AN EVALUATION OF THE BEREAVEMENT PROGRAMME FOR ADOLESCENTS AT DURBAN CHILDREN'S HOME

PREMILLA PILLAY

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BY

PREMILLA PILLAY

Submitted in fulfilment of the academic requirements for the degree of Master of Social Work in the School of Social Work and Community Development,

University of KwaZulu-Natal

Howard College Campus

Durban

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ABSTRACT

Many children are affected by the loss of a parent. In South Africa this is exacerbated by the HIV/AIDS pandemic. Therefore the Durban Children's Home responded by developing a Bereavement Programme for children who lost a loved one through death and where in its care.

Hence this study was conducted at the Durban Children's Home which is a residential care facility for children in Kwazulu-Natal. The Bereavement Programme offered to adolescents at this facility was evaluated. The main aim of the research was to assess the implementation of the Bereavement Programme and to determine whether the Bereavement Programme was useful in helping children cope with grief.

Both qualitative and quantitative methods were used. McKendrick's (1989) model and Marsden, Oakley and Pratt's (1994) model of evaluating programmes provided the framework for this study. The process entailed administering questionnaires to a purposive sample of 18 children between the ages of twelve and seventeen years who have experienced the death of a loved one and who have attended the Bereavement Programme offered at Durban Children's Home. Twelve children also attended the focus group. Data that was collected from the specialised child care workers, child care workers, a focus group with the children as well formal reports of the Bereavement Programme triangulated information, thereby enhancing the trustworthiness of the study. Information on the adolescents' background was also gathered to reflect the complexity of the children's experiences.

The findings of the study indicated that the Bereavement Programme was beneficial in meeting the needs of grieving children within a controlled therapeutic environment. The findings also suggested that the Bereavement Programme had a healing effect on children hence, helping them to gain closure as well as improve their behaviour and academic performance. The findings further pointed to the Programme being cost effective for Durban Children's Home. Further to this the study showed that interventions on a Microsystems level and mesosystems level were effective in meeting the needs of children who needed to grieve.

Emanating from the findings, recommendations have revolved around enhancing the therapeutic component of the Bereavement Programme, ways of making the Programme more inclusive for sick children and increasing the support and training for staff implementing the Programme. Recommendations were also made in respect of funding, monitoring and evaluation and replication of the Bereavement Programme.

DECLARATION OF ORIGINAL WORK

This study represents my original work and not otherwise been submitted in any form for any other degree to any tertiary institution. Where references are made of the work of others these are duly acknowledged in the text.

Premilla Pillay

University of Kwazulu-Natal

Registration Number:8831465

November 2009

This dissertation is being submitted with the approval of the supervisor.

Supervisor: Dr Barbara Simpson

Signature:

Date:

DEDICATION

To my wonderful grandmother whose love, strength and determination is forever my inspiration.

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CHAPTER ONE: CONTEXT AND PURPOSE OF THE STUDY

The Journey Begins...

INTRODUCTION

For people working with bereaved adolescents, it is necessary to become acquainted not only with how adolescents understand death but also how they respond to death in order for problem areas to be assessed and alleviated (Sherr 1995:146). Most adolescents' first encounter with death is facing the loss of a family member or a friend. However, thousands of adolescents who have families with life threatening conditions have to deal with death and dying on a different level. They may also be preparing for their own impending death. According to professionals in the mental health field, it is necessary to initiate interventions to support adolescents experiencing grief. There seems to be limited evaluative research on this subject in South Africa as it is a relatively new field. However, the studies presently available provide valuable information on how adolescents deal with death and dying (Nielson 1996).

This research study focuses on adolescents who are orphaned and vulnerable and who have been placed in residential care. It evaluates a bereavement programme for adolescents at a residential facility namely, Durban Children's Home. This chapter ends with an overview of the dissertation and the definition of terms.

This chapter begins by describing the context of the study and describes Durban Children's Home and the Bereavement Programme in detail. The research problem and objectives are then provided. The theoretical framework and research approach are then introduced.

BACKGROUND AND EXTENT OF PROBLEM

Many adolescents are affected by the loss of a parent. In South Africa this is exacerbated by the HIV/AIDS pandemic. There are currently more people infected with HIV than any other country in Africa. By 2010 it is expected that over 800 000 Aids related deaths will occur. The number of adolescents who have been orphaned is rapidly increasing, as is the proportion of parental deaths that are AIDS related, with over 150 000 adolescents losing mothers to HIV/AIDS in 2002 alone (Children's Rights Commission Report 2008). It is predicted that by 2010, up to two and a half million children will be orphaned by AIDS (Rehle and Shisana cited in Partab 2006).

According to Statistics South Africa (2006), the overall percentage of maternal orphans increased between 2001 and 2005, by approximately 5%. The overall increase in maternal orphanhood for KwaZulu-Natal was more pronounced, rising to above 8% by 2005. The percentage of maternal orphans, between 0-4years increased by 88%, whilst the percentage of paternal orphans increased by 14% between 1998 and 2005. The percentage of children who were double orphans increased from about 1% in 1995 to approximately 3% in 2005. Fostered and orphaned adolescents were overwhelmingly cared for in a household headed by a grandparent or a great-grandparent (Statistics South Africa 2006).

As the HIV /AIDS pandemic grips the world in its claws of death, millions of adolescents are left vulnerable and orphaned. Research on the demographic impact of HIV/AIDS by Dorrington, Johnson, Bradshaw and Daniel, (in Giese 2007/2008:19) estimate that as of 2006 approximately 5.4 million people in South Africa were infected with HIV. Further, the same study estimates that 1.5 million children had lost their mothers, of which two thirds of deaths were AIDS related.

Two broader problem issues are relevant for this study:

- One concerns the complex nature of adolescents' grief in a society where the stigma of HIV/AIDS continues to be pervasive and;

- The other concerns the challenges of evaluating programmes that deal with such sensitive issues as adolescents' bereavement. These two issues will now be discussed.

Bereavement in the context of HIV/AIDS

Parental death has an adverse effect on surviving adolescents. The adolescents may be affected socially, psychologically, behaviourally, spiritually and educationally. Adolescents' abilities to express their grief is impacted upon by their culture and social background. When normal grief is compounded by stigmatization, expression of grief may be complicated. The mourning of the loss of a parent becomes shameful to adolescents in fear of rejection and victimization (Bigelow and Hollinger 1996). Literature has indicated that the family's response to death is prescribed by the culture of origin and the society in which they live (Cook and Oljenbruns 1989). Many adolescents are not allowed to display emotion or not given sufficient information about the cause of the death of their parent, leaving them confused and unable to accept the loss and move on (Smith 1999). This research has assumed that adolescents need to achieve closure (emotional detachment) in order to continue with new goals in their lives.

Over the past decade more than twelve million people in sub-Saharan Africa have died of AIDS related illnesses. The South African Medical Research Council maintains that 40% of deaths in the year 2000 were of AIDS related diseases. If nothing is done about the AIDS pandemic, over ten million people will have died of AIDS, leaving South Africa with approximately one and a half a million orphaned children. It is further predicted that there would be forty million orphaned children worldwide due to the AIDS pandemic. These children will once again be the victims of Society; they would have lost the opportunity to grieve within a "normal family and societal environment" as they would be moved into residential facilities which may have to meet their medical, social and psychological needs. Thus the adolescents may experience social death themselves by virtue of their circumstances, complicating the normal process of grieving. Hinga et al (2008) state that the burden of caring for the orphaned adolescents will be the responsibility of grandparents, who will be dependent on grants for their survival. It will be the responsibility of government structures and

community organisations to provide support and resources to these grandparents who have the ability to care for the children unconditionally (Hinga et al 2008).

Presently, the lack of resources such as funding and availability of social service professionals' impact on preventive and early intervention as prescribed in the White Paper for Social Welfare (1997). These services are meant to capacitate families by helping dying parents plan for the long term care of their adolescents. This is an idealistic scenario in view of the limited resources outlined above. Adolescents who are presently left vulnerable in the community and are placed into Children's Homes when they are found in need of care in terms of Section 14 of the Child Care Act no. 74 of 1983. The Children's Bill (2005) costing team estimates that 54% of children referred to social services by 2011 will be children whose parents have died of AIDS (Giese 2007/2008:22).

The experience of loss can place adolescents and more especially young adolescents in a vulnerable position as it affects their development and overall emotional and social wellbeing (Davies 1991: Tyson-Rawson 1996). The experience of loss may influence the child's perception of themselves and their world. Over the past five years it has been noted that there has been a significant number of adolescents admitted to Children's Homes who have suffered the death of their parents, as a result of HIV/AIDS related illnesses (Residential social worker, Durban Children's Home 2008). These adolescents have been stigmatised and left without social support due to the lack of education on HIV/AIDS. The stigma associated with AIDS frequently compounds their emotional distress and vulnerability (Khamya 2006 in Kasiram, Partab and Dano 2006). The shame that many people feel when grieving an AIDS related loss, severely complicates the grief process. The bereaved are often HIV positive themselves, vulnerable to the same fate, facing their own mortality whilst grieving the loss of their loved ones (Bigelow and Hollinger 1996). It becomes imperative to address and meet the social, physical, emotional and financial needs of these bereaved adolescents in order to ensure their normal functioning in society.

Seager and Spenser (1996), Smith (1999) and Cook and Oljenbruns (1989) are some of the authors mentioned in this study who outline the effects that grief and loss may have on children and adolescents. The adolescent's background, life

experiences, cultural orientation and cognitive development are taken into account. Their relevant ecosystems, such as the school, family, and peer group play a vital role in their responses to their death experience.

Evaluation of Bereavement Programmes

"The aim of residential treatment is that the child and his family should be able to experience themselves as competent and successful. It is through this process, that they may develop a new view of self, which allows for the ongoing discovery of more helpful, acceptable and successful behaviour" (Durrant 1993:28). The Child Care Act no. 74 of 1983 makes provision for the care and protection of adolescents. The "child" refers to any person under the age of 18 years and the Child Care Act no. 74/1983 stipulates that: "the child's best interest is of paramount importance in every matter concerning a child." Ramsden et al (2002, in Jackson 2007:36) agreed that rights and needs of the child are the basis for all work with adolescents.

Marlow (1998) points out that there is increasingly a demand for social workers to evaluate their practice. However numerous concerns and ethical dilemmas are brought to light when evaluating a programme where the sample consists of bereaved adolescents. For example, the selection of a randomized sample and the creation of a matched control group or non treatment group, for the purpose of evaluating therapeutic evaluations pose a challenge for researchers who need to evaluate the true potential of an intervention according to the experimental approach. An alternative method may be the quasi-experimental approach with the possible development of multi-centred research protocols (Stokes et al 2008). Child bereavement interventions not yet developed in one area, may act as the control for another area that had already developed services. This would obviously be more ethically acceptable than assigning adolescents to a non-treatment control group when treatment and services were available (Stokes et al 2008).

Stroebe et al (1993) maintain that more methodologically sound research is needed with regard to bereavement interventions. They acknowledge that well-controlled studies, of the effectiveness of professional interventions are few, due

to the ethical problem of allocating bereaved persons to 'no-help' conditions. Stroebe et al (1993) draws our attention to the difficulty of conducting evaluative research of bereavement interventions. It is considered unethical to offer a service to a group of clients and not offer the service to a second similar group of clients for the purpose of comparison. The lack of well-controlled studies is confirmed by Osterweis et al (1984) who state that 'while the few controlled studies have been conducted, subjective reports attesting to the helpfulness of interventions abound'. It is thus clear that evaluation of bereavement services is necessary however due to its sensitive nature a true or experimental intervention cannot be used to evaluate the programme.

The Harvard Bereavement Study (1992 in Stokes et al 2008) used a multitude of measures which reflected the complexity of the subject. Various tools have been used to measure the effects of bereavement and bereavement interventions. Whilst being committed to the richness derived from qualitative methodology, the use of standardised tests enabled Silverman and Worden (1993 in Stokes et al 2008) to gather quantitative data about the effects of bereavement on adolescents, who conclude that to understand adolescent's responses to the death of a parent requires focusing on a number of interacting variables. They indicate that attention needs to be given to the development of a tool that not only incorporates the findings of recent research, but also is appropriate as an evaluation measure. This could incorporate a semi-structured interview format with questions focusing on the child's knowledge and concept of death, such as 'how does the child feel when someone dies', and 'do these feelings get better?' In addition, questions need to be asked to elicit the child's own perception of the intervention and its effects. When devising any measure, it is important to incorporate the intervention's aims and objectives, as any evaluation should attempt to answer the question 'is the intervention achieving its objectives?' (Silverman and Worden 1993 in Stokes et al 2008).

The challenge of evaluating must be met if we are to take the needs of grieving adolescents seriously and create a system in which adolescents can routinely be offered support following the death of a family member.

CONTEXT OF THE RESEARCH

The research takes place within a residential facility for adolescents, namely, Durban Children's Home. Children are admitted to this facility in terms of Section 15 (1) (c) of the Child Care Act, No 74 of 1983[1]. This Act has been revised and will be replaced with new Children's Act of 2005 as amended. Chapter 2 of the new Children's Act indicates that the child needs are of paramount interest .This ensures that children are placed in a protective environment should they be found in needs of care. Durban Children's Home is registered to meet the needs of seventy four adolescents between the ages of two to seventeen years from Kwa-Zulu Natal who have been found to be in need of care in terms of Section 14 of the Act. According to the United Nations Convention on the Rights of Children (1989) which was adopted by South Africa to serve and protect children and ensure their optimal development, South Africa is required to ensure that the articles within the Convention is expressed through policies and programmes for children (Donald, Dowe, Louw 2000). The concept of "development" is defined by Gelphat, Brooks and Connell (1997) as the acquisition of physical, cognitive, social and emotional competencies required for engaging fully in family and society. It is important to make reference to the stability or change in the social, cultural, familial and materialistic contexts, when addressing the development of a child.

The residential social worker observed that there was an increase in the number of adolescents who had experienced the death of a parent due to HIV/AIDS related illnesses being admitted to the residential facility. For various reasons, these adolescents have been unable to attend their parents' funerals or rituals. This has contributed to the adolescents not gaining closure of their parents' death often resulting in behavioural and emotional problems. Durban Children's Home has recognized that death and loss of a loved one is a significant life altering experience for many adolescents in its care. A bereavement programme has thus been developed to address the therapeutic needs of grieving adolescents (Durban Children's Home Strategic Planning Meeting 2007).

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[1] Child Care Act 74 of 1983 is to be replaced with the new Children's Act 38 of 2005.

Durban Children's Home Bereavement Programme

The mission statement of the Durban Children's Home is to provide a range of programmes which meets the requirements of the Child and Youth Care Policy in South Africa (1998) which addresses the needs of young people and their families who seek or require developmental and therapeutic intervention in order to achieve a sense of wellbeing.

Over the past few years it was noticed that many adolescents referred to the programme are either orphaned or become orphaned whilst accessing services. Many adolescents have experienced multiple losses of significant people in their lives. It is observed that these young people struggle to express themselves in a healthy manner. This in turn impacts negatively on their ability to form and maintain relationships, affecting their relationships with peers, the school they attend and the activities within their community. Theorists such as Bigelow and Hollinger (1996:84) concur that grief is a normal response to the loss of someone to whom one is attached; it affects one physically, emotionally, cognitively, behaviourally, and spiritually and that everyone grieves uniquely.

It was recognised that much of this was directly related to unresolved feelings regarding the loss of their parents or other loved ones. Durban Children's Home responded by offering a group on Grief and Loss within the residential reunification programme. When this proved to assist young people in dealing with the pain of their loss, the programme was extended to include a four day wilderness camp. The use of the wilderness experience is to provide a comprehensive response to young people who are orphaned or who have lost other significant family, in order to effectively manage their loss and pain. An Aftercare component was added to the programme to offer ongoing support to those who have attended the Bereavement Camp. This programme intends to serve all adolescents admitted to Durban Children's Home, who have been affected by death.

Objectives of the Bereavement Programme

To provide children with the opportunity to:

- Find appropriate ways to express their grief and pain, and to help them understand death within their stage of cognitive development.
- Find "closure" for their loss of their loved one and move on according to the Dual Process Model of Stroebe and Schut (1995).
- Provide a forum for sharing memories of their loved ones with others who have had similar experiences.
- Learn from each other and find support through their shared grief and pain.
- Learn to access the support available to them from caring adults in their life space.
- Use a neutral and natural environment, which aids in the therapeutic intervention.

The aim of the programme is to enable 50 young people per annum, the opportunity to grieve the loss of their loved ones in a controlled therapeutic environment. The programme strives to ensure that these adolescents find closure and learn healthy and appropriate ways of dealing with the deep sense of loss and pain that they have to struggle with. It is hoped that attending such a programme will enable them to face their future as orphans with a sense of hope. They also have the opportunity to initiate a more trusting and meaningful relationship with others. The main aims of the Bereavement Programme are to give bereaved adolescents an opportunity to grieve within a safe and trusting environment, to gain an understanding of their concept of death and their experiences and feelings, and for the child to receive support from their peers who have also experienced death of a family member.

The Target Group*:*

The needs of a child who is admitted to Durban Children's Home, is assessed by a multi disciplinary team, who determine that child's specific therapeutic needs. The child is then matched with an appropriate programme offered by the Home. In this study, adolescents who have experienced the loss of a parent or other

significant family member are offered the opportunity of participating in the Bereavement Programme. Attendance is voluntary, for example a child had requested to go home during the holiday rather than attend the Bereavement Programme although she had been identified to attend the programme. At the time the child's need to be with her family was more important than attending the programme. She would be able to attend the Bereavement Programme at a later stage. The Bereavement Programme is a specialised programme which aims to address the grief of adolescents whilst they are part of the Home. Groups will consist of ten adolescents at a time facilitated by two specialised child and youth care workers and directed by the residential social worker.

The programme consists of three phases:

Phase 1: A group work component consisting of six sessions
Phase 2: A four day Wilderness camp
Phase 3: An Aftercare component which consists of monthly follow-up of group sessions for a period of one year

The first phase consists of a pre-camp group work programme comprising four sessions. This phase which is conducted by *specialized child care worker*s encourages group cohesion and trust and aims to gain a basic understanding of the child's perception of death and some of their experiences.

The second phase consists of a wilderness camp which is a four day programme where adolescents are exposed to activities that challenge their fears and helps them develop courage and group support. It is the phase where they can share their story and gain some reorganisation of their lives, where they can survive on their own and achieve their goals. Some of the activities include team building which facilitates trust building, this forms an integral part of the programme as it encourages the participants to share their experiences with others thereby gaining the support and comfort of their peers who have been through similar traumatic experiences. There is also a challenging and fun component to the camp which is received with great excitement. The therapeutic component allows for sharing and expressing intense feelings about the loss of the loved one.

"The River of Life" or "Shield" are techniques used to help adolescents compartmentalise their past and present experiences and feelings, and finally include their thoughts about their future which may involve change, hopefulness and suggestions from their peers. The wilderness camp is facilitated by an experienced ecotherapist who specializes in programmes with bereaved adolescents. (This person is referred to as the *facilitator)*.

The final phase is the aftercare programme where the *specialised child care workers* meet with the bereaved adolescents monthly, to conduct group sessions which entail making memory boxes, offering supportive services and if necessary referring to the social worker for further individual counselling. This phase continues for a period of one year. This programme is facilitated by a specialized child care worker.

A total of forty adolescents participated in the Bereavement Programme in 2008. Four camps were held. Each camp catered for children of similar developmental stages. For the purpose of this study only adolescents have been chosen as the sample due to the sensitivity of the topic being addressed.

PROBLEM STATEMENT

Those who have been involved with the programme are of the opinion that it has been helpful however, no formal evaluation of the programme has been done.

There is thus a need to carry out evaluative research. It is considered unethical to introduce a service without finding out whether it is beneficial or not. Further to this, in the current economic climate there is competition for limited resources and the need to be seen to provide a valuable service must be evident. In addition, the information collected could help the service develop in a way that best meets the needs of bereaved adolescents and their families.

The evaluation of the Bereavement Programme will thus contribute to the body of knowledge about how to help adolescents cope with grief.

ASSUMPTIONS

The following assumptions underpin this research study:

The first assumption of the study was that all adolescents who have experienced the loss of a loved one grieve however this is manifested in different behaviours.

The second assumption of the study was that unresolved grief inhibits progress of self-fulfilled dreams and goals and that adolescent need to find closure (emotional detachment) following the death of a parent or loved one, through the support of caregivers and peers.

The final assumption was that the opportunity to grieve through a structured bereavement programme is valuable in the healing process.

RESEARCH OBJECTIVES

The purpose of the study was to evaluate the Bereavement Programme at Durban Children's Home. The objectives were:

1. To assess the implementation of the Bereavement Programme in terms of the:

- process
- activities
- materials
- cost

2. To determine whether the bereavement programme is useful in terms of the:

- Adolescents' experiences of the programme
- Child care worker's and specialized child care worker's perceptions of the ways in which the adolescents may have benefited from the programme.

