	
		Missing out on pets because of homelessness	
		Loss of fun due to moving houses	
	Instability/worry	Lack of stability or certainty causing worry	

Appendices

What is happening:		Worrying about what will happen in the future	
	Complex mixed emotions	Ambivalent feelings towards siblings	
		Loss involves lots of emotions	
		Loss causes mixed emotions	
		Hard to recognise or understand own feelings	
		Siblings can be hard to live with	
	Feeling lonely	Loneliness related to loss experience	
		Left-out	
	Not talking about anything	Not talking to Dad about anything	
		Adults need to be careful when talking to kids about tough stuff	
		Don't talk too much about it, because it makes them upset	
		Limited adults around as helpers/supporters	
		Not talking to parents about feelings	
		Support doesn't have to involve talking	
	Coping on own	"Try not to think about it"	
		Children adopting their own strategies to cope	
		Mostly supports herself to cope with sadness etc.	
		Using drawing as a coping activity	
		"Try to be grateful for what you've got"	
		"acting like your fine"	
		Others not recognising seriousness of loss/feelings	

		Kids using outside natural spaces for private spaces to cope	
		What others think are little things can actually be significant to children	
		"Sitting in a quiet place" to cope	
		Distracting self – "keeping it off my mind"	
		"Holding it in": keeping feelings to self	
What informs it/Why	Central place of school	Importance of having nice peers and friends at school	
	Importance of family	Siblings are important	
		Extended family source of practical support	
		Extended family (grandmother as support)	
		Siblings as supporters	
		Extended family is important	
	Pets as important and valued family members	Pets reduce loneliness and are a source of fun	
		Pets as source of fun	
		Pets as companions	
		(Adults may not see pets in this way)	
	Importance of fun	Access to fun and play is important	
		Importance of fun in coping with tough stuff	
		Christmas and birthdays as important occasions	
	Loss etc. experienced in comparison to others in society		
	Adults who are kind/caring and engage in shared activities are	Support doesn't have to involve talking	

Support:	valued		
		Acts of kindness remembered by children	

Appendices

MAP OF SUPERORDINATE THEMES: these are all linked / interrelated (only some of the relationships are represented by lines) (Julie)

What it is:

Coping with complexities of parental separation

Missing mum and siblings

Moving (houses and schools)

What's happening:

Complex mixed emotions

Feeling lonely

Instability / worry

Not talking about anything

Coping on own

What informs it / or Why:

Central place of school

Importance of fun

Importance of family

In supporting kids:

Pets as important and valued family

Adults who are kind/caring and engage in shared activities