THEORETICAL FRAMEWORK

This study was guided by two theoretical frameworks, the Ecosystems perspective and the Attachment theory.

Ecosystems Perspective

This perspective offers a way of conceptualising the relationship between people and their environment. According to this perspective, the individual functions as part of many systems and because systems are in dynamic interchange, a change in one part of the system will have consequences for other parts of the systems (Bronfenbrenner 1979). Problems may arise because of a misfit between individuals and the systems they are part of. The role of the social worker is to enhance the fit between the individual and the systems affecting them (Hoffman and Sallee 1994). Eco-systems are considered relevant to the study as it acknowledges that individuals exist within a cultural and familial system. It provides a framework for understanding the different systems that may affect adolescents and their experience of grief.

The theoretical origins of the ecosystems perspective originate from Ludwig von Bertalanffy's "General Systems Theory" (1950, 1968). This perspective views human beings as existing in a social web. The behaviour and development of the individual are influenced by, and reciprocally have an influence on the behaviour and development of others in the same social web. We can therefore surmise that human behaviour is the product of an ongoing interaction between social environments and internal motivations as explained in the ecosystems approach.

This Ecosystems approach also acknowledges the development of both "normal" and "abnormal" behaviour as a product of the child's environment. According to Erikson (1968) adolescents develop in terms of stages. The child's development according to the ecosystems approach takes into account all aspects of the child's environment which is seen to impact on the child's growth (Bronfenbrenner 1979).

These subsystems referred to by Bronfenbrenner (1979) include the home, family, religion, culture, sub-culture, community, as well as school. He further explains that these systems are always interconnected. If there is a change in one system, other systems may also be affected. For example, a change in the family system, will affect the parental system and the adolescents which in turn may influence allied systems such as the school or the extended family system.

Urie Bronfenbrenner (1917-2005) labelled different aspects or levels of the environment that influence adolescent's development. This includes the microsystem, the mesosystem, the exosystem, and the macrosystem.

The microsystem is the small, immediate environment in which the child lives. Adolescent's microsystems comprise of the closest relationships in which the adolescents interact with, namely, their immediate family, caregivers or their school. As mentioned the way in which these groups or systems interact with the child will impact on the child's growth. The child's development will be further enhanced through relationships that are developmental and nurturing. Accordingly, the manner in which the child responds to people in the microsystem will affect how they react to him/her. Each child's temperament may also contribute to others response to them.

Bronfenbrenner's second level, the mesosystem, describes how the Microsystems work together. For example: Parents attend a school meeting to indicate an interest in their child's academic performance. The parents respond positively to feedback from the teachers and will encourage the child's performance. The opposite response by parents could negate the child's interest in his school.

The exosystem level includes the other people and places, that the child herself may not interact with personally, however may still have a large affect on him/her. Some of these exosystems may be the parents' workplaces, extended family members, or the neighbourhood. The parents' social status and financial security, may impact on the provision of the child's needs.

Bronfenbrenner's final level is the macrosystem, which is the most extended group of people and things which are very distantly connected to a child but still has influence over the child. The macrosystem includes aspects by the national government, cultural values, the economy and the social environment, which may also affect a child either positively or negatively. An example of this would be when a child's actions are dictated by his or her cultural origin and its expectation of certain behaviours. This is further discussed in chapter two where the influences of grief and loss are discussed. The Ecosystems perspective was used

as a guide to explain how bereaved adolescents at various levels of cognitive development, who are influenced by their surroundings/ environment, adapt, develop and grow because of interventions made available to them through the Bereavement Programme at Durban Children's Home.

Attachment Theory

It is also helpful to integrate a theoretical framework on bereavement and grief in adolescents. For this purpose Bowlby's (1988) Attachment Theory has been included to understand individual responses and behaviours in terms of disruption of affection bonds, and social actions impacting on the participant's psycho social manifestations. Attachment theory explains how infants behave towards their attachment figure during separation and reunion times. It is believed that attachment behaviours formed in infancy will help shape the attachment relationships people have as adults. Peers also have a lot of influence on a child's personality, just as the child's environment does (Harris 1997). Weiss (1982) maintains that adolescents who exhibit autonomy seeking behaviour usually have a positive relationship with their parents, indicating that they feel comfortable exploring because they know their parents will be there for them. Young adolescents and adolescents who do not have the secure base of having their parents to guide and support may need the alternate caregivers to provide the roles which are missing. The impact of the death according to the Attachment theory would mean that young people would find it challenging to reach autonomy and explore their lives securely. Resolving bereavement during adolescence would therefore involve interplay of the tasks and conflicts of each phase of adolescence (Balk 1996).

RESEARCH APPROACH

This research evaluated the Bereavement Programme implemented at Durban Children's Home. Evaluation research is the systematic application of social research procedures for assessing the conceptualization, design, implementation and utility of social intervention programmes (Rossi and Freeman 1989 in De Vos 2003). It is the process of collecting and synthesizing data for the purpose of showing value of a particular programme. Programme evaluation requires that the

steps of a particular process be implemented to carry out the evaluation. For this purpose, Marsden et al (1994) and McKendrick's (1989) models of programme evaluation has guided the implementation of the evaluation process. This study focuses on bereaved male and female adolescents who have attended the Bereavement Programme.

Sample and Data Collection Methods:

The sample consisted of eighteen adolescents between the ages of twelve to eighteen years who had attended the Bereavement Programme. The eight male and ten female adolescents consented to complete questionnaires and to attend separate focus groups. In order to increase the trustworthiness of the data gathered from the sample interviews were conducted with four child care workers, two specialised child care workers and the manager of the Home. A semi structured interview schedule was used to guide the interview process. A protocol for analysing records of the adolescents' background and information from written reports on the bereavement groups conducted was completed by the researcher.

All the respondents were requested to complete a consent form to indicate voluntary participation, prior to the completion of the data collection methods. Respondents were given the opportunity to withdraw from the study at any time. The childcare workers, specialised child care workers and the manager were requested to sign consent forms to participate and were also given the option to withdraw from the study at any time. Confidentiality, privacy and autonomy were maintained at all times. The method of triangulation was used in this research to add to the credibility and trustworthiness of the information gathered.

STRUCTURE OF DISSERTATION

Chapter One:

This chapter has introduced the study and provided the aim, rationale of the study, assumptions, and brief research methodology. The theoretical framework will also be contained in this chapter.

Chapter Two:

This chapter reviews current literature on adolescents living with bereavement. Concepts are defined and the perspectives on grief are discussed. The chapter also includes factors that influence adolescents' reaction to grief; and ways in which grief may impact on a child's life.

Chapter Three:

This chapter focuses on the types of interventions that are used in addressing issues of grief and loss; and the challenges faced in planning, implementing and evaluating such programmes.

Chapter Four:

This chapter focuses on the research methodology which comprises of the integrated use of the qualitative and quantitative evaluative research. McKendrick's Model and Marsden, Oakley and Pratt's Model are used as a frame of reference. Both models are used as a guide for the evaluative process, and analysis.

Chapter Five:

This chapter contains the presentation and discussion of the analysis and findings of the study. The participants responses are discussed under the headings of: The precamp group sessions, the wilderness camp and the aftercare support groups. Similarities and discrepancies are highlighted as themes.

Chapter Six:

The final chapter summarizes the results, and makes recommendations for practice, policy, and further research.

DEFINITION OF TERMS

In order to facilitate clarity, the following are brief explanations of the concepts used.

Specialized Child care worker-: A specialised child care worker is a caregiver who has acquired skills to conduct the pre camp groups and the aftercare groupwork sessions.

Child care worker -: A child care worker is a caregiver who provides for the child's physical and social needs.

Facilitator-: A facilitator is an independent ecotherapist skilled in conducting bereavement programmes with adolescents.

Grief: Grief is defined by Corr et al (2000) as the reaction to loss .It the actual feelings experienced by the bereaved and may include a somatic, a behavioural and an emotional component.

Mourning: Mourning is the processes that the person goes through to cope with the loss. This includes feelings of sorrow, loss and a way in which one copes with the daily life of living.

Bereavement: Bereavement is the actual state of deprivation caused by the loss.

Bereaved: A person is considered "bereaved" following the death of a loved one, regardless of one's emotional reaction.

Closure: Closure is the process of achieving emotional detachment from the relationship with deceased.

ACRONYMS:

HIV **:** Human Immunodeficiency Virus

AIDS **:** Acquired Immune Deficiency Syndrome

CHAPTER TWO: UNDERSTANDING ADOLESCENTS AND BEREAVEMENT

The difference between what we do and what we are capable of doing would suffice to solve most of the world's problems.

Mahatma Gandhi

INTRODUCTION

This chapter begins by defining grief and loss and discussing the different types of grief. A number of theorists have studied the grief process and their understanding of this will be presented in this chapter. Factors that influence children's reaction to grief and how grief impacts on the various aspects of a child's life will also be discussed.

GRIEF AND LOSS

A number of definitions point to grief as a process as universal but unique to the individual. For Fiorini and Mullen (2006) it is an inevitable, never-ending process that results from a permanent or temporary disruption in a routine, a separation, or a change in a relationship that may be beyond a child's control. This interruption or separation causes pain and discomfort and impacts on the persons cognitive, emotional and behavioural processes (Fiorini and Mullen 2006).

Grief is a universal human experience, the causes and the manifestations of it is unique to each individual and may change over time (Sherr 1995). Grief is regarded as a normal reaction to loss or a normal process of reacting both internally and externally to the perception of loss. Stroebe et al (1993) have defined grief as a multifaceted response to loss that includes psychological, behavioural and physical reactions, combined with cognitive, emotional, social spiritual and somatic elements.

Dyer (2004) defined loss as a common experience that can be encountered many times during a life time, as it does not discriminate against age, race, sex, education, economic status, religion or culture. Fiorini and Mullen (2006) suggest that loss is different for each person and that grief can be expressed in an endless

number of ways. They also maintain that it is important to view grief as a normal and natural reaction to loss and not as a pathological condition (Fiorini and Mullen (2006). Dyer (2004) regards the acute responses to loss are not unhealthy or maladaptive responses rather they are normal responses to an abnormal event.

The above excerpt confirms what Fiorini and Mullen (2006) have indicated. This tells us that people may respond to the same loss or traumatic experience in different ways. Dyer (2004) argues that although some adolescents may not appear affected, some have delayed reactions which may only appear days, weeks, or months later. This may lead to complications in the grieving process. The adolescent whose needs are not met after a significant loss may become increasingly anxious. They may have multiple physical complaints, functional impairments, strained relationships, disrupted sleep and the possible use of drugs.

Schilling (1992) found that death may affect children throughout their adulthood, if their loss is not given the proper attention and if children are not provided with adequate grief support and/or an opportunity to express their pain. It is thus no doubt that loss and grief are fundamental aspects of human existence providing the building blocks of a person's life experience (Thompson 2002).

Mourning

In the literature, mourning is seen to be different to grief and is described as the tasks involved in grief and a process.

According to Stroebe et al (2001:6) mourning is the "task that is required to detach oneself from the loved one", "it is the social expression or acts expressive of grief that is shaped by the practices of a given society or cultural group" (Stroebe et al 2001:6).

Worden (1991) further defined mourning as the process of separating from the person who has died and adapting to the loss. Worden goes on to explain that mourning is an active process which involves tasks, stages, or phases. Facilitating normal grief entails working through and completing these with processes with the bereaved person (Worden 1992 cited in Sherr 1995).

Webb (2002 cited in Wimpenny 2006) on the other hand suggests that "mourners do not just move on and end their relationship with the deceased; they continue to have a relationship with that person throughout their lives". This approach allows the professionals dealing with bereaved adolescents, to help children redefine their relationship with their lost loved one and hold onto meaningful memories. Worden's (1991) conceptualization of grief allows for this process to occur. This will be discussed further in the next section.

Traumatic grief:

The word "trauma" comes from the Greek root "meaning" to wound" (cited in Bigelow and Hollinger 1996). They further maintain that traumatic grief is said to be a "powerful shock with long lasting effects". The person may have been exposed to an overwhelming event which renders the person helpless. Such an event could have been the witnessing of a suicide or murder, or if the person was in an accident where a family member has died. Post traumatic stress disorder is described as symptoms that follow a psychologically distressing event that is outside the range of normal human experience. It is an experience that would be distressing to anyone and produces fear, terror and helplessness. The person has thus experienced, witnessed or was confronted with an event or events that involved or threatened death or serious injury or a threat to physical integrity of self and others (Bigelow and Hollinger 1996).

Children with traumatic grief are "stuck" in the traumatic way in which their loved one has died. Whenever they try to remember a happy time with the loved one, children's thoughts are veered to the terrible way in which the parent died. These thoughts are often frightening and upsetting for the child, thus they avoid thinking about the person who has died. Memories of the parent continue to be hurtful, upsetting and terrifying instead of being comforting and healing. Children with traumatic grief may develop sleep difficulties, difficulties at school, ongoing sadness and anger or avoidance of friends, family and memories of loved ones (Cohen and Mannarino in Bigelow and Hollinger 1996).

Complicated Grief:

Complicated grief is referred to as a delayed adaptation to loss or failure in the process of mourning (Dyer 2004). Mallman (2003) explains that complicated grief refers to "grief and mourning reactions that cannot be expressed". The child may not be able to experience the pain and emotional response to death. This is known as "*prolonged emotional numbing*" (Bigelow and Hollinger 1996; Mallman 2003). Dyer (2003) further indicates that if grief is repressed, unrecognised and untreated, the response of children may result in increased anxiety, multiple physical complaints, and functional impairments, strains in relationships, disrupted sleep, impaired childhood and increased substance abuse.

The Centre for Advancement of Health (2003 in Wimpenny 2006) indicates that the grieving process can become problematic, for the 5 to 10% of people who do not adapt 'normally' to their loss; this results in a reduced quality of life. Bigelow and Hollinger (1996) describe survivor guilt as a factor that further complicates the grief process. This often occurs when children have survived an accident or a natural disaster. This type of complicated grief is becoming more and more prevalent in families affected by loss through HIV/AIDS. Being HIV negative or surviving the parent who has died through related illnesses, poses the question "Why not me?" Many are overcome with despair, hopelessness and anxiety. They do not feel life is worth living and develop a desire to die. It is apparently crucial to regard survivor guilt as a normal part of grief in order for children to be encouraged to live (Bigelow and Hollinger 1996).

The terms 'complicated grief' and 'traumatic grief' appear to be more widely used to cover a range of terms and grief reactions, such as pathological, unresolved, exaggerated, masked, abnormal, morbid, delayed, chronic or absent grief (Middleton et al 1997; Worden 1991 cited in Goodman 2004).

Anticipatory Grief

Anticipatory grief is a feeling of loss before a death or dreaded event occurs (Hogson 2005). The anticipation of grief is part of the normal grieving process. This may be triggered through the anticipation of death and its consequences (Reidy in Sherr 1995). Preparation for the death of the family member involves gradual withdrawal, divesting of roles and ties, completion of tasks and resolution

of conflicts. This process can be positive unlike premature detachment which can leave the mourner feeling guilty with grief unresolved (Rando 1988). The process of anticipated grief represents a personal adaptive response to stress and can serve as a shield against the burdens of care giving in the terminal phase of AIDS (Worden 1991; Sherr 1995).

Children anticipating the loss of their parent or parents may become anxious about their future. They also become concerned about their own survival in a community which has poor regard for families affected by HIV/AIDS.The symptoms of anticipatory grief is experienced as and includes denial, mood swings, forgetfulness, disorganized and confused behaviour, anger, depression, feeling disconnected and loneliness (Hogson 2005). The person may be susceptible to health symptoms, such as weight loss or gain, sleep problems, nervous behaviour, and general fatigue. Fatigue and the strain of handling symptoms of ill health can lead to depression (Hogson 2005).

The relationship between AIDS and the impact of parental death is different compared to parental death caused by other factors. In AIDS related death there are additional factors which cause anxiety for the surviving children: Firstly, there is a possibility of both parents and child being infected with HIV/AIDS. The concern for the bereaved child would be, how to take care of the surviving ill parent and themselves; Secondly, there are issues of financial constraints and drug dependency as well as who would help to provide food and medication for the family if the sole provider has passed away (Samperi and Ahto 1991; Giaquinto et al 1992; Lipson 1993 in Sherr 1995).

Disenfranchised Grief

Doka (1989) discussed the concept of disenfranchised grief to assist with understanding of a loss that is not socially sanctioned and does not attract attention or support to those who suffer the loss. This concept of disenfranchised grief recognises that societies have expectations or sets of norms that specifies who grieves, for how long, when and where this is possible. In the disenfranchised griever, the person suffers a loss but has little or no opportunity to mourn publicly. This is evident with families and children who have suffered the

loss of a family member through AIDS related illnesses (Sherr 1995). Children are isolated from the rest of society. They are regarded as the underdogs. Many people feel that they deserve to suffer because of their ignorant beliefs that HIV is contracted only through immoral sexual activity.

PROCESSES OF GRIEF

Death is inevitable and is part of our life process. It is painful, permanent, and traumatic. When death pervades a family, the loved ones have to deal with the loss, no matter how painful. The process of healing needs to be followed and people learn to live normal lives again. Theorists in the field of grief and loss agree that 'grief is a normal response to the loss of someone to whom you were attached'. Leading theorists in the field of grief and loss are Eric Linderman (1944), Elizabeth Kubler–Ross(1969), John Bowlby(1980), Colin Murray Parkes(1972), Theresa Rando(1984), William Worden(1991) and Stroebe and Schut(1998). Their tenets of the grief process are unique however they share some conceptualization of the process which is depicted in stages, phases or tasks. In general, one goes through the processes of: 1.shock or numbness; 2. Suffering or disorganisation; 3. Recovery or adjustment. It is important to keep in mind that children do not grieve in a linear way; they will grieve in a fluid manner, resulting in the child moving between levels of grief.

For the purpose of this study the theories of Elizabeth Kubler –Ross(1969) who is widely acknowledged as the founder of the theories pertaining to the grieving process; Bowlby and Parkes (1972); Worden(1991) and Stroebe and Schut's (1998) more contemporary model, will be discussed in relation to the adolescents' grieving process.

Elizabeth Kubler-Ross'- The Grief Cycle model. This was first published in 1969 in "On Death and Dying"**,** The Grief Cycle Model consists of the following stages:

1. Denial: The first stage of this model is shock and numbness. There is refusal to believe and accept the information received about the death of the loved one. The person cannot accept that the event has occurred. This phase may be temporary

however can last for an undetermined period of time. This shock and denial phase is a protective mechanism which helps people cope and accept this traumatic situation at their own pace. It is possible to be locked in this phase for a very long time if a person is not provided with the necessary support and opportunity to express his/her emotions.

2. Anger: The second stage is when the bereaved person has an intense yearning and longs for the loved one, desperately wanting to bring them back so that life can be what it used to be. Feelings of anger, guilt and restlessness are very evident at this stage. The bereaved person may be angry with himself or herself or with others who he/she perceives to be the cause of the death of the parent. The tears of anger and sadness as well as the need for solitude, are consistent with this stage as the bereaved tries to handle the situation.

3. Bargaining: This is when the bereaved tries to compensate for the loss and will do anything to regain their presence, for example a child may bargain with God that he or she will never misbehave again or give up something valuable in order to see his/her parents alive again.

4. Despair: In this phase the person experiences disorientation and disorganization. Feelings of guilt and depression are also experienced. A person may feel guilty for things done or not done prior to the loss of the loved one. During this phase, some people may resort to taking sedatives to help them cope with their emotional turmoil however this may only delay the emotional healing process.

5. Acceptance: The bereaved finally understands, acknowledges and accepts the death of his/her loved one. At this stage, the person is   prepared to make changes in his/her life and take on additional family responsibilities. They are able to start over as they experience some emotional detachment from the deceased.

Kubler-Ross has been criticized for this linear approach but as the pioneer in the study of death and dying, she has opened the field of grief and loss to further development. Parkes and Bowlby (1972) also favoured the stages approach

which is described below. They especially focussed on the effect of separation of children from their parents.

The Four Dimensions of the Mourning Process outlined by Bowlby and Parkes (1972) are: (1) Shock and Numbness, (2) Yearning and searching, (3) Disorientation and disorganisation, (4) Reorganization and resolution.

(1) *Shock and numbness:* The person may experience a sensation of stunned feelings, impaired judgement and functioning, and only short periods of concentration. Shock and numbness are the protective elements that the bereaved uses to help themselves. During this stage the adolescent's tactile and auditory response are not fully functional and they may, for example appear to be in a daze.

(2) *Yearning and searching*: This stage of grief is characterised by feelings of anger, restlessness, guilt and ambiguity. Adolescents may want to withdraw from contact with people, and want to be alone. At this stage they may also ask a lot of questions about their present situation. The child may also feel intense anger toward caregivers, themselves and God. Spenser and Seagar (1996) also indicate that anger towards other caregivers are common in adolescents as they are not yet ready to deal with the loss of their loved one.

(3) *Disorientation and Disorganization*: This phase is indicative of feelings of depression, guilt and confusion. It is similar to Kubler-Ross's third stage of "Despair". During this stage people tend to experience functional problems as they may neglect their physical and nutritional needs. Expressions of grief in younger children may range from regression, temper tantrums, and exaggerated fears to physical symptoms, lack of concentration, and mood swings in older children. Many children will exhibit depression. Symptoms of withdrawal, aggression, and giving up in school are common.

(4) *Reorganization and resolution*: During this stage painful feelings are expressed, children seem to have more energy and are motivated to move

positively into the future. Emotional detachment becomes possible and there is an acknowledgement of reality.

It is possible that a person may experience the grieving process differently as reactions tend to manifest   at various stages of the grieving process. It is quite possible to experience these reactions all at one time. Both Kubler-Ross (1969) and Parkes and Bowlby (1972) have been criticized for the rigidity of their stages approach. The stages approach does not take into account the persons past experiences or environmental influences which may contribute to various responses from the bereaved person. Whilst Kubler-Ross(1969) and Parkes and Bowlby (1972) share similar perspectives on the reactive stages of persons who have experienced the loss of a parent or loved one, William Worden (1991) preferred to regard grieving as a matter of achieving "tasks".

Tasks of grieving by Worden (1991)

Task 1: Accepting the reality of loss: This task involves facing the reality that the parent is dead and will not return. The child may refuse to believe this and may continue to pretend that the person is still alive. Denial can take several forms where the bereaved may manifest symptoms of delusion, the relationship with the deceased is minimized; and finally accept the fact that death is irreversible.

Task 2: To work through the pain of grief. This is the process of allowing oneself to feel pain. In some social and cultural contexts this process may be encouraged or in others it may be considered unhealthy.

Task 3: To adjust to an environment in which the deceased is missing: Here the bereaved would learn new skills or take over tasks previously fulfilled by the deceased.

Task 4: To emotionally relocate the deceased and move on with life. The bereaved needs to develop new relationships, without holding onto the past attachments of the loved one.

According to Worden (1991) these tasks do not need to be completed in a particular order. Thompson (2002) indicates that this approach is more flexible and approachable in comparison to the 'stages approach' by Kubler-Ross (1969) and Parkes and Bowlby (1972).

Recently there have been many developments in the approaches and perspectives in the field of loss and grief. In 1995 Margaret Stoebe and Henk Schut presented a paper on the "Dual Process Approach". This Approach explains grief reactions as two concurrent processes (Thompson 2002). This more contemporary approach is discussed below.

The Dual Process Model

Stroebe and Schut (1999 in Thompson 2002) suggest that their dual process model of coping with loss can fit into different cultural contexts.
There are two concurrent processes, namely 'loss orientation' and 'restoration orientation'. Loss orientation is characterised by the grief reactions such as sadness, anger and guilt. 'Restoration orientation' is characterised by attempts by a person to rebuild their lives and to move on. According to this model we do not move gradually from one orientation to another. The model's key feature emphasizes the experience of bereavement as oscillating between loss orientation where the person engages in grieving and, restoration orientation where the person is adjusting to life in the changed world and avoiding grief.
Stroebe and Schut (1999 in Thompson 2002) suggest that the "Dual Process" Model is a way of indicating how both working directly with grief and 'taking time off' from painful emotions play a role in gaining long term adjustment to bereavement. The degree to which 'oscillation' occurs is determined by many factors such cultural and spiritual aspects.

Worden (1991 in Leighton 2008:25) defines the goal of grief therapy as identifying and resolving the conflicts of separation, which prevent the bereaved from completing the tasks of mourning. Worden (1991) suggests that according to the Dual Process Model of coping with bereavement adaptive grieving involves more than just the grief work. It is described as a "complex process of oscillating

between addressing the positive and negative emotions and cognitions associated with loss on the one hand, and its consequences for living on the other" (Stroebe 2002; Stroebe and Schut 2001 in Leighton 2008:26).

It has been suggested that spiritual growth during bereavement occurs only when a person spends time in both the loss oriented and restoration-oriented areas (Balk 1999 in Leighton 2008). The grieving process is a long journey to healing but is necessary in order to go on living a normal life. In time, the wounds will heal, the pain remains but is dulled by time. Therefore, it is just a matter of time and acceptance of a new situation or relationship taking place. Letting go may be the hardest thing to do but it is possible.

With the Dual Process Model, consideration of the child's surroundings is taken into account, which also may contribute towards the healing process. The model is not rigid in its approach, rather it allows for the backward and forward movements of a person's emotional state. Momentary forgetfulness, brief distraction and involvement in new activities are not regarded as 'denial', rather it is seen as opportunities that provide temporary relief and facilitate 'restoration' (Thompson 2002).

The following section of the literature review gives an account of the factors influencing adolescents' reaction to death; and the ways in which grief may impact on a child's life and feelings. The subsections indicate factors that influence adolescents' responses to death.

FACTORS INFLUENCING CHILDREN'S REACTION TO DEATH

There are various factors that may affect the adolescent's response to the death of a loved one. The following sections describe age, resilience, previous life experiences, relationship with the deceased, gender roles, and cultural beliefs as some of the factors that affect the adolescents' reaction towards the death experience.

Age and cognitive development

The field of childhood bereavement currently asserts that adolescents can resolve their grief if they are given accurate factual information appropriate to their age and stage of cognitive development. Research by Thompson and Payne (2000) identified that children have many questions about death and dying which are often related to factual, social and emotional information. It is therefore vital for adults who are offering support to the children, to provide appropriate "coherent narratives that will enable them to grasp the story behind the event" (Dowling and Gorell Barnes 2000 in Thompson 2002). Adolescents have different perceptions and experiences of death that may be as varied as their environments (Morin and Welsh 1996). Adolescents grieve differently from children and adults and their family and social systems further influence adaptation and vulnerability (Finlay and Jones 2000). These opinions are based on a developmental perspective, which states that due to adolescents' life experiences and level of cognition, they react differently to a number of situations than children or adults (Goodman 2006).

Grief may also occur in 'spurts' and the child may 're-grieve' at subsequent developmental stages or as their cognitive perception of death and the world changes. Childhood grief may be expressed as behavioural changes or emotional expression (Spenser and Seager 1996). There are many sites available on the internet that discusses the responses of children to grief in relation to their stages of cognitive, emotional and behavioural development. The following is a summarised guideline provided by Smith (1999), Seager and Spenser (1996), Balk (1996) and others, which indicate the expected behaviour of children through their stages of development. Erikson's stages of development will also be referred to. Smith (1999) provides a guideline into the understanding of children's reaction to grief according to their developmental stages as described by Erikson (1968).

0-2 years (Infant): A child at this stage of development is able to recognise that an object is lost and protests until it is retrieved. There is no understanding of death. Furman (1986 in Smith 1999) indicates that a two week old baby will cry and refuse food and experience a disruption in their bodily functions. Reactions to

grief and separation anxiety are possible. Regression can occur as children have difficulty identifying and dealing with their loss and may resort to bedwetting or sucking of the thumb. Children at this stage do not understand the permanency of loss.

2-6 years (Preschool): Children at this age have a capacity to think and develop a certain level of independence (Erikson 1965). Preschool age children see death as temporary and reversible. They interpret their world in a concrete and literal manner for example: the child will expect to see the deceased parent alive, if they were to dig up the grave (Smith 1999). For these reasons, euphemisms such as mum is in a deep sleep, should be avoided. These young children tend to cry, yearn and be clingy and will play scenes that attempts to reunite them with the deceased. The experience of death during this stage undermines the child's confidence as the world becomes unreliable and insecure (Smith 1999). Adults need to provide simple and honest explanations, as the child may easily become confused. The child should be taught that death is irreversible.

6-8 years (School Age): The child has developed skills for social integration. They have to cope with remarks from peers and others. They become more aware of whom they can trust (Erikson 1965). At this stage children understand the finality of death. Death is often personalized into a monster or skeleton. Anger may be expressed towards the deceased or towards those persons perceived to have been unable to save the deceased.   The child may experience guilt and illogical thinking, blaming himself/herself for the deceased person's death (Smith 1999). Anxiety, depressive symptoms, and somatic complaints may be present. The child needs to be given the opportunity to participate in the funeral ceremonies in order to gain a realistic perspective of the death experience.

8-12 years (Pre-adolescent): Children at this age have a greater cognitive ability to understand death as being final, irreversible, and universal (Smith 1999). They are able to understand the biological aspects of death as well as cause and effect relationships. They are curious about the physical details of the dying process and are interested in the religious and cultural traditions surrounding death. The child has the ability to identify causal relationships which can sometimes lead to

feelings of guilt. The child models the adults' expression of grief around him/her, giving the child an opportunity to express his/her feelings.

12-18 years (Adolescent): Erikson (1968) in his stages of development refers to this age group as experiencing 'Identity versus Role confusion'. Adolescents are in the process of transiting from childhood to adulthood. During this stage adolescents become more independent and begin to view the future in terms of factors such as career choice and relationships. The adolescent begins to explore possibilities and begin to form their own identity which may be based on the outcomes of their explorations. The core issue of adolescence is the development of an identity that will provide a firm basis for adulthood (Woolfolk 1995 in Nghonyama 2008). Identity formation, according to Erickson (1968) begins where the usefulness of multiple identification ends.   This occurs when the adolescent has found out "who I am!" by exploration of different roles. This increased sense of identity is experienced as a sense of psychological wellbeing. On the other hand the state of identity confusion usually becomes manifested at a time when adolescents find themselves exposed to experiences which are not normally expected during their developmental stage.

Corr and Balk (1995) and Woolfolk (1995) have noted that the adolescent stage of development is the most crucial, complicated and longest stage in human life. Complications may arise when the adolescent is transiting through the different stages of development. There is a possibility that adolescents may be faced with a developmental crisis. Death is one such event that is not expected by the adolescent who may be faced with many challenges previously taken care of by his parent. Implications for ones safety, financial security, basic survival needs and the possibility of assuming an 'adult role' before the adolescent is ready creates role confusion. Young adolescents lose their childhood very quickly as they have to assume the bigger responsibilities of the family. This is very evident in South Africa where thousands of children are left orphaned and older adolescent siblings take over the role of "parent". This difficult task of meeting the needs of their younger siblings takes precedence over the grieving needs. This can have either a positive or negative effect on the adolescent's response to the death of a loved one (Stroebe and Schut 1998).

Balk and Christ et al (2002) maintain that when understanding and supporting adolescents, one needs to take into account their developmental stage, their coping skills and the broader psychosocial culture in which it occurs. Ecosystems theory clearly informs us of how adolescents are systems within a systems and a change in one aspect of a system such as the death of a parent affect the functioning of attached systems. Other family member's relationships with peers and school teachers need to be considered when intervening and supporting an adolescent.

Adolescents also have an adult understanding of death. They are developing the ability to think abstractly and are often curious about the existential implications of death (Smith 1999). Adult rituals and support are often rejected by adolescents as they feel that no one understands them. During this period, life is characterised by transitions, change and loss. It is important that adults support the need for independence and access to peers, as well as emotional support when needed. Becoming independent from their families and forming their own identity is more difficult to achieve if the adolescent has suffered the death of a parent during this time (Rando 1984 cited in Thompson 2002). Adolescents may engage in high-risk activities in order to challenge their own mortality. Their strong emotional reactions is a result of their difficulty in identifying and expressing their feelings appropriately.

Corr et al (1995) indicate that there are two important factors that ensure that a child experiences a successful outcome after suffering a loss. They are the availability of one significant adult and the provision of a safe physical and emotional environment. According to Freudian theorists, our maturity and immaturity is determined by our early childhood relationships with each parent. This impacts on how we relate to people (Nielson 1996). Freudians believe that people go through stages of development during which they either learn or fail to learn specific skills and attitudes which leads to the development of the mature ego.

For the purpose of this study, Freud's Genital stage of development is made reference to, as it refers to the adolescents' development. This is the period in which the adolescent establishes intimate sexual relationships with peers. Conflicts with parent in earlier stages may resurface. Teenagers may temporarily regress to previous infantile behaviour which may not be harmful, however should this pattern of regression persist, the adolescents' behaviour could be indicative of serious psychological disorders (Neilson 1998).

Resilience

Resilience is also a factor, which influences a child's ability to cope with the death of a loved one. Resilience is different from recovery, it is commonly present in individuals and may explain why people continue to function and have positive emotional experiences after a traumatic experience Stokes et al (2008). Resilience is defined by Bonanno (2004:20 in Kasiram et al 2006) as the ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event, such the death of a close relation or a violent or life threatening situation, to maintain relatively stable, healthy levels of psychological and physical functioning. The quality of resilience generally refers to those factors and processes that interrupt the trajectory from risk to problem behaviour or psychopathology, and thereby result in adaptive outcomes even in the presence of adversity. (Zimmerman and Arunkumar 1994 in Donald et al 2000). Factors that are seen to promote resilience and protect children from negative outcomes are capacities that are part of the child's physical and psychological makeup and the factors within the child's ecology (Donald and Dawes 2000).

There are numerous elements, which can contribute to resilience. These include; hardiness, self-enhancement, repressive coping, positive emotion and laughter (Nielson 1996). Thompson et al (1998) argues that certain minority groups may have specific protective factors present in their lives which serve to decrease or wipe out any long-standing negative repercussions of parental death on the developing adolescent. Peers give each other the chance to advance social and moral reasoning skills, build self esteem, develop an identity separate from

parents and buffer themselves against serious psychological problems (Nielson 1996).

Zimmerman and Arunkumar (1994 in Dawes and Donald 2000) outline three models in which resilience works:

a) The Compensatory model; (b) The Challenge model and (c) The Protective Factor model. In the Compensatory model, a particular positive influence neutralises the impact of other stresses, for example with the death of a parent, the surviving parent or a relative comforts and supports the grieving child. This action compensates for the stresses that would normally have an adverse affect on the child's wellbeing. The Challenge model explains that when a child is exposed to a moderate amount of stress, it acts to strengthen the child's ability to cope with difficulties later in life. The findings in this model are that children, who have been exposed to adversity and have learnt to cope well, are likely to cope with future difficulties. The third is the Protective factor model where the process interacts with a risk factor, reducing the probability of a negative outcome. The process moderates and modifies the exposure to risk (Zimmerman and Arunkumar 1994 in Donald et al 2000). The supportive caregiver seems to protect the child and reduce the child from developing serious psychopathology (Cairns 1996 in Dawes and Donald 2000). An example of this model is: when the surviving parent protects the child from circumstances which led to the death of parent such as murder or suicide. These models may be drawn upon to design interventions to strengthen the child's and parent's capacity to develop strength to cope with adverse environments.

Morin and Welsh (1996) maintain that it is crucial to consider background environment when studying or examining adolescents' experiences of death. As discovered in the study by Thompson et al (1998), not all children who experience parental death suffer severe adversity. Bowman (2000) refers to people experiencing 'shattered dreams' when they struggle to make sense of what has happened and experience more than just the loss of the person.

Gender-Roles

According to Louw et al (1998 in Jackson 2007) gender-role stereotyping prevents children from fully expressing their emotions. Children who are allowed unrestrained emotional expression while growing up are more equipped to deal with their own emotions by developing effective methods of coping. Gender roles are acquired through socialization and culture. In Western cultures boys tend to stifle their emotions, repress guilt and internalise their sadness whilst girls tend to express their emotions more openly by crying. This is especially evident when boys are discouraged to show fear and girls are encouraged to express their grief in a ladylike manner. Grief tends to be expressed more aggressively by boys whereas girls are prescribed to be more nurturing and gentle in their expression of grief. Research has also been mixed in regard to whether boys or girls are more vulnerable to distress or negative consequences following the death of a parent (Thompson et al 1998).

Worden's (1996: 91) findings claim that there are significant differences between boys and girls in expression of grief:

- Girls showed more anxiety than boys over the two years of bereavement, regardless of age.

- Girls were more sensitive to family arguments that occurred early in the six months after the death.

- Somatic symptoms were more likely to be experienced by girls than boys especially one year after the death.

- Girls spoke more to their surviving parent about the death, and were more able to share and express their feelings with the family than boys.

- The degree of loss of a mother is worse for most children than the loss of a father.

- Girls tend to be more attached to the dead parent than boys, and after one year were more likely to idolize the deceased.

- Girls were more likely to keep mementos belonging to the deceased parent than boys.

- Boys were likely to evaluate their conduct as worse than their peers, and were more likely to have learning difficulties during the first year of bereavement.

- Boys were more likely to be given specific instructions to "grow up" than were girls in early months after the loss.

Cultural-Beliefs and Spirituality

According to Miller and Goodnow (1995 cited in Donald et al 2000:15) cultural practices are actions that are repeated, shared with others in a social group, invested with normative expectations and with meanings or significances which go beyond the immediate goals of the actions. They include ideas about what is natural and moral, and include activities that may easily become part of a group's identity (Miller and Goodnow 1995 in Donald and Dawes 2000:15). Cultural practices are important as it gives insight into the way adult behaviour towards children is embedded in local beliefs about what is good and bad. The belief systems and values are often resistant to change.

Interventions need to take into account how some practices may block change. Gilbert (1997) points out that understanding local practices point towards indigenous solutions to the challenge of bringing children up under difficult circumstances. Gilbert (1997) further indicates that these solutions should be used in the development of appropriate interventions that does not alienate the client population.

Rituals in a particular culture, is a specific behaviour or activity that gives symbolic expression to certain feelings and thoughts of groups and individuals (van der Hart 1983 in Cook et al 1989). The rituals acknowledge the death on a formal level and helps promote acceptance of the death. Rituals in certain cultures provide powerful therapeutic experiences for families and are symbolic of transition, healing and continuity. Due to their stage of development there is a possibility that adolescents will enhance their spiritual development as they

question death and search for meaning in life"(Batten and Oltjenbruns 1999). Therefore appropriate interventions may be selected when addressing the needs of adolescents.

Funerals and memorial services are prescribed by specific cultural expectations. Children who are exposed to these rituals seem to have a greater understanding of the expected mourning processes. Cultures, in which children are more involved in funeral rituals as they are growing up, are generally at ease with death and dying as opposed to societies in which death is dealt with less openly (Cook and Oltjenbruns 1989; Kubler-Ross 1979).   Kubler – Ross (1979) maintains that children should be involved in the realities of death as they grow.

Rando (1985) indicates that rituals need to be suitable to the needs of the family in helping them resolve their grief. He further indicated that if the family could be helped to accept the reality of the loss, they would be able to express their feelings related to their loss and accomplish the tasks of grief work. Most youth are able to deal with death in a healthy manner if they are given the opportunity and support to do so (Rando 1985). It is important that family members of the adolescent model appropriate responses to the death experience in order for them to respond in an appropriate and healthy manner to death without feeling uncomfortable about their expressions.

It is also important that children be given accurate information about the death itself and the rituals or events that follow (Smith 1999). Opportunities to talk about the particular rituals can be comforting to the child. This prevents gaps in their knowledge of the process of funeral rituals.   When children are included in the decision making, it helps them to come to terms with the limits and boundaries both in life and after death.

Another aspect to consider is the ethnicity of the child. An example of the impact of ethnicity is visible in much of sub Saharan Africa, where spirituality and community are the centre of life. The visible world of the living is regarded as an extension of the invisible world of the ancestors. The two worlds are fused into continuous community of the spirits and those alive today (Altuna 1985 in Donald

et al 2000). In Angola rites surrounding death, honours the solidarity between the living and the ancestors. The performance of these rites enables successful passage of a person from the visible world to the next world. Thus the child who is bereaved in this situation needs to be healed communally and spiritually sometimes with the assistance of a traditional healer (Honwana 1997 in Donald et al 2000).

It is apparently difficult to know if the expression or withholding of strong emotions, influenced by cultural and spiritual factors, at the time of death and beyond, is beneficial to the bereaved (Wimpenny 2006). Thus, from the literature gathered, it is indicative that cultural expectations of the bereaved family may provide a means for coping with the death experience. If work on healing is to be successful in the sub-Saharan context, then Western boundaries must incorporate culturally defining practices.

Relationship with the deceased

Ribbens, McCarthy and Jessop (2005), highlight how significant bereavement in young people's lives can affect them well into the future. Social relationships, including increasing risk and vulnerability caused by the death of a parent and social isolation, coupled with lack of opportunity to talk are major themes from the voices of young people.

The child who faces the death of a parent may assume that life and security as they knew it, is shattered. Death of a family member can create a profound family crisis by severely disrupting family stability (Kiser, Ostoja, & Pruitt 1998 in Goodman 2006).   Some of the research that has been conducted suggests that children and adolescents may return swiftly to normal levels of adjustment after a parent's death (Balk 1996). However, one must keep in mind that there can be long-term consequences that manifest themselves later in life (Siegel, Karus, & Raveis 1996 in Goodman 2007). These long-term consequences may include such problems as ongoing, intense grief reactions, personality disturbances, depression, and difficulty with intimate relationships, or ongoing somatisation.

Worden (1996) indicates that children are more affected by the death of their mother than the death of their father. Although traditionally, the father is the provider and impacts directly on the financial security of the family, younger children tend to have a closer attachment with the mother. The loss of parents or lack of attachments from an early age has been found to have severe implications for those children who have not had the chance to develop strong attachment bonds with their parents (Bowlby 1980).

As previously mentioned the stigma attached to AIDS survivors leads to their social isolation. The child thus suffers the loss of a parent and the loss of his place in society. The cause of the parental death impacts on the child's need for physical, social, emotional and financial support from the community.   Added to their stress of coping with the death of a parent, the bereaved child may suffer rejection, stigmatization and isolation in the community, the child must also deal with his/her own fear of the future as an orphan, and the possibility of having contracted the disease (Cook et al 1989:289).

Parkes (2000) similarly indicates that children may suffer 'hidden losses' when the relationship with the deceased cannot be acknowledged or the loss is associated with shame or inadequacy. The child may hide his or her feelings of grief in fear that a secret relationship with parent could be discovered. This could be, for example one of an abusive relationship. On the other hand children in an abusive relationship may feel relief and subsequently guilt after the death of the parent. These feelings are similar to those children who have spent a long time caring for an ill parent who passes away.

Children sometimes fear forgetting the loved one, it is important to keep the memory of the loved one alive by keeping something special of the deceased close to them or creating a memory box which helps in the healing process. When the child feels sad or alone, he or she can look into the memory box and feel closeness with the parent who has passed away. This enables the tasks of grieving to take place, with the adolescent eventually reorganizing the present and focussing on the future, which is consistent with the Dual Process Model formulated by Stroebe and Schut (1999).

Previous Life experiences

According to Bowlby's Attachment theory, attachments develop from the need for security and safety, which are acquired through life and usually directed towards a few specific individuals (Worden 1991). Bowlby proposes that grief responses are general responses to separation and loss. Behavioural responses making up the grieving process are pro-survival mechanisms geared towards restoring lost bonds (Worden 1991). Attachment, usually to parents, provides a sense of security from which children explore the world and master competence (Payne 2005:81 in Jackson 2008). Theorists maintain that children, who are in securely attached relationships with a primary caregiver, are likely to develop self-confidence that will enable them to cope with challenges and difficulties later in their lives.

Keating (1990 in Dawes and Donald 2000) indicate that people's experiences and society's values impact on the development of their reasoning skills. According to social learning theorists, a teenager's maturity is primarily determined by the behaviours they have learnt from parents or caregivers since birth (Nielson 1996).

Children who have been exposed to death prior to the loss of a parent seem be able to mourn their loss more appropriately than those children who have not experienced the loss of a loved one. Teachers, peers and caregivers will have an important impact on the reactions of children and mourning. Multiple losses can also produce a deep fear of abandonment and self-doubt. Erikson's (1968) theory places emphasis on how childhood experiences shape ego development. Erikson, like Freud, believed that the ego developed in specific stages. Erikson particularly believed that at each stage of development, a child has to acquire new ways of thinking and behaving with the view to a healthy, mature ego (Erikson 1968 in Nielson 1998).

According to Harrison and Harrington (2001) adolescents may not see the need for professional help and would prefer to use relatives and friends to verbalise their experience. Those adolescents with multiple losses however may have more

depressive symptoms which may need the intervention of a professional (Harrison and Harrington 2001).

WAYS IN WHICH GRIEF MAY IMPACT ON CHILD'S LIFE AND FEELINGS:

Reactions from grief can affect the person's mind, body and spirit, resulting in physical, emotional, psychological, spiritual and behavioural changes (Spenser and Seager 1996). These intense feelings and physical symptoms are how the person copes with the loss. Intense emotions such as sadness, longing, anger and guilt, are very common in the first few days and weeks of grieving. These emotional responses often occur in waves. The child may feel fine one moment and depressed, anxious or distressed the next.

Bowlby (1980) is known for his important contributions towards the understanding of grief.   He argues that grief instinctively occurs and is focused on resolution and adaptation. Humans have a strong need for attachments thus when attachments are terminated there is a need to confront painful emotional issues. However when bereavement occurs children may find that the intensity of these emotions are too difficult to deal with in an appropriate manner. Expression of these feelings may also be in conflict with each other.

A change in a child's behaviour is often the first signs of reaction to bereavement and is indicative that they are struggling with these feelings (Smith 1999). This is further explained in the following subsection.

Behaviour changes

Changes in behaviour occur as children may not be equipped with identifying and verbalising their emotions (Smith 1999). Those who are not aware of the child's emotional turmoil may view sad feelings as bad feelings. Some of the behaviour expressed is as follows:

- Physical and verbal aggression is sometimes misdirected towards caregivers.

- Mood swings are prevalent in children who are struggling with the emotional imbalance.

- Sleep disturbances are common due to nightmares, fear of sleeping alone, and inability to sleep.

- Children withdraw from family life. School also becomes difficult for them to cope with.

- Regression to early forms of behaviour such as thumb sucking and bedwetting.

- Increase in risk taking behaviour and self destructive behaviours.

Emotional Reactions

A child's feelings and reactions to bereavement are mostly influenced by their perception of themselves and their perception of how their loved one died (Smith 1999). The most common reaction amongst children is denial, characterised by phrases such as: "This cannot be happening to me". They may feel as if their life is out of control and may not show any indication that their loved one has died. This may be a coping mechanism which is consistent with denial of the loss of a loved one. It is important to note that children's denial is connected to their fears of change and an uncertain future without the deceased. If the surviving parent or caregiver can't cope with the loss, this is easily transferred to the child who seeks guidance from adults in responding to situations (Worden 1991).

- *Feelings of helplessness and hopelessness:*

When one caregiver dies, the child may feel powerless to help surviving adults. Often the only way that the child may feel helpful is if she or he takes on a caring role. This however may impact on the child's own need to deal with his feelings and may feed into denial. Due to the intensive nature of adolescent emotions they may feel powerless to understand their emotions and behaviours (Smith 1999). When parents die in an accident or are murdered, adolescents experience

a myriad of feelings due to issues experienced prior to the death. This could be that they were angry with the person and the sudden death of the person leaves them with no time to say "Goodbye" and make amends (Bigelow and Hollinger 1996).

- *Anger:*

The bereaved child may experience anger toward the deceased parent as he may feel abandoned, especially when the child reflects upon the special days that they would no longer share together. The child will feel anger towards his caregivers and other adults whom he or she may perceive as being responsible for the death of his parents. Rituals are an important part of the mourning process. Children become angry when they are excluded from this process (Smith 1999; Seager and Spenser 1996).

- *Guilt:*

Feelings of guilt often leave the adolescent isolated and alone, with an absence of self-esteem. One of the ways in which adolescents control pain is to blame themselves. A child may blame himself for not preventing the death or not being good enough. Survivor guilt may be present in children who have been part of an accident or natural disaster where their parents were tragically killed. Adolescents are sometimes plagued by guilt especially after a suicide of a parent as they feel that they could have somehow prevented the death of the loved one (Weiss 1994).

- *Confusion:*

Adults may find it difficult to appropriately explain the death of the parents. If for example, the parent committed suicide or they were a victim of murder, details of the situation are minimized, leaving gaps in the child's memory and causing confusion. Mixed messages and expectations of the child also contribute to the child's confused state (Smith 1999:17).

- *Fear and Anxiety:*

The child may feel anxious about his own mortality. They begin to worry about their safety and other family members dying. They also become fearful of their future, becoming orphaned, and the loss of security in their lives. The process of forming attachments with significant others is normal behaviour for both children and adults, attachment begins in early childhood. Parents are seen as the children's nurturers, and the loss of the parent is associated with distressing feelings of anxiety. Seemingly children, who have strong attachments and suffer the death of a parent at an early age, never fully recover from their loss if their survival and security needs are not met. The bereaved child may feel overwhelmed by the death of the parent and may experience anxiety around the loss of other family members (Bowlby and Parkes 1972).

- *Shame:*

The adolescent may feel embarrassment when the death of the family member is shrouded by shame and guilt. This is particularly evident in families mourning the loss of a family member affected by HIV/AIDS. This scenario is prevalent in South African communities where the surviving family members, often the adolescents, are shunned from the community (Bigelow and Hollinger 1996). This reaction complicates the grief process. Persons coping with AIDS related losses are often grieving their family, peers and the loss of their community. The issue of social stigma that presently surrounds AIDS makes disclosure very difficult. The abovementioned often leads to thousands of children being left without parents in South Africa leading to the ever increasing numbers of AIDS orphans in our country who may experience the shame and complications in grief.

Health

Parkes (1997) undertook the first classic research which explored the relationship between bereavement and ill health. The impact of bereavement on the health of survivors has been investigated by Parkes (1997) and other researchers over the

past years. Parkes (1997) hypothesized that bereavement may have a direct impact on cardiovascular functioning in men. Stroebe and Stroebe (1993) also found a link between bereavement and suicide, further indicating that all close relatives are at risk. Payne et al (2005 in Jackson 2008) on surveying epidemiological evidence of mortality and physical morbidity following bereavement, suggest that bereavement is a stressor and could potentially cause neuro-physiological consequences and/or cause a compromise to the immune system. Payne et al (2005) further indicate that reduced levels of immunological functioning may lead to people, in this case bereaved children, being more susceptible to infections. Sherr (1993) maintains that people/children with AIDS may suffer further deterioration in their own conditions which may be attributed to lack of sleep, poor nutrition, and general self neglect.

Shock is like an illness itself. Adolescents after receiving the news that their loved has died are in shock. They need to stay still, keep warm and rest. Specific symptoms are present in a person who has suffered from shock: feeling cold and shivery, confusion and sleeplessness, panic attacks, aches and pains, inability to settle down or concentrate on anything. Emotional shock can bring on all these reactions and needs the same care and attention (Abrahams 2000).

The child's health is also affected. She or he may become vulnerable to illnesses. There is an increase in the complaints about tummy aches and headaches. There is increase in visits to the hospital. The child may continuously fear his own death which may lead to hypochondria (Smith 1999). The child's sense of balance and coordination may be affected as the mind is preoccupied, causing frequent slips and falls. Lily Pincus (1989) in her book *Death in the Family* describes how she fractured her leg after her husband's death. Upon asking the doctor whether this is a normal occurrence for people to fracture their bones after bereavement, the doctor responded without hesitating, that it is a natural occurrence for people to fall and hurt themselves as they lose their sense of balance (in Abrahams 2000). Children may also become feverish and restless in their tasks as they seek an activity of interest to them. It is possible that the bereaved child may develop symptoms similar to those experienced by the deceased (Smith 1999).   The child's appetite is affected and a decrease or an increase in appetite may be

noted. It is cautioned that only a drastic change in appetite is an indication that the child is in distress. Stroebe and Stroebe (1993) note that responses to stressful life events such as bereavement may lead to behaviours ,which could be damaging to the health. Alcohol consumption and drug abuse are some of these negative behaviours which are commonly evident in the younger age group. Parkes and Weiss (1983) in the Harvard Bereavement Study also revealed that both men and women indicated an increase in a range of psychological and somatic symptoms.

School Difficulties

Schools and teachers have a significant role to play in the life of the bereaved child. Schools can sometimes become a safe haven for bereaved children, a place where they can forget about the reality of the death (Smith 1999). Conversely, some children may find that school is a place where they can express their feelings. Children may become withdrawn or aggressive. Some children become more vulnerable and anything can trigger off tears. As already discussed bereavement may affect the child's health and this would also impact on his/her ability to cope at school for example suicidal thoughts and attempts are reflective of the adolescents' inability to cope with the death experience. School may also be negative in terms of the child's emotional experience. On the other hand children may completely immerse themselves in their schoolwork in order to forget or avoid dealing with their grief. Their achievements in academia may be misinterpreted reflecting that the child is not affected by the death of the parent.

Jackson (2008) indicates that the child's academic progress was impacted upon after the death of a parent. According to Jackson, children who did not receive support and understanding from teachers, felt further traumatised in class. The child may feel isolated, fearful and victimised by his peers. The bereaved child's peers may be unsure of how to approach the bereaved whose status has now changed. The child may feel overwhelmed by the barrage of questions and they may be taunted because they now feel different. It is possible for the bereaved child to refuse to go to school as they cannot face school at all (Smith 1999).

Due to the child's lack of concentration, he or she may also be under pressure or unpopular with teachers if academic work is incomplete.

Whilst at school, children may fear something bad happening to their surviving parent bringing about anxiety and fear. Teachers however can be supportive by giving them the time and attention they temporarily lack at the home. Lowton and Higginson (2003) indicate that the education of teachers to deal with bereavement may be more effective, with the support of external agencies. Some cultures expect mourners to use specific symbols in public that signify that they are in mourning. Teachers could be forewarned of the child's situation in order to prepare the class prior to the child returning to school thus helping the child dispel some his/her anxiety (Jackson 2008). The support from peers and the teachers significantly enables the child in coping with the loss of a loved one.

CONCLUSION

According to Worden (1996) children's understanding of death and the extent to which this understanding contributes towards the process of mourning, is an important factor in understanding how the child's grieves. Payne (2005 in Jackson 2008) maintains that patterns of attachment behaviour and defensive mechanisms are often maintained across the life cycle and affect relationships with parents, peers, society, partners and children. Thus the loss of an attachment figure impacts greatly on the sense of security and safety of the bereaved child.

This chapter has dealt with the theories of loss and grief as well as the factors which may impact on adolescents' response to grief. The following chapter which is the second section of the literature review focuses on the types of intervention that are available to children and the difficulties in evaluating bereavement programmes.

CHAPTER THREE: WHEN HELP BECOMES NECESSARY... INTERVENTIONS AND THEIR EVALUATION

Give sorrow words: the grief that does not speak, whispers the overwrought heart and bids it speak.

(William Shakespeare)

INTRODUCTION

In the previous chapter the process of grief and the complications associated with the grieving process were discussed. The evolution of Bereavement theories was traced, beginning with the work of conservative theorist, Elizabeth Kubler Ross (1969) and leading up to the more contemporary work of Schut and Stroebe's Dual Process Model (1999). Chapter Two also drew attention to the adolescents' perception of grief which may be influenced by various factors such as age, cognitive development, gender roles, cultural orientation, resilience and their relationship with the deceased. The previous chapter concluded with a discussion on the ways in which grief impacts on a child.

This chapter discusses the interventions that are available to adolescents. There are three related sections; the first section discusses the types of interventions available to adolescents who are bereaved. This section encompasses the ecological systems perspective which suggests how the adolescent interacts with his/her surroundings at the various systemic levels, which subsequently impacts on the child's development. The second section identifies the challenges that a researcher may be faced with, in developing, assessing and evaluating these types of programmes. The third section gives an account of the types of evaluation research and their worth in the development of programmes.

INTERVENTION PROGRAMMES FOR BEREAVED ADOLESCENTS

Various interventions may be useful in the therapeutic process with bereaved children. They range from interventions at microlevel where the individual is the focus and extends to the mesolevel and exolevel where the individual is part of group interventions. It is clear that an individual's experience of death is unique,

accordingly adolescents may find it difficult to express their emotions (Smith 1999) or they may have the capacity and support systems available to them which allows for the easier transition through the bereavement process. Adjunct therapies are widely used as alternative therapeutic interventions with children who have difficulty in expressing their emotions.

The following is a summary of the numerous types of therapies available to children who have been traumatised through bereavement.

Individual Counselling

At a micro level which focuses primarily on the individual, individual counselling continues to be widely used in supporting children who have experienced the loss of a loved one through death. Parkes (2000) indicates that evidence from recently published studies suggest that people who have suffered traumatic loss and are vulnerable may benefit from counselling. Individual counselling may also benefit people who do not have the support of families and friends. A broader review by the Centre for Reviews and Dissemination (Baker 1997 in Vachon et al 1980) reported limited effect of bereavement counselling which seems to point out that group intervention in the treatment of bereavement is observed to be more meaningful to clients than individual counselling (Vachon et al 1980). Bouton (1996) underlines the importance of a coordinated, multidisciplinary approach, with professionals, volunteers and lay people. There are however differing views as to who should be included in grief therapy sessions. Some therapists advocate for working with the individual (Worden 1991) whilst others advocate for the implementation of family therapy (Moore and Carr 2000; Paul 1986 in Leighton 2008).

Brown (2004) has highlighted a Remembrance Day programme which can be facilitated by volunteers. This programme, aims at assisting children in dealing with bereavement, by demonstrating how a range of formal and informal approaches, can be helpful and useful for developing social networks. School support/counselling, medical debriefing and sibling camps are additional bereavement services which are provided in Australia and New Zealand for families following death of a child (deCinque et al 2004 in Wimpenny 2006).

Jacobs and Prigerson (2000 in Wimpenny 2006) indicate that a range of psychotherapies such as cognitive behavioural therapies, crisis intervention, brief dynamic psychotherapy, behaviour therapies, group therapy, other interpersonal psychotherapy group, and individual therapy, have displayed some evidence of being effective in meeting the needs of bereaved children. These therapies should be adjusted to suit the individual's needs, particularly those children identified to be at high risk. They also identify the contribution of self-help groups in their review. Zisook and Shuchter (2001) and Vachon et al (1980) similarly identified self help groups as significant. They indicate that the studies suggest that such groups can be just as effective if the group has leadership, has been screened for suitability and training for the interventions which has occurred. This is discussed below.

ADJUNCT THEREAPIES

Adjunct therapies can be individual or group interventions (micro level or meso level).

As mentioned, there are numerous factors which may influence adolescents' response to grief, and therapists have thus suggested that art, writing, individual psychotherapy, drumming and group work be included in the therapeutic process. There is some evidence that cognitive therapy with other forms of therapy, such as art therapy, may work better than cognitive therapy on its own (Vachon et al 1980). The goal of grief therapy and narrative therapy following loss can be defined in various ways. Romanoff (2001 in Leighton 2008) identifies the goal, as 'a method to create a different story in order to find meaning again'.

Drumming

According to therapists, drumming resonates the rhythm of the heartbeat. Drumming is said to have the following affects on people; it decreases stress levels, body tension, emotional turmoil and mental fatigue. It is seen to have a soothing psychological effect as the alpha waves in the brain are increased. It is a natural feel-good drug and similar to any form of exercise, drumming increases the heart rate and blood flow resulting in an increase in endorphin levels. The

drumming action allows for emotional trauma to be released and vented through a natural way. (Drumming S.A. 2002).

Music Therapy

Christina Cadena (2009) indicates that the use of music therapy with adolescents can be expressive and receptive. She maintains that music therapy incorporates the five stages of grief involving a level of understanding, feeling the loss, remembering the loved one, integrating the loss into their lives and then growing from the experience.   Each teenager is encouraged to create a lyric that engages these emotions into a five piece song.   A support group of other teenagers also moving through the music therapy grief process is incorporated to allow the teenager to connect socially within the same age group, who may be feeling the same emotions.   This support group which has now developed into the mesosystem often share the music and lyrics with each other thereby, creating unique songs in dedication to the lost individual.

In San Mateo, a bereavement and grief support group uses poetry writing, art, music, dreams, drumming, sand trays, energy awareness and healing, horse riding, creative writing, cooking, collage and painting in their therapy (Sutter, VNA and Hospice 2008). Fitzgerald (2002) also provides us with useful activities which may be conducted with children who are bereaved, these are: writing or drawing on mural paper taped onto the wall, collage, constructing a journal or a book or a memory box, writing a poem, song or eulogy, launching a balloon after writing messages to the loved one, going for a field trip to the funeral home or cemetery.

Writing

A range of sensitive and appropriate interventions are needed to support people adjusting to their new roles and change in identity.   Writing has proven to be useful for people adjusting to traumatic experiences.   Adolescents are able to translate their experiences into language.   By constructing a coherent narrative of the event that enables thoughts and feelings to be integrated, the adolescent may develop a sense of resolution and feel less negative when associating with the experience (O'Conner et al 2003).

Reading

Corr (2004) identifies a range of death related literature which he considers useful to be read with or by children. Such literature can assist in raising and answering some of the crucial questions by the children. Reading animated stories of loss to a young child helps them develop a sense of awareness of life and death. Although these following stories are recommended for younger children they may be also useful for children who are functioning at a less developed cognitive level.

Buscaglia, L(1982).*The Fall of Freddie the Leaf*. New Jersey: Charles B Slack. The story is about a leaf named Freddie and his life through the changing seasons.

Sanford, D (1986). *It must hurt a lot*. Portland, OR: Multnomah Press. The story is about a little boy who after the death of his dog, learns to express his emotions and to grow through his memories and grief.

Bibliotherapy for children between six to eleven years:

Boulden,Jim and Brett (1992). *Uncle Jerry Has AIDS.* Califonia: Boulden Publishing. This is a noncontroversial, highly effective material for processing attitudes and emotions of this age group.

White, E.B. (1952).*Charlotte's Web. New York: Harper*. The story which has also been developed into a film is about a Spider named Charlotte who dies and how her friends Wilbur, a pig, and Templeton, a rat grieve and remember the special things about her. The birth of her children brings hope and comfort.

Bibliotherapy for adolescent:

Hollard I. (1989)*. Of Love and death and Other Journeys.* Greenwich CT:Fawcett. As Meg's mother dies of cancer, Meg's childhood dies too. Meg accepts her changed future when she is finally able to grieve.

GROUP INTERVENTIONS

Properties of the Group Work Process

Toseland and Rivas (1995) indicate that group systems strive to attain four primary objectives; firstly, they seek integration, this means that group members fit well together; secondly, group systems pursue pattern maintenance where the group adheres to its processes and procedures such as how members relate to

each other, how decisions are made or how members are given opportunities to verbalise opinions; thirdly, the group strives for goal attainment which is the achievement of tasks and goals. Groups are purposive and are only worthwhile if its goals are reached. Finally groups systems seek adaptation, the group's capacity to adjust to its surroundings. Consciousness rising is a process when people in a group question themselves about their personal predicament, whilst receiving the support and guidance of their group members (Kirst –Ashman 2008). This process is often used in specialised group contexts. Systems theories provide useful means for understanding human behaviour in many contexts, including the interaction of individuals, groups, families, organisations and communities in the macro social environment (Kirst-Ashman 2008). A group is thus a system, a set of related elements that are orderly and interrelated, and a functional whole. Groups are distinguished by boundaries, repeatedly occurring patterns that categorise relationships within the group system which gives that system its' particular identity (Kirst-Ashman 2008).

Groups of mutual aid are when members help and empower each other through the act of providing support, feedback and information within a group context (Breton 2004; Lee 2001). Group members may view themselves as "a group of peers perceived as equal partners, striving and assisting each other to regain control over their lives" (Breton 2004).

Groups as an intervention with bereaved children

Black (1996) clearly indicates that bereaved children benefit from involvement and discussion and not exclusion and denial. Williams et al (1998) evaluated childhood bereavement groups which had the majority of children from deprived settings and concluded that there was 'clear evidence' of social, behavioural and emotional improvement for most children through the use of group work approaches. Sandler et al (2003 in Wimpenny 2006) also demonstrate improvement of those persons particularly at risk, by using a structured Family Bereavement Programme. The use of such a structured programme in 'everyday' practice, however, is questionable due to it being somewhat rigid thus impractical to apply to everyday life (in Wimpenny 2006).

According to Balk and Corr (1996:6) adolescence involves a "decrease of identification with parents and increased identification with peer*s*".   Since groups are composed of bereaved adolescents, group members feel free to share their experience with each other.   Most importantly groups are a "natural" environment in which adolescents can express their thoughts and feelings. Corey (2004:9) believes that most groups work best when it is structured around a theme which enables the member to focus.

The benefits of people, who share similar situations coming together, includes: sharing and normalising experiences and offering support to each other, hence 'self-help' groups (Hopmeyer and Werk 1994).   Bereavement group work therefore provides an opportunity for young people to deal with the responses to their loss and to learn skills that will support them in adjusting to other losses that they may experience throughout their lives. The process of group therapy uses self-assessment, mentoring, experimenting with coping, including aspects such as massage, pottery and music. This provides a variety of ways to encourage the expression of the complex range of emotions evoked by a significant loss, and finally acceptance. Group work also aims to build resilience and create positive health outcomes for young people now and into adulthood and perhaps even "generationally" as they become parents (Hind-Roff and Withers 2001).

Support Groups

In bereavement support groups, members share a common experience and this serves as the foundation for group cohesion.   The cohesiveness of the group helps the bereaved adolescents to recognise similar experiences and feelings that are shared by the group members. Murdley and Smith (2005) indicate that the discovery of common feelings may facilitate healing for bereaved adolescents.

Support groups consist of members who share common issues and meet regularly to cope with stress, to provide suggestions, encouragement, emotional support and convey information to each other (Barker   2003 in Kirst-Ashton 2008). It was observed that group members had the opportunity to express their

painful feelings in a safe non judgemental environment.   Activities included teaching pro-social skills, sessions on grief and loss, forgiveness, developing friendship, and a healthy conscience, life mapping and leadership. Corey and Corey (2006) maintain that group cohesion develops when the extent to which group members feel close to each other or connected as group members, this connection however develops over a period of time with confidentiality and group security.

Sikkema, Kalichman, Kelly and Koob (1995) maintain that there have been no published evaluations of mental health interventions for people experiencing AIDS related bereavement although there are widespread losses from HIV/AIDS. Sikkema et al integrated theories of cognitive behaviour coping within a social group support context and developed the following model for support.   This model consists of six components which identify with grief responses in relation to AIDS bereavement. The six group components include: social support, group cohesion, identification and expression of emotion identification of AIDS loss specific coping challenges, recognition of current coping, goal setting; and implementation of adaptive coping to reduce psychological distress.   Sikkema, Kalichman, Kelly and Koob (1995) also conducted a pilot study of the intervention model which consisted of eight sessions. The results indicated that there was a significant reduction in depression amongst the participants. The results of this study verify that adolescents benefit from group discussion which facilitates a sense of support, trust and belonging, which are imperative to the healing process.

'The Growing through Loss Programme' was developed out of recognition to the many youth, entering the Indiana Correctional system, who had experienced multiple loss prior to intake.   The counsellors found that it was crucial to address the core issues of grief rather than treating the symptoms of the destructive behaviours that were being observed.   The programme emphasized value of support, educational and therapeutic groups for grieving adolescents (Author unknown, Practice Forum Report 2007). Therapeutic groups help members with serious psychological and emotional problems, change their behaviour.   These

groups are often run by an expert therapist with the emphasis on remediation and rehabilitation (Toseland and Rivas 1995).

Interventions using support groups has been implemented for many years, Williams (1998) writes about the Development and evaluation of a children's bereavement programme, researchers Chaloner, Bean and Tyler (1998) evaluated the 'King Fischer' project, a community based programme of support groups for bereaved children. The programme was developed by a multidisciplinary team of workers who addressed children who were particularly at risk of developing long term problems as a result of bereavement. The evaluation of the programme revealed that young people benefit in terms of increased social, behavioural, emotional and physical wellbeing. Two subgroups which comprised of young people with learning difficulties and teenage girls seemed to have benefitted less; the evaluation of the programme has enabled the team to gain insight into the strengths and weaknesses as well as questions which need further investigation. This intervention on a mesosystems level, confirms the benefits of support groups. The evaluation of this present bereavement programme also anticipates that the support groups have benefitted the adolescents who have attended the programme.

The SOS Bereavement Support group has been designed for children who have lost their parent or other family member through suicide. This group is facilitated by a nurse who introduces new information at each session and uses activities such as drawing pictures and playing games to encourage children to talk about their feelings (Mitchell, Wesner, Garand et al 2007). As with the abovementioned studies Mitchell et al (2007) found that support groups provide a safe, non-judgemental environment for interaction. It is apparent that among bereaved peers, the adolescent develops positive relationships. This relationship within the support group creates minimal social anxiety for the adolescent, increased self esteem and a decreased need for self concealment. The safe environment encourages disclosure without the fear of ridicule or abandonment (Mitchell, Wesner, Garand et al 2007). This response may be evident in the children who have lost a parent or family member through HIV/AIDS. Thus support groups need to be non judgemental and provide a secure environment for interaction.

These groups may prove to be beneficial to the growing numbers of children who are bereaved through HIV/AIDS in South Africa.

BEREAVEMENT CAMPS

Winstons Wish programme (UK) (1995) aims to encourage open communication between family members after the camp intervention. The key component of this programme is the process that evolves over the two days, rather than individual activities. The programme aims to bring together children who have experienced bereavement and increase children's understanding of death and seeks to provide families and children with appropriate ideas to express their feelings in an appropriate way, without feeling guilty about having fun.

The programme appears to be effective in normalizing the process of grieving. Children become aware that they are not alone and that there are other children like themselves (Zambelli and DeRosa 1992). Zambelli and DeRosa's study (1992) found, that many of the children valued the opportunity to meet other children in the same situation as themselves , and to talk about it, with one child saying, 'I learnt about what had happened to others, you knew it wasn't just you'.

Similar camps in the UK and USA namely Camp Erin, Camp Good Grief and Camp Agape have developed these Bereavement camps to meet the needs of children who have experienced the death of a parent. The camps aim to provide a supportive environment with an element of therapeutic activity, which creates opportunity for healing. The activities of the camps are designed to help children identify, understand and normalize some of their feelings about the death of somebody important in their lives. Campers have the opportunity to explore their grief through art, music, and sand play. One specific activity, the candlelight ceremony, focuses on sadness, a feeling that children sometimes find difficult to express. The candlelight ceremony allows children an opportunity to connect with some of these feelings of sadness and to find a way of expressing that feeling. It also provides the opportunity for children to see that many people feel sad when someone dies and that it is normal and healing to cry. Bereavement camps for children are also offered by a hospice in California (Foliart et al 2001) indicating

that the value of these camps can extend to those children who are experiencing anticipatory grief.

In a report by Peterson, Nitch and Higgens (1994) it is indicated that by identifying and assisting bereaved children, we can reduce their risk for future psychopathology. Further to this they emphasize that the parent-child relationship provides the foundation for personal development and learned adaptation for future situations. This process is also confirmed by Bowlby (1986). Peterson et al (1994) also suggest that originally research on bereavement of children who are unable to mourn, experience, a developmental disturbance which leads to psychopathology in later life. More recent studies have suggested that ego development is affected by the death of a parent and the ability to mourn depends on cognitive and emotional development in the child (Nitch et al 1994). Stroebe and Schut (2002) also maintain that bereavement has serious consequences for children which may impact on their development as well as contribute to long term psychiatric, social, and psychological struggles. Literature has shown that the first world countries in the United Kingdom, Australia, U.S.A and Canada have responded to children's bereavement through the development and evaluation of the bereavement projects and programmes. It is thus clear that the issues pertaining to grief and loss in children need to be addressed in order to help children reorganize their perspective and experiences of death.

Evaluating bereavement programmes provide evidence that aims and objectives are being achieved. In addition, the information collected could help the service to develop in a way that best meets the needs of bereaved children and their families. The evaluation of such programmes is discussed further in the latter section of this chapter.

SUPPORT AT SCHOOL
The school is a site for support as adolescents spend a lot of time at school.

Teachers
Educational facilities also form part of the child's mesosystem. Educational facilities feature in the daily activity of the child's developing years. Worden

(1996) maintains that it is common for children to become preoccupied with their thoughts, to have more concentration problems, become forgetful, and be unprepared for class during the early stages of grief. Decline in school work, inability to complete tasks and play may be experienced by children who are in mourning (Spenser and Seagar 1996:44). Jackson (2008) similarly found that the respondents in her study indicated that they had experienced a lapse in concentration during school time thus impacting on their school performance. The adolescents went on to say that they felt sad, were forgetful and often lapsed into daydreaming, indicating their preoccupation of thoughts about the deceased. Lourens (2004 in Jackson 2008) highlights the importance of schools being an emotionally safe place for children, especially where families are unable to meet a child's emotional and developmental needs, to ensure that children are supported and strengthened. Jackson 2008) concludes that children want their bereavement to be acknowledged, they do not want to be silent mourners. The reaction of the teachers and peers seemingly determine how respondents dealt with grief experiences in the school environment. Kroen (1996 in Jackson 2008) claims that returning the child to his normal routine can be supportive to the grieving child, helping him replace a sense of hopelessness with purpose within their daily lives. This however is contrary to Jackson's findings were children experienced anxiety upon returning to school, facing the teachers and relating what had happened to them, concluding that school is not perceived as an emotionally secure environment by young people(Jackson 2008).

Teachers can provide support by assisting the child to adjust to the loss within the school environment. Teachers could lessen the workload and provide the emotional support when the child becomes distressed .This is only possible if the teachers are adequately equipped with the skills necessary to intervene in such a distressful situation. An inappropriate response may cause further anxiety and confusion in the bereaved child. Meyer, Loxton and Boulter (1997 in Donald et al 2000) maintain that the quality of relationships with peers and authority figures is an important factor in school adjustment. Balk (2001) suggests that universities should have a bereavement centre which deals with supporting students who are grieving and also undertaking research into grief and bereavement. He believes that students are hidden grievers (Balk 1998), as they do not want to be seen

differently from their peers or answer unnecessary questions which may be too painful to deal with.

Worden(1996) and Woo and Wong(2003 in Jackson 2008) claim that not all grieving children require professional intervention, provided that they receive supportive services from people other than family members. This could be the teacher, a staff member or a peer. The child's perceptions of life and death are greatly impacted upon by the educators' responses to death and how they offer support to the bereaved child. Jackson (2008) has indicated that children's academic progress was impacted upon after the death of a parent. She further indicated that children who did not receive the support and understanding from teachers felt further traumatised in class. The author also found that peers victimized these children hence, depleting the child's sense of self-esteem and confidence. However, once children were offered support and understanding by the teachers they were able to relax and concentrate in class.

Peer Counselling

Peer counselling is an elective course in some schools in Kwazulu Natal, South Africa, counsellors are trained to be aware of all types of life problems on a personal level and then ways in which to help peers. Due to peers responding more enthusiastically to peers, peer counselling can play an important role in establishing communication with distressed classmates and friends, with the view to referring them to professional help. This programme however needs to be closely monitored and supervised by a well trained teacher (Nghonyama 2008).

Policy

Willis (2002) indicates that the provision of school based information and education for children is strongly endorsed, as relevant curriculum materials are available. It however appears that many teachers feel ill-equipped to handle the subject of bereavement, in the classroom. The Childhood Bereavement Network (CBN) provides a range of materials including guidelines for best practice by agencies offering bereavement support. The network seeks to develop and ensure quality information and guidance through the support of over 220 organisations (Willis 2002). Lowton and Higginson (2003) highlight the uneven provision of school-based counsellors, education and training for teachers,

bereavement policies and other bereavement support services in the United Kingdom, although the number of bereaved pupils and students are high. Whilst the United Kingdom acknowledges the need for services for bereaved children in school, South Africa needs to speedily deal with the ever increasing numbers of orphaned and vulnerable children at schools, who are in desperate need of supportive, bereavement services by trained counsellors.

Lowton et al (2004), Servaty-Seib et al (2003 in Wimpenny 2006) have identified numerous approaches that could be implemented by teachers in dealing with bereavement in schools. Respondents in the study by Jackson (2008) have suggested that the school should offer the following support services for bereaved children similar to Lowton et al (2004).

- Talking to the bereaved children,
- Helping the children understand death and dying,
- Listening to children, and

Teachers understanding that bereaved children are not naughty or lazy, they are affected by grief and loss.

WIDER COMMUNITY SUPPORT

As mentioned is chapter one the exosystem level includes the other people and places, that the child herself may not interact with personally, however may still have a large affect on him/her. Some of these exosystems may be the parents' workplaces, extended family members, or the neighbourhood. Death of a family member can create profound family crisis by severely disrupting the family's stability (Kiser, Ostoja and Pruitt 1998 in Goodman 2000). The parents' social status may impact on the provision of the child's needs. In chapter one and two disenfranchised grief was discussed (Doka 1989). It becomes clear that the societal response to the death of the parent impacts on the child. This may be in the case of children who have been part of a family system where the deceased parent's illness was seen as unacceptable, thus leaving the children feeling rejected and isolated from the rest of society. This is mostly in the case where society still stigmatises families due to HIV/AIDS, sexual orientation or spiritual

perceptions. The child may either be assisted or rejected by the broader system in the provision of support to the child.

Bronfenbrenner and Morris (1998) maintain that the ecological perspective of childhood development describes children's experiences and development as the result of the many relationships, and broader contexts they encounter.   This model helps us to understand the effects of, and influences on childhood adversity.   They further maintain that the loss of a loved one through natural disasters, illness, and injury, can lead to psychological trauma.

The ecological perspective has been implemented by The Australian Child and Adolescent Trauma, Loss and Grief Network as it is recognised for the interdependence of the settings and contexts of children's lives, and has been used to develop national policies towards children's mental health.   In South Africa, as mentioned earlier there is an increased number of children who are becoming vulnerable and orphaned through the affects of HIV/AIDS; it is evident that the child's social standing also affects how the community responds to the child who has been bereaved. Doka (1999) mentions disenfranchised grief where the child may be unable to express his bereavement openly due to societal sanctions complicating the grieving process of the child.

It is thus important for social workers, caregivers, teachers, policy makers to develop strategies and programme that will help children feel safe within the educational facility by providing the necessary structures and support systems, to those young people affected by the death of their parents, especially to those with no other support systems available to them.   Papadatou et al (2002), in their survey, initiated the development of broader programme support.

This section has focussed on the interventions available to adolescents on the various systemic levels as discussed in the ecological perspective. The following section focuses on the challenges of evaluating bereavement programmes.

THE CHALLENGES OF EVALUATING BEREAVEMENT PROGRAMMES

In developing effective services, social workers need to integrate knowledge from theory and research with practice wisdom to develop innovative and effective interventions that address the specific needs of particular populations. It is also necessary to evaluate the feasibility and effectiveness of their interventions.

Experimental and quasi-experimental designs using large sample sizes provide the most persuasive evidence of intervention effectiveness. The following section provides an overview of the challenges experienced in the implementation and evaluation of interventions. Evaluative research is defined by Rossi and Freeman (1989 in De Vos 2002) as the systematic application of social research procedures for assessing the conceptualisation, design, implementation, and utility of social intervention programmes. Present programmes seem to be difficult to evaluate in terms of being implemented properly and can assist in the planning of programme improvements (Rossi and Freeman 1989).

Much attention has been given to investigating the effects of bereavement on children. Drawing on their observations from the Harvard Bereavement Study, Silverman and Worden (1992) state that there is agreement amongst researchers that the death of a parent is a very stressful event. However, there appears to be some confusion in the literature over the possible effects of such bereavement, with many reflecting that loss can lead to depression or other behavioural problems whilst others have found no such pathological findings. Berlinsky and Biller (in Silverman and Worden 1992) carried out an extensive literature review and suggested that this inconsistency of findings could be due to a lack of appropriate measurement tools. Therefore attention needs to be given to the development of a tool that not only incorporates the findings of recent research, but also is appropriate as an evaluation measure. Parkes (1995) highlights that there are ethical difficulties in conducting bereavement research and a need to protect the bereaved from 'unscrupulous or potentially harmful intervention'. Worden (1996) argues that professional intervention may not be appropriate to all bereaved children. Only certain 'red-flag' behaviours or circumstances such as

low self esteem or the intensity surrounding the parental death may indicate the need for professional referral.

The studies that have been conducted on adolescent bereavement have often experienced a problem of generalisation due to the types of samples that may have been used.   Hospitals, Hospice, or other professional or social service agencies have identified many of the participants, which means samples may not have been random or scientific (Thompson 1998).   Generalisation therefore becomes questionable as to whether families are already receiving professional

services compared to those who do not or cannot utilize these services.

In many cases there is a substantial level of refusal by caretakers for their children to participate in these studies (Thompson et al 1998). Dowdney (2000) also brought up the issue of difficulties facing researchers, stating that identifying samples is difficult, yet equally difficult is gaining access to eligible participants. One could therefore conclude that, whilst these studies are definitely breaking ground for increasing the knowledge base about adolescent coping with parental death, most of the research data is minimal in its ability to be generalized (Goodman 2000).

The majority of research on childhood loss has focused on the younger child and less attention has apparently been paid to adolescents (Marwit and Carusa cited in Dowdney, 2000). Where only adolescents have been studied, the focus has been on clarifying the grief process during this developmental phase (Van Epps, Opie, and Goodwin 1997), or on developing theoretical models (Balk 1996). As a result, any specific effects of parental death on the mental health of this age group have been largely unexplored (Dowdney 2000).

Cross-sectional designs can lead to problems with analysis of data since it is not possible to say whether parental death may lead to future problems experienced by the bereaved child (Thompson et al 1998).   Longitudinal studies however can address the question of whether disturbance after parental death will be transient or whether it will persist over time (Dowdney 2000).   There are however many methodological problems with longitudinal studies, such as attrition, small

samples, and enormous cost.   Raphael, Minkov and Dobson 2001) question whether there is a need for intervention if grief is regarded as a 'normal' process from which most people will emerge. In addition the evidence of the effectiveness of interventions is relatively weak (Jordan and Neimeyer 2003 cited in Wimpenny, 2006). However, there would appear to be many 'interventions' that do not fall within the clinical or medical use of the term.   Preventative work through education, communication skills for professionals and other practitioners at the time of death and after, social and community support, appropriate policies and procedures, role of volunteers and voluntary groups are some of the interventions that may not have been taken into consideration by Jorden and Niemeyer (2003).

It is evident that the mesosystem and the macrosystem play a role in successfully developing and administering the interventions necessary for the holistic healing of the bereaved child.   The effectiveness of many of these 'interventions' is difficult to ascertain but there is no doubt, from the literature that they have an impact and are part of the overall picture of death, dying and bereavement.

Three main studies have conducted meta-analysis in the field of bereavement research. These have pointed to the many problems associated with such research. Dyregov (1990), Curtis and Newman(2001) and Forte, Hill, Pazder et al (2004) , maintain that research surrounding death, dying and bereavement has many difficulties that relate to the sensitivity surrounding the topic and the many variables that will influence the outcomes of the research.   In common they found studies were problematic in terms of:

- There may be an absence of control groups in most quantitative studies.
- Many studies have cross sectional design.
- There is a possibility of potential reporting bias across all research and literature.
- There is a concern of non standardised measures of grief and the use of different scales.
- The use of operational definitions and terminologies eg: spirituality, types of grief, counselling causes difficulties.
- Sample sizes are usually small and bias in sampling may occur due to the recruitment difficulties or self selection.
- Response and dropout rates are underreported.

- There may be ethical issues around the access of the candidate.
- Confounding variables are often not identified or addressed.
- Memory bias as many studies are retrospective, sometimes up to twenty years.
- There may be self report of most research.
- There is the potential for researchers to withdraw or withhold questions due to the possibility of the research being viewed as therapy.
- There is poor reporting of methodology in the presentation of qualitative papers.

Tomita and Kitamura (2002) have also confirmed that when seeking to review studies where a wide range of scales and inventories have been used and the groups vary in age, sex, time since the death, economic status etc, it is difficult to compare or perform any form of meta analysis due to this heterogeneity. They conclude that such meta-analysis could be helpful as bereavement research often has small samples due to problems of recruitment (Tomita and Kitamura 2002).

As in many areas of research there is discussion related to qualitative versus quantitative evaluations. There is a small amount of quantitative evidence that community interventions benefit parents and children within a bereaved family, but evidence is too weak to make judgements about the relative effectiveness of different models of community-based interventions (Currie, Holland and Niemeyer 2007).

The predominance of research on death has targeted only populations known to have experienced a recent loss (Morin & Welsh 1996), rather than examining those who are experiencing illness of a parent and anticipatory grief, a concept frequently cited in the literature on death. The longer the passage of time from the death, the more difficult it becomes to disentangle the effects of bereavement from other variables (Dowdney 2000).

Future evaluations of interventions should consider:
Melvin and Lukeman (2000) suggests a framework for bereavement 'services' and interventions for children which charts a flexible chronological based approach. Lloyd-Williams (1998) highlights the potential for primary care to

achieve better services for bereaved children by ensuring that recording is accurate, all primary care staff have involvement and that there is the potential for a family appointment eight to twelve weeks after death to assess coping. Dyregov (1991) advises that literature has indicated that services may not have been rendered to all bereaved children in community based programmes and therefore suggests that future evaluations of interventions should consider the following:

- There should be a further exploration, using controlled designs, of the outcomes of a range of different models of community-based interventions for children who are bereaved.
- There should also be a particular focus on long-term and/or unwanted effects of interventions.
- Evaluation of interventions should consider the inclusion of qualitative techniques such as pre- and post-intervention interviews; and the employment of instruments developed in light of specific programme objectives. In this study for example, the researcher developed a child friendly questionnaire which was specific to the programme being evaluated.
- There should also be an awareness of the evaluation of the basis on which children are allocated to services, which takes into account the ensured delivery of services to children and families that are in need services rather than those who will not benefit or be at risk of being harmed by the interventions.

In addition to the above, Wimpenny (2006) comments that the support available for young people, who are bereaved, is considered problematic and is questionable in terms of appropriateness and effectiveness. One also needs to consider the limited coordination and integration across many sectors such as education, health, youth services and the voluntary sector (Wimpenny 2006).

When designing programme evaluation Reamer (1998) advises that there are four major issues to be considered:

1. *Who wants the evaluation and why?*

One needs to find out who needs the evaluation of the programme and why, including their level of interest, the instrumentation, the process, the way in which the results may be used. The people usually interested in programme evaluation are the agency administration and staff. Their input may be valuable to the programme evaluation as they may have ideas regarding what should be evaluated and how the agency might be able to work together during the evaluation process.

2.   *What are the goals of programme evaluation*?

Reamer (1998) refers to 'manifest *goals*' which are official goals that are declared to the public in terms of implementation of the programme. This may be the programme's effectiveness and the programmes implementation which may be impacted upon by issues such as staffing arrangements, resource allocation and supervision. There are however 'latent goals' which refers to those goals which may be pursued 'beneath the surface' (Reamer 1998 cited in Reddy 2005).

3.   *How will the results be used?*

Results may be used internally. Reamer (1998) suggests that the agency may want to find out more on the impact of their services and means of improving them.

CONCLUSION

This chapter has discussed the various interventions available to children who are grieving. There is however a professional obligation to ensure that these interventions are effective to the clients thus evaluating these services becomes necessary. Further to this, the topic discussed in this study is of a sensitive nature and thus poses many challenges during the evaluation process. These challenges have also been outlined. The chapter is concluded by noting the important aspects for consideration when undertaking an evaluation of a programme of this sensitive nature.

The following chapter will focus on the processes and methodology involved in conducting this evaluation research study.

CHAPTER   FOUR: RESEARCH METHODOLOGY

Life affords no higher pleasure than that of surmounting difficulties, passing from one step to success to another, forming new wishes and seeing them gratified.

Samuel Johnson

INTRODUCTION

This chapter   outlines the research methodology used in this study. It begins with a discussion on the reasons for undertaking an evaluation and is followed by the research design, evaluation process and data collection methods. The evaluation process is discussed thereafter. This is followed by the limitations, credibility and trustworthiness of this type of research. The ethical considerations and methods of data analysis conclude this chapter.

REASONS FOR UNDERTAKING EVALUATION

A number of reasons for undertaking the evaluation of the programmes have been postulated in the literature. This is relevant when evaluating the Bereavement Programme in this study.

Rossi and Freeman (1989 in De Vos et al 2002) maintain that evaluating an established programme requires understanding social conditions; when it was initiated and tracing the ways in which it was modified from the beginning to the time of the evaluation. Rossi and Freeman (1989:18 in De Vos 2002) define evaluation research as: "the systematic application of social research procedures for assessing the conceptualisation, design, implementation and utility of social interventions programmes". Similarly, McNamara (1989 in Reddy 2005) claims that programme evaluation can also help with understanding and verifying or increasing the impact of services on clients. Smith (1990) adds that programme evaluation encourages choice whereby participants of a programme are asked about how useful a programme was. It enquires about what participants have gained and their feelings about the service. Similarly Reamer (1989) states that

evaluation is also useful in determining the extent to which significant needs are being dealt with.

Impact or Outcome Evaluations

Hudson (1995 in De Vos 2005) discusses impact or outcome evaluation which he calls "the first dictum of empirical social work practice". He maintains that there can be no evidence of effectiveness of an intervention unless and until there is a *detectable or measurable change.* Rossi and Freeman (1989) concur with this view and they conclude that impact assessments gauge the extent to which a programme causes change in the desired direction. This study focussed on impact evaluation which assesses the changes in individuals' wellbeing that can be attributed to the programme being evaluated.

Formative and Summative Evaluations

Formative evaluation is concerned with the improvement of a programme whilst a summative evaluation is requested should there be concerns about the effectiveness and utility of a programme. This term is used to determine whether the programme should be continue and discontinued (Royse 1993 in De Vos 2005). It is suggested that evaluability assessments are usually formative as the case of this study where the programme is seen to be meeting needs and although these programmes are difficult to evaluate it should not be discontinued. The focus of a formative evaluation such as this study is to improve on the programme being evaluated (Sockney 1995).The use of expert advice and some form of evaluability can be built into an existing programme (De Vos 2005).

Programme Evaluation according to Smith (1990), provides service to organisations, agencies and institutions. There is also a professional and ethical obligation to evaluate programmes which provide services to the vulnerable community. Smith (1990) maintains that the human service professionals have a responsibility to be accountable for the services they provide. They are accountable to the clients to whom they provide services and as ethical practitioners, to themselves. In addition they are accountable to supervisors, administrators and the employing institution or agency, to funders, the various branches of government or voluntary sector that support the agency (Reddy

2005). Researchers are thus accountable to the community that they serve or the one in which the programme is located.

Smith (1990 in Reddy 2005) outlines some of the questions that programme evaluation aims to answer:

- Is the programme effective?

- Does it seem to have the desired effect?

- Is the programme on the right path?

- Are people being helped?

- Are people accepting the service?

- What was the outcome of the service they received?

In order to evaluate how a programme is being evaluated one needs to ask:

- Who is the programme serving?

- How many people are receiving this service?

- Is the programme being implemented according to the programme plan?

- What are the programmes initial successes and failures?

- What are major blockages in implementing the programme?

- Which of these are practical problems that can be overcome?

- Which problems point to significant flaws in the programme design?

(Smith in Reddy 2005)

These are some of the questions that guided the development of the research tools to address the main aims of the study.

The use of semi structured interviews with the child care workers, specialised child care workers and the manager have addressed whether the programme benefited the children who had attended the programme. The children's

questionnaire focussed on the children's responses to the actual Bereavement Programme.

The research design further explains how this process was implemented.

RESEARCH DESIGN

A modified evaluation design using the steps as outlined by Marsden, Oakley and Pratt (1994) and McKendrick (1989) was implemented. This combination of an older model together with a more contemporary model has been usefully employed in previous studies (Raniga, 2000) and was appropriate for this study. Marsden, Oakley and Pratt (1994) outline five steps that guide the evaluation process as compared to McKendrick's (1989) ten steps.

The table below illustrates the phases and steps of the research process.

TABLE ONE : OUTLINE OF RESEARCH PROCESS

PHASES   **OUTLINE OF STEPS**

Marsden, Oakley and Pratt - Phases (1994) Steps 1-5	McKendrick (1989)Steps 1-10	RESEARCH PROCESS
Preparation (1)and Planning(2)	Determine what is to be evaluated.(1)	The bereavement programme
	Identify community(2)	Adolescents at Durban Children's Home who have experienced the death of a loved one.
	Gain Cooperation of staff(3)	Permission from Principal(see appendix) Child care worker and specialized child care workers(see appendix)
	Specify programme objectives(4)	Give bereaved adolescents an opportunity to grieve within a safe environment, gain understanding of the concept of death and their feelings, receive support from peers and care givers.

	Specify evaluation(5) objectives	Assess the implementation of the programme in terms of: process, activities, materials, cost, and adolescents' experiences of the programme.
Execution of Choice of methodology(3)	Choose variables(6) Choose research design(7)	18 adolescents who have experienced death and have attended the bereavement programme at Durban Children's Home. Mixed qualitative/quantitative design. Use of questionnaires and focus groups with adolescents Interviews with staff and analysis of records.
	Implement measurement(8)	As above
Report and feedback(4)	Analyse findings(9)	Analysis of findings &formulation of recommendations
Reflection and Action(5)	Report or implement findings(10)	Report to management committee, workshop with staff at Durban Children's Home. The participants will also be given feedback on the outcomes of the evaluation process

PHASE 1/2 (steps 1-5)

Preparation and planning

The purpose of this study was to evaluate the Bereavement Programme at Durban Children's Home. The clients or recipients of the bereavement programme were the adolescents at Durban Children's Home who have experienced the death of a loved one. The researcher gained consent from the Principal of Durban Children's Home who notified the Board of Directors of the purpose of the study (Appendix 2). Verbal consent was initially obtained from the child care workers and the specialized child care workers to participate in the study. Written consent was obtained prior to the interviewing process. The Programme objectives were then identified (refer to page eight). The consumers of the evaluation were identified as the management and Board of the residential facility and the potential funders who are then able to view the actual usage of

funds. The research objective was to evaluate the Bereavement Programme in terms of:

Process of the programme

- activities that were beneficial or not in the programme

- materials used

- The cost of the programme

- children's' experiences of the programme

PHASE 3 (Steps 6 and 7)

EXECUTION OF THE CHOICE OF METHODOLOGY- RESEARCH DESIGN

Mixed qualitative quantitative approach

A mixed method approach was used to optimize the strengths of this research. Creswell (cited in De Vos 2002) refers to this type of methodology as the *dominant-less dominant* design. The author maintains that in this design a researcher may use one single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm. Qualitative methods were predominantly used in the semi structured interviews with child care workers and the manager allowing for probing and the collection of in-depth information whilst the quantitative method allows for the standardisation of information which is reflected in the Children's questionnaire. The dominant-less dominant model strengthened the researcher's confidence of the potential results and enhanced the trustworthiness of the study (De Vos et al 2002).

Importance of Triangulation

Erlandson et al (1993 in De Vos 2002) explains that by using triangulation, the researcher seeks out different types of sources that can provide insights about the same event. Triangulation is especially relevant in this study in view of the fact

that a control group design cannot be conducted with vulnerable children. The ethical considerations for this type of design have been discussed in detail in chapter three.

Four methods of triangulation were implemented in this study.

- The adolescents responses to the questionnaire were triangulated with information gathered during the researcher's focus group with them, confirming and supplementing the data gathered through the questionnaires.

- Interviews with the child care workers and specialised child care workers were able to add to the trustworthiness of the information shared by the adolescents.

- The application of both qualitative and quantitative methods as discussed previously.

- A protocol for analysing the following documents implemented:

  Adolescent school reports, written reports of the bereavement camps by the specialised child care worker, adolescents' case files.

In this study triangulation is important to add to scientific rigor. Guba and Lincoln (1985) maintain that using multiple methods and samples increased the trustworthiness of the study and contributed to authenticate research findings.

Trustworthiness of the Study

In view of the mixed methodology used both quantitative and qualitative notions of reliability and validity had to considered**.**

Reliability and Validity of the Quantitative Component of this Study:

In order to obtain valid and reliable data one must ensure that the measurement procedures and measurement instruments are of acceptable levels of reliability and validity before implementation (De Vos 2005:166). For this reason the researcher conducted a pilot study to improve the success and effectiveness of the investigation. A pilot study is defined in the New Dictionary of social work

(1995:45) as the "process whereby the research design for a prospective survey is tested." A pilot study is valuable, according to Hoinville et al cited in De Vos 2005:216) for refining the wording, ordering, and layout and filtering and in helping to prune out the questionnaire to a manageable length. The actual physical programme is also very important. Bailey (cited in De Vos 2995:216) similarly maintains that the colour and appearance of the questionnaire is of crucial importance to the whole investigation. Therefore when devising the questionnaire, the researcher used colourful graphic scales with sad, smiley and double smiley faces to assist adolescents depict their responses in terms of 'not happy', 'happy' or 'very happy' with minimal narrative expectation.

The pilot study revealed that the adolescents felt more comfortable with the graphic scale than a rating scale which had used numbers. In this study cognisance was made of the possibility of adolescents' learning challenges as well as any communication barriers, the sensitivity of the topic was also taken into account. The researcher thus tested the questionnaire with the adolescents to check for understanding and relevance of the questions. A peer was further requested to view the questionnaire to check applicability to adolescent and found it to be child friendly. Bostick and Kyte (cited in De Vos 2005:167) contend that when we ask colleagues to assess our instrument we rely on their judgement to establish its content validity.

According to Bostick and Kyte (cited in De Vos 2005) reliability has been defined as the accuracy or precision of an instrument. It is primarily concerned with not what is being measured but how well it is being measured. The questionnaire was used in the pilot study which has ensured reliability of the measuring instrument.

Trustworthiness of the qualitative Component of this Study

 In this study several observers have been interviewed to reduce the limitations of the data collected thus adding to a more complete picture of the setting (De Vos 2002:342). The questionnaire and focus groups allowed for triangulation of data from the respondents. This method of triangulation added to the credibility of information gathered from the participants.   Information gathered from the specialized care worker and child care workers enhanced the trustworthiness of the data collection. The second use of this method involved the implementation of

both qualitative and quantitative paradigms which also contributed to the credibility and trustworthiness of the study.

In order to maintain objectivity in a qualitative study, such as this, Lincoln and Guba (1985 in Babbie and Mouton 2001) suggest the notion of trustworthiness. Trustworthiness is equivalent to the concepts of reliability and validity, which is consistently used in the quantitative research paradigm. Marshall and Rossman (1995:143-145) paraphrase Lincoln and Guba's criteria against which trustworthiness of a projected can be evaluated as follows:

- How credible are particular findings of the study? By what criteria can we judge them?

- How transferable and applicable are these findings to another setting or group of people?

- How can we be reasonable sure that the findings can be replicated if the study were conducted with the same participants in the same context?

- How can we be sure that the findings are reflective of the subjects and the inquiry itself, rather than a creation of the researcher bias' and prejudices?

The researcher attempted to answer these questions to ensure the trustworthiness of the study.

According to Lincoln and Guba (1985 in Babbie and Mouton 2001) trustworthiness is based on four constructs:

- Credibility

- Dependability

- Transferability

- Confirmability

Credibility: In qualitative research the terms credibility and trustworthiness are used instead of reliability and validity. The strength of the qualitative paradigm is to explore a problem and describe a setting or a process. The in-depth description which indicates the complexities of variables and interactions during this process

is thus embedded within the data collected, adding to the validity of the study. Further credibility is achieved with triangulation of multiple sources of information that may corroborate, illuminate and elaborate adolescents' experiences of the Bereavement Programme. In this study the specialised child care workers and the child care workers participation in the study. This added to the study's dependability. Lincoln and Guba (in Babbie and Mouton 2001) contend that if a study is credible then it will be dependable.

Dependability: This is used instead of reliability. The researcher attempts to account for changing conditions in a phenomenon chosen for the study. Dependability was ensured by the method of triangulation of information which was gathered from the participants, the child care workers and documents available.

Transferability: This refers to the external validity or generalisability.   Here researchers can refer to the original theoretical framework to indicate how data will be collected and analysed with the guide of concepts and models. Triangulating multiple sources of data enhances generalisability. (Lincoln and Guba (in Babbie and Mouton 2001) maintain that a qualitative researcher is not primarily interested in generalisations and does not claim or maintain that knowledge gained from one context will necessarily have relevance for other contexts or the same context in another time frame.

Confirmability : This captures the concept of objectivity. Guba and Lincoln (1985) stress the need to confirm the findings of the study with another. Does the data confirm the general findings and lead to the implications? Is there an adequate trail to enable the reader to determine the conclusion, interpretation and recommendations which can be traced to its source? In this study the raw data, transcripts of field material which related to data reduction, analysis, emergence of themes, were used to determine the findings and conclusions. Guba and Lincoln (1985) emphasized that the abovementioned criteria are appropriate for the qualitative paradigm.

This study has mainly made use of the qualitative paradigm however some aspects of the quantitative paradigm have been drawn into the study to add to the validity of the data collected. This is reflected in the next chapter which summates

some of the data gathered. The method of triangulation is used extensively to add credibility and trustworthiness of the information gathered from the respondents thereby ensuring that the present study is validated.

Research Participants

A purposive sampling strategy was used in this study. According to Singleton et al (in De Vos et al 2005:202), in purposive sampling the sample is composed of elements that contain the most characteristic or typical attributes of the population. Creswell (1998:118 in De Vos 2002) also mentions that "the purposeful election of participants represents a key decision point in a qualitative study". The author continues to say that "researchers designing qualitative studies need clear criteria in mind and need to provide rationale for their decisions." The search for data must be guided by processes that will provide rich detail to maximise the range of specific information that can be obtained from and about that context (Erlandson et al 1993 in De Vos et al 2002:335). Marsden et al (1994) explain that in semi structured research interviews there needs to be 'key informants' who provide detailed information as well as an overview of the programme. For this study the child care workers, specialised child care workers and the manager provide invaluable information about the programme. When using purposive sampling as in this study, the researcher purposely sought typical and divergent data.

There were four categories of research participants: The main samples were the adolescents, the key informant's were the child care staff, specialized care worker and the manager.

Adolescents: Eighteen adolescents between twelve and seventeen years, who had experienced the death of a parent or significant other prior to admission to Durban Children's Home, took part in this study.

The sample initially aimed to have an equal number of males and females who attended the Bereavement camp separately in 2008; however two of the male adolescents returned to their families at the end of 2008. Thus there were eight male and ten female adolescents who participated in the study.

Specialized Child Care Workers: Two child care workers who are skilled in the facilitation of the bereavement programme were interviewed. They are the "facilitators" of the programme and have also provided detailed information about the process, activities, materials and children's experiences of the programme. (Appendix 2).

Child care workers: The researcher interviewed four child care workers who are representative of the eight child care workers who render services to the adolescents and provide for the physical and social care of the children who have attended the bereavement programme. They have provided valuable feedback on their observations of the adolescent during the various processes of the programme as well as the changes of behaviour of the children after the attendance of the programme (Appendix 3).

Manager: The manager is responsible for sanctioning of programmes and funding at Durban Children's Home .The costing data has been gathered through a semi structured interview (Appendix 4).

Data collection methods

Vithal and Jansen (2006) define data collection as a plan detailing strategy for collecting data. A variety of data collection tools were used in this study which are discussed as follows:

Questionnaires

In this study, a questionnaire was specifically devised for the child participants taking into account their age, stages of development and cognitive functioning. The questionnaire was aimed at gathering pertinent information from the adolescents their experiences of the Bereavement Programme. This allowed for anonymity and a standardized method of data collection. Rossi and Freeman (1989 in De Vos 2002) state that the way in which evaluation questionnaires are asked is dependent on the type of programme being evaluated meaning that the programme could be a new intervention, a change or expansion of an existing effort or a well established, stable service activity Since this study is an evaluation of a Bereavement Programme, which is a new intervention, at Durban Children's Home, the questionnaire explored issues relevant to a new intervention.

The Children's Questionnaire (Appendix 5) in this study comprised of a graphic rating scale, close ended and open ended questions. This type of questionnaire allowed for the generation of large amounts of data (see Appendix 5). The questionnaire was child friendly and easy to read as the researcher recognised through the children's background information that some of the children were previously educationally disadvantaged and it was that they would have experienced difficulty in understanding a fully written, narrative type questionnaire. Questionnaires were administered to eighteen adolescents between the ages of twelve and eighteen years who consented to participate in the focus group. The participants were given the opportunity to volunteer their experiences in a focus group if they are comfortable with sharing of sensitive information.

Focus groups

Morgan (1997 in De Vos et al 2002) describes focus groups as a research technique that collects data through group interaction on a topic which is predetermined by the researcher. Focus groups further allows the researcher to investigate a multitude of perceptions (Nyamathi and Schuler 1990 in De Vos et al 2002). Focus groups have a further advantage in that they allow individual views and perceptions to gain some degree of collective approval (Marsden, Oakley and Pratt 1994).

One focus group was held with twelve adolescents (see Appendix 6). The six adolescents remaining also consented to participating in the focus group however they were unable to attend due to school obligations. The adolescents were given the option of withdrawing from the group process at any given time, offering them referral for further social work intervention if necessary. The focus group was employed to ensure that relevant information was obtained whilst also receiving a rich account of the respondent's subjective experiences of the programme.

Krueger and Casey (2000 in De Vos et al 2002) confirm the purpose of the focus group as means to promote self disclosure ,what participant really feel and think. By using the focus groups, the researcher, who is a trained social worker, was able to further identify feelings by observing non-verbal's, identifying changes in tone and assessing the influence of other responses on the individual. The questions as depicted in the focus group guide specifically focuses on the aspects

the children have responded to in the questionnaire. The information gathered during the focus group therefore enhanced the credibility of the individual responses obtained from the questionnaire.   It was noted that the participants enjoyed the group process and wanted to continue sharing their experiences. The scheduled group session of half an hour concluded after an hour.

Semi Structured Interviews:

The child care workers and specialized care workers were interviewed individually. A nonthreatening, comfortable venue was agreed upon by the participants. An interview schedule was drawn up to ensure that pertinent topics or themes were addressed whilst minimizing the chance of omitting material. Holstein and Gubrium, (1995 in De Vos et al 2002) confirm that the interview schedule provides the researcher with a set of predetermined questions that might be used as an appropriate instrument to engage the respondent and designate the narrative terrain. The semi structured guide further ensured that there was an allowance for flexibility to adapt the sequencing and wording of questions according to the group processes (Marsden, Oakley and Pratt 1994:135).

The researcher was able to follow interesting aspects that emerged in the interview and the participants were further able to explain, giving a fuller picture to the researcher (De Vos et al 2002). Open-ended, non judgemental and unbiased question were asked to allow for participants to express themselves freely.

Consent was requested from the participants who were assured that they could withdraw from the interview process if they wished to. Confidentiality was emphasised and maintained at all times. Patton (1990) indicates that a semi structured interview allows for the same questions to be responded to, increasing the comparability of responses; data is complete for each person on the topics, it permits evaluation users to see and review the addressed aspects in the interview; instrumentation used in the evaluation and it facilitates organization and analysis of data.

Protocol for Analysing Records:

A protocol for analysing records was used (see Appendix 7). Permission was requested from the Manager of Durban Children's Home to access and analyse records of adolescents. Data on the participants' age, length of stay, response to the programme and behaviour at present were analysed. The researcher further accessed data from written reports prepared by facilitators after the adolescents had attended the Bereavement camp. The information in these written reports gave details on the individual adolescent's response to the activities conducted at the camp. This proved to be very helpful in verifying the information shared by the children and the child care workers. In addition the adolescent's academic records were analysed to gauge possible changes in the child's academic progress following their attendance of the Bereavement Programme.

TABLE TWO: SUMMARY OF RESEARCH PROCESS:

WHAT	WHO	HOW	WHEN
Questionnaires	18 adolescents between ages of 12-17 years. Eight boys and ten girls	Researcher handed out questionnaires to adolescents. The child care worker was available to provide clarification and assistance if needed.	The data was collected between July and August 2009. Participants handed in completed questionnaires within 48 hours although two weeks had been allocated to this process.
Focus Group	Adolescents who volunteered to participate in the focus group.	Researcher conducted one focus group in a neutral environment.	After the collection of questionnaires.
Interviews	Researcher with two specialised child care workers	Use of semi structured interview schedule.	July 2009
Interviews	Researcher with four child care workers	Use of semi structured interview schedules	August 2009
Interview	Researcher with manager	Use of semi structured interview (includes discussion about cost)	August2009

Protocol for Analysis of records	Researcher		July 2009

PHASE THREE: IMPLEMENTATION OF MEASUREMENT

As discussed above.

PHASE FOUR: ANALYSIS AND INTREPETATION OF FINDINGS

In this study both qualitative and quantitative methods of data analysis have been utilised to increase the credibility and trustworthiness of the research.

Immediately after the interviews and the focus groups were conducted information was transcribed and full records were thoroughly examined providing a clearer picture for analysis and categorizing i.e. allocating similarities into common themes

Qualitative methods of data analysis

Steinberg 2004 (in Jackson 2007) argues that the heart of qualitative analysis is content analysis. Qualitative methods were employed in order to obtain a rich understanding of the feelings and experiences, themes, regularities or irregularities, recurring words and feelings of a phenomenon which is also seen to form the core of textual analysis. Data collected was analyzed for similarities and differences, behaviour patterns, relationships and patterns of interaction. Themes have been identified to provide structure for the interpretation.

Converging multiple perspectives ensured that what was targeted at was captured. The data collected from the interviews with the child care workers was used to compare and enhance the credibility of information disclosed by the participants.

Quantitative Methods of Data Analysis

It is important that quantities of some attributes or variables are displayed in order to create a clearer cohesive indication of certain findings such as demographic information, responses of children to the graphic scale, indication of positive or negative responses to the programme and the cost analysis.

Data analysis in the quantitative paradigm entails the data is broken down into constituent parts to obtain answers to research questions and to test research hypothesis. Kerlinger (cited in De Vos 2005:223) maintains that one must first describe and analyse the data and then interpret the results for the analysis. The Interpretation of the analysis makes inferences pertinent to the research relation studied and draws conclusions about these relationships. This study contained both qualitative (categorical) data and quantitative (numerical) data. A qualitative variable in this study was the groups to which subjects belonged. For example, in this study reference may be made the number of adolescents who had enjoyed a particular activity. Quantitative variables take on numerical values and are usually obtained by measuring or counting (De Vos 2005:225). In this study the adolescents' academic records are regarded as a quantitative variable as the results were measured and interpreted.

PHASE FIVE: REPORT AND IMPLEMENT RESULTS

The research findings will be presented to the management of the Home in the form of a report and a workshop for staff will be held during which the results will be discussed. This dissertation forms part of the reporting and a publication in a social work journal to widely spread the research findings is envisaged.

ETHICAL CONSIDERATIONS

The question of ethics was carefully considered by the researcher and the Higher Degrees Committee of the School of Social Work and Community Development at the University of Kwazulu-Natal Ethics committee (see Appendix 8). An ethical clearance certificate was secured.

Ethics Pertaining to Participants

As mentioned in chapter three, conducting an evaluation of this nature is very sensitive as vulnerable adolescents are being used in the evaluation process. According to literature it is considered unethical to use a control group when conducting evaluation on therapeutic interventions due to the fact that both groups of clients would be in need of the therapeutic intervention and offering service to one group and not the other is considered unethical within the social work

profession (Tripodi 1987 in De Vos 2002; Parkes 1995). Therefore the study may not be regarded as a true scientific evaluation nevertheless the study's value to the field of social work may be considered valuable(De Vos 2002). Schilling et al 1993 (in Stokes 1997) argue that an uncontrolled design is acceptable given that there is a lack of sophisticated intervention studies with bereaved children and that randomisation for this population would be unethical. Proper engagement and disengagement techniques were employed by the researcher prior to and after the research was completed.

The challenges and the ethical considerations of this study have also been taken into consideration by ensuring the following:

Avoidance of Harm

Dane (1990 in De Vos 2002) confirms that an ethical obligation rests on the researcher to protect the research participant from emotional and physical harm. The researcher, being a social worker with 16 years of social work experience largely in a residential care setting, ensured that the adolescents were protected at all times thereby minimizing their exposure to emotional harm. The relationship between the researcher, and the participants allowed for a comfortable and trusting interaction. The researcher also conducted the interviews herself. The social worker is subject to a code of ethics of a professional board.

Informed Consent

The researcher thoroughly informed the participants of the purpose of the study. Informed consent was obtained from the adolescents, giving them an option to choose to accept or decline participation in the study. The adolescents were further requested sign their consent when completing the questionnaires and prior to participating in the focus groups. The researcher purposefully chose the adolescents as a sample due to them having a greater level of understanding of the purpose of the study. This enabled them to understand that they could withdraw from the study at any point if they wished without the fear of reprisal. Babbie (2001) regards this as voluntary participation. Credit was given to all participants in the research process in the form of acknowledgement in the research report.

Privacy, Anonymity and Confidentiality

Mark (1996) outlines the following to assist with the maintenance of confidentiality

- Information about participants should be kept confidential, except for when the participants give permission for their identity to be revealed.

- Information solicited or recorded should be only what is necessary for the purpose of the study.

- All participants' identification should be removed after coding.

- Transcribed information should be safely stored and destroyed after the completion of the study.

Confidentiality, privacy and anonymity were maintained at all times. All the names of the participants were changed to ensure that their identity was protected. Adolescents were able to share their feelings and experiences freely with the researcher. The adolescents were given the option of supportive counselling should the need arise. The children responded positively to the request to conduct a focus group. The focus group which had originally been scheduled for half an hour went on for one and a half hours. The opportunity to talk about their experiences provided an opportunity for the children to go back to a safe place and recollect what they had shared with others. Bailey (1994 in De Vos et al 2002) points out that the research project may have positive effects on the respondents even though it may sometimes take years for the benefits to be seen.

Research Instruments

The researcher utilised tools that were child friendly (Appendix 5). The children's questionnaire included a graphic scale which aimed at stress free responses from the adolescent. The focus group was held in the children's unit ensuring their sense of security and comfort. As mentioned in the previous chapters adolescents who are vulnerable and traumatised sometimes experience academic difficulties, thus the researcher's emphasis on the need for the use of appropriate tools when collecting data from the adolescent sample.

Researcher's Role

The use of adolescents in the research process has been carefully considered, every attempt has been made to protect the adolescents identity and prevent them from being traumatised. The researcher who is a professional social worker within the residential setting ensured that the adolescents' rights and wellbeing were maintained at all times. At the beginning of the research study, it was suggested that an outsider conduct the interviews to prevent bias however the fact that the children and care worker's share a relationship with the researcher made it more viable for the researcher to implement the evaluation. It is possible that the participants would not have been comfortable to share information with an outsider thus limiting the information gathered for the evaluation of the programme.

Child Care Respondents

Child care workers, the Children's Home manager and the specialised child care workers all signed consent to participate in the interviews. They were advised that they could withdraw from the research process at any point. Their participation was acknowledged in the research report. Confidentiality, privacy and anonymity were maintained at all times.

LIMITATIONS

In order to assess the study's findings and recommendations, the potential limitations related to the research design and the methodology must be taken into account. Many of the limitations of evaluating a Bereavement programme for adolescents identified in Chapter three apply . These include small sample sizes and lack of randomization and control groups. The limitations of using a questionnaire with subjective terms such as "happy" and "nice" are also acknowledged. The children were assisted by child care workers in gaining an understanding of the questionnaire; the group identified as the sample was not

homogenous in terms of the reasons for parental death. The group may also be regarded as a "captive audience, given that they are from a children's home. This research took place in one Children's Home, thus generalisation is limited.

However the potential benefits outweigh these limitations. Although bereavement is a sensitive issue, the value of the evaluation of programme is anticipated to provide a means for improvement of activities. The evaluation may be a useful tool for advocating for the continuation of this programme and the evaluation findings may be useful in deciding whether the project can be replicated in other contexts. In conducting the research, the researcher sought to reduce the limitations by taking note of suggestions made by Dyregov (2004) in the previous chapter. These were triangulation of methods, the employment of instruments specific to programme objectives, and an awareness of the importance of evaluation to children who are in need of the services.

Although the adolescents have been identified as the sample of this study the programme has also been offered to younger children at Durban Children's Home. However due to ethical considerations these children were excluded from the study. The researcher decided in consultation with the School of Social Work and Community Development Research Committee that the children under twelve years were too young to understand informed consent and would not necessarily object to participating in the study. Adolescents on the other hand have the ability to assert themselves. When scheduling the focus groups all the respondents consented to participate in the focus group however only twelve out of the eighteen adolescents participated. The eight adolescents apologised for not attending as they had been committed to extramural school activities. The researcher felt that this response also indicated that the adolescents did not fear victimisation by the researcher but felt comfortable enough to indicate reasons for their absence. Although one focus group was held the information gathered confirmed and supplemented the data collected from the children's questionnaire.

The researcher had identified the July 2009 school holidays to collect data from the adolescents and the staff. However the researcher experienced difficulty when she tried to access the child care workers as per schedule due to them being on

leave. The adolescents were also away on holidays thus the data collection process was delayed.

A further limitation could be respondent bias. The majority of adolescents and the staff responded positively to the evaluation. It could be that they wanted the Bereavement Programme to be continued thus not sharing possible negative experiences during the programme. Despite the limitations, the researcher sought to reduce these by taking note of suggestions made by Dyregov (2004) in the previous chapter. These were triangulation of methods, the employment of instruments specific to programme objectives, and an awareness of the evaluation to children who are in need of the services.

CONCLUSION

In this chapter the research design, the sampling method used, the method of data collection and data analysis of this study has been described. The next chapter presents and discusses the findings of the study.

CHAPTER FIVE: DATA ANALYSIS AND DISCUSSION

INTRODUCTION

In the previous chapter the processes involved in evaluating the programme were discussed, the methodology, limitations and the challenges of some of the implementation processes were also highlighted. In this chapter the findings of the research are presented and are divided into six sections.

This chapter begins with a brief background of each of the respondents. This information provides the reader with the knowledge of the respondent's background which may influence their reactions to their death experience. Their responses to the Bereavement Camp were reflected in the questionnaires and the focus group. All the names of the participants have been changed in order to protect their identity.

The second section comprises of the specialised child care workers' and child care workers' understanding of the purpose of the Bereavement Programme.

The third section deals with the responses related to the pre camp group. The similarities and differences shared by all the participants about the pre camp group work sessions, which includes the adolescents, the child care workers and specialised child care workers, will be highlighted and discussed in this section.

In the fourth section, responses related to the respondents' responses to the wilderness camp are discussed. This section includes the observations by the specialised child care workers and the child care workers of the adolescents' responses to the Bereavement Camp.

The fifth section focuses on the respondents' responses to the aftercare support group which were facilitated by the specialised child care workers. The sixth section discusses the possible improvement in academic performance after the attendance of the Bereavement Programme.

The final section discusses the administrative aspects of the Camp.

INTRODUCING THE ADOLESCENT RESPONDENTS

A total of eighteen adolescents participated in this study. There were ten females and eight males. They were between the ages of twelve and eighteen years and had lived at the Durban Children's Home for periods ranging from one year to nine years. This is summarized in the Table Three below. The reasons for the respondents' admission as well as their death experience/s are included in the table.

TABLE THREE: ADOLESCENT'S AGE, LENGTH OF STAY AT THE HOME AND BACKGROUND

CHILD	AGE	DURATION AT THE HOME	REASON FOR ADMISSION	DEATH EXPERIENCE
A-ZETHU	13YEARS	2YEARS	Poor socio economic circumstances of mother	Death of father, grandmother and younger sister through natural causes.
B-SAM	13YEARS	2YEARS	Terminal illness, severe neglect and ill health.	Death of parents, through HIV/AIDS, death of grandmother and grandfather due to natural causes.
C-NONTO	12YEARS	1YEAR	Severe neglect and poverty	Death of father and sibling due to natural causes.
D-BALI	14YEARS	3YEARS	Physical abuse and neglect	Death of mother cause not known
E-ROSE	18YEARS	2YEARS	Diversion programme	Witnessed murder of parents.
F-PUME	13YEARS	7YEARS	Severe neglect and alcoholism of father	Death of mother due to natural causes
G-WANDA	16YEARS	1YEAR	Alleged sexual abuse	Death of mother and sister through HIV/AIDS.
H-ZENI	16YEARS	3YEARS	Abandonment, severe neglect, poor socioeconomic circumstances.	Death of father, step mother, grandmother, uncle and aunt causes not known.
I-THOKO	15YEARS	9YEARS	Severe illness	Death of parents, grandmother and aunt HIV/AIDS related.
J-KHANY	14YEARS	8YEARS	Neglect, father's alcoholism.	Death of mother through natural causes.

O				
K-SAMUEL	15YEARS	4YEARS	Orphaned with sibling.	Death of parents due to natural causes.
L-XOLI	14YEARS	3YEARS	Alleged physical and emotional abuse.	Death of aunt and father due to natural causes.
M-ZANI	16YEARS	3YEARS	Abandoned at birth found to be at risk in the community when adoptive mother passed away.	Death of adoptive mother due to illness.
N-SANDI	18YEARS	6YEARS	No suitable caregiver after the death of his mother	Death of parents, uncle and cousins through unnatural causes
O-LUCKY	13YEARS	1YEAR	Neglect, poor socioeconomic circumstances of family	Death of sibling and father
P-DUBE	16YEARS	2YEARS	Orphaned as a child. No suitable caregiver after the death of his foster mother. Child was rejected in the community	Death of parents and foster mother
Q-BEKI	12YEARS	1YEAR	Poor living circumstances of mother led to health problems of child.	Death of father
R- S'BO	12YEARS	7YEARS	Orphaned, no suitable caregivers	Death of parents and siblings due unnatural causes ,death of grandmother due to illness

As depicted in the Table above all the adolescent respondents have complex life histories and have experienced multiple losses. The children who are admitted to Durban Children's Home have been removed from their homes through the auspices of the Child Care Act no.74 of 1983. The circumstances which have led to the children's removal range from severe neglect, emotional, physical or sexual abuse, abandonment by family, orphan hood, severe ill health and poor socio economic circumstances. These circumstances are further compounded by the children's experiences of death of one or more family members.

The adolescent's background details are as follows:

Respondent A: **Zethu.**

Zethu is 12 years old. She and her brother were admitted to the Home from another Children's Home in 2007. Their mother was unable to resume permanent care of the children since she was unemployed and chronically ill. The child's father and sister have passed away through natural causes. Zethu did not share any information about the loss of her father nor her sister's death which occurred more recently. Zethu seemed unsure on how to respond to her sister's death. Zethu maintains daily contact with her one brother who lives in the Home. There is monthly contact with her older brother who lives at another children's home. Zethu goes home on holidays however since her mother had been very ill , other relatives have been requested to host her for the holidays. Zethu doesn't share much about her experiences at home. On numerous occasions plans for disengagement have been made but the mother has not responded positively. Zethu appears to be disappointed by this which has meant that she and her brother have stayed at the Home longer than initially planned. She attended the Bereavement Programme in 2008.

Respondent B- also known as **Sam**

Sam is a 13 year old female who has been at the Home for the past four years. She has suffered the loss of both her parents to AIDs related deaths. Sam was admitted to the Home because he was very ill, and nobody to provide for her special medical, physical and social needs. Recently the grandmother with whom she had shared a close bond with passed away. Sam is terminally ill and the decision to send her on the Bereavement Programme in 2008 was made with great trepidation because it was felt that her health at that time would not allow for her to cope with all the activities. However she did cope. This was with the support of her peers and the specialised child care workers who provided her with the physical support she needed to complete the challenging tasks when she was too weak. Sam displayed enthusiasm and resilience. She wanted to be part of the camp activities. The others ensured that she was comfortable and that she took her medication with her nutritional beverages. Sam appeared happier and complied with medical procedures she had previously not cooperated with.

Respondent C- known as **Nonto**

Nonto is a 12 year old female. She has been at the Home since 2007. She had been admitted into the Home with her three other siblings due to severe neglect and poverty. Nonto has suffered the loss of her father and her sibling. The causes of death of her father and sibling were due to illness. Nonto is an active child, she engages with other children however she tends to get angry very quickly over minor disagreements. Nonto has contact with her three other siblings almost daily and she is able to visit home during school holidays and long weekends. Nonto had the opportunity of attending the Bereavement Programme during 2008.

Respondent D also known as **Bali**

Bali is a 14 year old female. She has been at the Home since 2005. The main issue leading to her admission was alleged abuse. She had been admitted with her 'sister.' Upon investigation, it was discovered that this 'sister' was not related to her in any way. The two girls had run away from their extended families as they were both being abused. Bali indicated that her mother had died through natural causes. Bali's father has been traced and was encouraged to maintain regular contact with her. He has made several promises over the past three years to resume permanent care of Bali however he has not kept these promises. This has left Bali feeling alone and rejected. She has also lost faith and trust in her father. Bali attended the Bereavement Programme in 2008.

Respondent E- also known as **Rose**

Rose is an 18 year old female who has been at the Home since 2007. She was referred to the Home as part of a diversion programme. She had witnessed the murder of her parents. At the time she had no suitable caregivers or family to return to. Rose has an aunt who calls her occasionally. Rose's circumstances are complicated; she was severely traumatised by her parents' death, and was depressed for almost a year thereafter. She was afforded psychotherapy however this was not successful. She has a trusting relationship with her agency social worker and the residential social worker. She was identified to attend the Bereavement Programme in 2008.

Respondent F - also be known as **Pume**

Pume is a13 year female who has been living at the Home for seven years. She and her four siblings were admitted to the Home following the death of their mother. Their father was unable to cope with the care of the children due his alcoholism. Pume has daily contact with her siblings. Since the child's admission there has been minimal contact with the father and the extended family. The father has not made contact with the child and siblings since 2006. Pume's grandfather passed away more recently. She attended the Bereavement Programme in 2008.

Respondent G-**Wanda**

Wanda is a 15 year old female who was admitted into the Home in 2008. The main reason for her placement at the Home was alleged sexual abuse by a unrelated person. Wanda has experienced the death of her mother prior to her admission to the Home. The deaths of her mother and sister were due to HIV /AIDS related illnesses. Their deaths have brought about a concern of Wanda's own HIV status. One of Wanda's maternal aunts has maintained contact with her since her admission to the Home. Wanda has indicated a need to make contact with other members of her paternal family. Wanda also yearns to have contact with an older female sibling whose whereabouts are unknown. Wanda had the opportunity to attend the Bereavement Programme in 2008.

Respondent H-known as **Zeni**

Zeni is a 14 year female child who has been living at the Home since 2005. She was admitted into the Home with three of her younger siblings. The children were found in a severely neglected condition after being abandoned by their mother. Zeni (12 years at the time) had been taking care of her siblings, feeding them and sending them to school. One of the siblings was terminally ill and needed urgent medical attention; the youngest sibling was 2years at the time and Zeni had to stay at Home to look after him and beg for money for food. Since her admission into the Home, Zeni has been given the opportunity to live with other teenage girls and to reclaim her missed developmental years. She has daily contact with her

siblings who live at the Home. She has intense negative feelings towards her mother. Zeni attended the Bereavement Pogramme in 2008.

Respondent I- is also known as **Thoko**

Thoko is a 14 year old female. She has been at the Home for 9years. She was admitted due to her illness. Thoko had contracted HIV when she was raped as a toddler. Her parents died prior to her admission to the Home. Their deaths were due to AIDs related illnesses. Her extended family members have not been enthusiastic about her returning to their care as they did not want to take care of a child with medical complications. Thoko recently experienced the loss of her aunt and her grandmother, both of whom she had a bond with. Thoko has complicated medical issues and is terminally ill. She has however displayed resilience to life's adversities. She has encountered death through the loss of family and peers. She faces death daily anticipating her own death one day. This has made her emotionally stronger as life is a constant challenge to her. She attended the Bereavement Programme in 2008.

Respondent J-known as **Khanyo**

Khanyo is a 14 year old female child. She is Pume's sister. Khanyo is the eldest of the four siblings admitted to the Home seven years ago. She experienced the death of her mother and the loss of her father when he abandoned them at the Home. Khanyo's mother was very ill when she passed away. There has been no contact from her father since 2006. A previous attempt to reunite the children with their extended family has not been successful. Khanyo's older sister (17years) left the Home in 2006. She now has a baby and lives with friends. Khanyo has daily contact with her younger siblings who live at the Home. Khanyo wants to meet with her extended family to learn about her mother. Khanyo attended the Bereavement Programme in 2008.

Respondent K-known as **Samuel**

Samuel is a 14 year old male who has been living at the Home since 2005. Samuel also has a sibling at the Home. Both children were admitted into the home after their parents were tragically killed. The children were found to be at risk in the community. Samuel does not recall any extended family members and as a

result there has been no contact with family. Although they have their own house, the children will remain in the care of the state until they reach a suitable age of living independently. Samuel attended the Bereavement Programme in 2008.

Respondent L- known as **Xoli**

Xoli is a 14 year old male who has been living at the Home since 2006. He had run away from his stepmother's home after he had been allegedly abused. Xoli did not meet his biological parents whilst he had been living with his extended family. He left his home in search of a more favourable lifestyle. Xoli assisted the social worker in tracing his older brother who lived the Shongweni area, an hour away from the Home. Their relationship developed. The older brother disclosed information about Xoli's biological parents who lived in another province. Xoli has met his parents however in December 2008, Xoli's father passed away. His relationship with his mother is not positive. Xoli attended the Berevement Programme in 2007 and again in 2009.

Respondent M-known as **Zani**

Zani is a 15 year old male who has lived at the Home for the past three years. Zani is orphaned. He was raised by a foster mother who passed away thus leading to his admission into the Children's Home. Zani has no other known relatives. Host parents have been secured for him prior to admission into the Home. Zani prefers to remain at the Home rather than visiting with his host family who live in a semi rural area. Zani attended the Bereavement Programme in 2008.

Respondent N-known as **Sandi**

Sandi is a 17 year old male who has been living at the Home for the past seven years. His admission into the Home was due to his mother being killed in tragic circumstances. His father who was not fully involved in Sandi's life, passed away in 2007. He has two older siblings who live in a neighbouring community. His sister has recently completed school and is living with her boyfriend. She is in part time employment. Sandi's brother is in prison, as he has been involved in criminal activities such as murder and theft. This has endangered Sandi's life many times when he has visited his sister in the community. Sandi attended the Bereavement Programme in 2008.

Respondent O- known as **Lucky**

Lucky is a 13 year old male who was admitted into the Home in 2007 with his three younger siblings. The main reasons for their admission were severe neglect and dire poverty. Lucky's father and youngest sister passed away after being very ill. Lucky has regular weekly contact with his other younger siblings who live at the Home. Two of Lucky's younger siblings and a stepsister were also recently admitted into the Home. He is the eldest of the siblings and feels responsible for the younger children. Due to the very poor socio economic circumstances of the mother, Lucky does not visit home as often as he would like. Lucky attended the Bereavement Programme in 2008.

Respondent P-known as **Dube**

Dube is 17 years old. He has been living at the Home for the past four years. He was abandoned as a baby and was brought up by his foster mother. Sadly he had to be admitted into the Home after the death of his foster mum. Dube had displayed negative behaviour in the community after the foster mother's death. Dube's foster father has rejected him due to his negative behaviour and his foster sister has not shown any interest in him since his admission into the Home in 2006. Dube feels totally rejected and abandoned by the only family he has known and yearns for a sense of belonging. Dube attended the bereavement Programme in 2008.

Respondent Q-also known as **Beki**

Beki is a 13 year old male who has been living at the Home for approximately one and half years. Both Beki and his brother were admitted to the Home due to the family's poor socio economic situation which had led to health concerns of the children. Beki shares a good relationship with his mother. Whilst living with his mother Beki had minimal contact with his father who lived away from them. Beki's mother discouraged contact with his paternal family due to her own negative feelings about them. Beki's father however passed away due to natural causes last year, whilst Beki was in the care of Durban Children's Home. The child has indicated his need to maintain contact with his father's family. Beki attended the Bereavement Programme in 2009.

Respondent R-also known as **S'bo**

S'bo is a 13 years old male. He is the youngest of six siblings who had been admitted to the Home in 2003 after the death of their parents. At present however S'bo remains at the Home with only one other older female sibling. The older siblings have been reintegrated into the community over the past few years. Unfortunately one of the siblings, who had disengaged from the Home, died tragically in gang fight. The eldest sibling who had been identified to resume care for all the younger children also passed away due to HIV/AIDS related illnesses. S'bo's grandmother also passed away recently leaving him feeling alone and vulnerable. S'bo attended the Bereavement Programme in 2009.

The above is a summary of the tragic and traumatised background of the respondents. It draws attention to the fact that in addition to their very difficult life experiences, these children have been traumatised further by the loss of one or both of their parents as well as other significant family members. The children's reactions to their death experience are addressed in the Bereavement programme and their feelings about the programme are reflected in the questionnaires and in the focus group.

The following section presents the findings gathered from the interviews and questionnaires.

UNDERSTANDING OF THE PURPOSE OF THE PROGRAMME

The information gathered after interviewing the child care workers and specialised child care workers about the purpose of the Bereavement Programme resulted in the first set of themes which is reflected as follows:

PURPOSE OF THE PROGRAMME

- Understanding

- Purpose

- Healing

As discussed in Chapter One the purpose of the Bereavement Programme is to give adolescents who have experienced the death of a loved one, the opportunity to grieve and express themselves within a safe, controlled therapeutic environment.

Essential to the success of any programme is "buy in". It is important that staff understand the purpose of evaluating programmes. Smith (1990 cited in Reddy 2005) indicates that programme evaluation encourages choice where participants of programmes are asked directly about its usefulness. It enquires what participants have gained and their feelings about the service. Accordingly those receiving the service can be empowered through programme evaluation. This is more prevalent when their opinions and feelings are taken into consideration in future programme planning (Smith 1990).

When the participants were interviewed about the purpose of the programme all the persons interviewed indicated that they were aware of the purpose of the Bereavement Camp. It is apparent that the staff interviewed have a clear understanding of the expectations or purpose of the Bereavement Programme. The common reasons given were that adolescents are given a chance to share their stories about their losses and thereby heal through the process of the Bereavement Camp.

For example the specialised child care worker no.1 said:

> "*Yes, I think the purpose is to give each child a chance to share (about) his or her past, the things he or she went through when they came into our care*".

The child care workers similarly felt that the adolescents had an opportunity to 'heal open wounds' which were caused by the death of a loved one. They further indicated that the Bereavement Programme gave the adolescents the opportunity to gain a better understanding of death. The specialised child care workers also maintained that some of the adolescents did not fully understand how their parents had died. The need for knowledge about death was indicated once the adolescents started talking about their experiences.

Thus the general understanding of the purpose of the Bereavement Programme centred on giving children an opportunity to share their stories of death and loss and to heal within a supportive structure.

THE PROGRAMME

THE PRECAMP GROUP SESSIONS

The Precamp Group sessions were explored with the adolescents and in interviews with the child care workers and specialised child care workers. The adolescents responses are tabled and discussed below, followed by the child care workers , specialised child care workers, responses.

The Adolescents' Perspective

TABLE FOUR: ADOLESCENTS' RESPONSES TO THE PRECAMP GROUP WORK

Precamp group work	Not happy☹	Happy☺	Very happy☺☺
Becoming part of the group		1 child -D	17 children
Sharing of stories	1 child –E	10 children	7 children
Preparation for camp		4 children	14 children

Overall the responses indicate that the precamp was experienced positively and the following themes which emerged.

- Feelings of uneasiness
- Feeling of happiness
- Group Confidentiality

Becoming part of the group

From analysis of the data 17 of the children indicated   that they were 'very happy' to participate in the precamp groupwork sessions. Only one child, Bali was 'happy' but not overjoyed at the prospect of joining the group. All the respondents

identified to attend the Bereavement Programme were expected to attend the precamp groupwork which are part of the Bereavement Programme. It seems that Bali was not comfortable to share personal information about herself with other adolescents at this stage of programme. In Chapter Three the properties of an effective group is discussed by Toseland and Rivas (1995). Trust is essential for interaction within the group process. From the literature it is possible that group trust and confidentiality were a concern for Bali at this early stage of the Bereavement Programme.

According to Balk and Corr (1996:6) adolescence involves a "decrease of identification with parents and increased identification with peers". The groups were composed of bereaved adolescents who felt free to share their experiences with each other, it is noted that 17 out of the 18 adolescent indicated that they were 'very happy' to be involved in the precamp activities. Sikkema, Kalichman, Kelly and Koob (1995) verify that adolescents benefit from group discussion which facilitates a sense of support, trust and belonging, which are imperative to the healing process. It is thus clearly indicated that overall all the adolescents were happy to join the Bereavement Programme's precamp group work sessions since the environment created an opportunity for sharing of their painful experiences.

Sharing of Stories

Table Four reflects that the section on *sharing of stories* in the Children's questionnaires revealed that adolescents felt more 'happy' than 'very happy' to share their stories with their peers. Ten adolescents were 'happy' to share information whilst seven children were 'very happy' with sharing information about themselves. Respondent E –Rose was the only one who indicated that she was not happy to share information about herself. Rose experienced a more violent form of death as a result of the murder of her parents. According to literature this experience complicates the grieving process. The other participants' experience of death, however were mainly the result of natural causes or from illness. Rose thus possibly felt that the group would not be able to understand the extent of her feelings.

Literature on complicated trauma indicates that children who have witnessed a traumatic incident such as the murder of their parents, find it difficult to separate the actual scene of the murder from the present feelings experienced, thus complicating their grieving process (Bigelow and Hollinger 1996). We may thus say that Rose is experiencing complicated grief which may take longer to deal with than normally expected. Adolescents who have experienced trauma such as the death of their parents need to deal with the actual event first before they can be helped with the grief (Bigelow and Hollinger 1996). It seems that at this stage of the programme Rose felt that she was still not ready to share her story as it brought back the gruesome details of her parents' death.

Preparation for camp

The majority of the respondents were 'very happy' when it came to preparation for the camp whilst four adolescents indicated that they were 'happy' with this part of the precamp activity. Mitchell, Wesner, Garand et al (2007) as in the literature, found that support groups provide a safe, non-judgemental environment for interaction. It is apparent that among bereaved peers, the adolescent develops positive relationships. This relationship within the support group creates minimal social anxiety for the adolescent, increased self esteem and a decreased need for self concealment.

This component of the Bereavement Programme gives the children an opportunity to be in a natural environment without the pressures of daily routines.

It is noted that respondent Rose and respondent Bali were only 'happy' about preparing for the Wilderness Camp. As in the literature, Mitchell, Wesner, Garand et al (2007) found that support groups provide a safe, non-judgemental environment for interaction. It is apparent that among bereaved peers, the adolescent develops positive relationships. This relationship within the support group creates minimal social anxiety for the adolescent, increased self esteem and a decreased need for self concealment.amp. This response is expected as they had not indicated their enthusiasm in their previous responses to the questionnaire. Being part of the Wilderness Camp would mean that they would be given the opportunity to share information about themselves. Rose's, and

respondent Bali's background hinders their ability to trust other people. In Chapter two Bowman (2000) refers to people experiencing 'shattered dreams' when they struggle to make sense of what has happened and experience more than just the loss of the person. Further, Resick (2001) maintains that stressful life events such as death and trauma may have cumulative effects that may serve as risk factors for the development of psychopathology. It is therefore imperative that children who are exposed to traumatic life event receive adequate support to cope with these experiences and feelings.

As mentioned in order to share their stories the adolescents needed to feel that they could trust each other. Evidently this initial phase of the programme was uncomfortable for Bali and Rose.

Initial Anxiety

One of the interesting observations gathered from the information shared by all the participants is the fact that all the adolescents were initially anxious about sharing personal information about themselves. It is normal that people feel this way when they are vulnerable. They are afraid of being discriminated and laughed at. They also have issues of trust. One of the adolescent shared this:

> "*I was scared to share my story aunty because some of the girls like to gossip about each other*". said Wanda.

However it seemed that as the number of sessions increased the trust and confidentiality developed. In chapter three mention is made of the aspects that are vital to the functioning of a therapeutic group (Toseland and Rivas 1995). Trust and confidentiality was developed and maintained thus encouraging the adolescents to share their stories.

During the focus group the adolescents commented that they were initially nervous but 'happy' to be part of the precamp group work although some of them said they were a bit scared because they didn't know what to expect.
One adolescent commented:

> *"I'm scared in case some of the girls talk after we come back... you know aunty, how girls are!!"* said Thoko.

Other adolescents commented as follows:

> *"I looked forward to the sessions with the aunty and the uncle"*,(Pume)
>
> *"The groupwork programme was nice",(*Khanyo)
>
> *"We learnt that we need to depend on other people",*(Sam)
>
> *"Whatever happened happened for a reason!"*(Zeni)
>
> *"Initially I felt nervous, I didn't know what to expect at the precamp activities"*. (Thoko)

These are some of the comments made by the adolescents who participated in the focus group.

Confidentiality

The adolescents said that the "group's rule" of maintaining confidentiality enabled them overcome some of their anxiety and develop trust between/among each other. They were then able to share their stories with others. They further shared that the precamp group activities were 'nice' as they became more familiar with each other. The focus group confirmed that some of the respondents initially did feel uneasy however as they attended further sessions they became more comfortable with each other. In the literature Corey and Corey (2006) maintain that group cohesiveness depends on the extent to which group members feel close to each other or connected as group members, this connection however develops over a period of time with confidentiality and group security.

Responses to Activities

During the focus group, the respondents indicated that they enjoyed the activities as it allowed for them to get to know and learn to trust one another. Some of the activities enjoyed were the 'icebreakers' and the singing after each emotional sessions. Christina Cadena (2009) maintains that music therapy incorporates the five stages of grief involving a level of understanding, feeling the loss, remembering the loved one, integrating the loss into their lives and then growing

from the experience thus the use of music therapy with adolescents can be expressive and receptive.

According to the information shared by the respondents in the focus group and the questionnaire it is evident that the precamp group sessions have been successful and have achieved the goal of teaching the children about death, giving them an opportunity to build trust with adolescents who have had similar experiences as them in a structured therapeutic setting.

The Childcare Workers Perspective

The child care workers and specialised child care workers also reported that the overall response of the children to the precamp groups was positive. The following themes emerged from the interviews with the six child care workers, two specialised child care worker and the manager of the Home. Their observations and themes that emerged were similar to those of the children.

Initial responses of children observed

- Feelings of uneasiness
- Group confidentiality
- Feelings of happiness

Feelings of uneasiness

All the staff expressed that the adolescents initially felt uncomfortable to attend the group as they seemed unsure of what was expected of them. They were anxious to share their stories with their peers as they did not know how the other adolescents would respond. This was evident by the response from specialised child care worker no. two who said that he had observed that:

> "*The children were initially confused and scared when they were talking, they didn't know what to expect!*"

Childcare worker no. six also felt that the children were tense on the first day however once one of the adolescents felt comfortable to share his or her experiences and feelings, the other adolescents started to relax.

Group confidentiality

Child care worker no. five confirmed the importance of group confidentiality during the interview with the researcher. She said that although the adolescents appear happier after the sessions they did not share much with them as child care worker because of their group's confidentiality policy. According to literature group confidentiality is essential to the group's progress and ability to trust each other. This was confirmed by the children during the focus group. They had responded that they were able to share because they were able to trust each other. It would appear that the group members took the confidentiality seriously and did not disclose group information outside of the group.

Feelings of happiness

Although some of the children were initially anxious or unsure, they were happy to be given the opportunity to join the precamp group work sessions. This was confirmed by specialised child care worker no. one who said that:

> *"Since the implementation of the grief and loss group sessions children are enthusiastic to attend and one hour was not long enough"*.

She explained that the children wanted to continue with the precamp activities;

> *"They wanted to share more and more as they started to bond with each other"*.

Child care worker no. three also felt that the children were initially shy but as the time went on they began sharing freely which further confirmed that:

> "*The children were happy that they were able to share what was in their heart"*.

The aforementioned confirms that group cohesiveness and trust enabled group participants to feel comfortable enough to start disclosing their experiences (Corey and Corey 2006).

Additional themes that emerged as other responses were observed:

- Age
- Cultural responses
- Gender role differences
- Role modelling
- Spirituality

Age

The specialised child care worker no. one commented that during the precamp group sessions respondents (participants) seem to find it easier to understand the concept of death, younger children experienced difficulty in understanding death. They understood the cause of death but not the process.

"*The teenagers asked challenging questions.*"

The comments made are consistent with literature which suggests that the age of the child affects their perception and understanding of death. For example adolescents, due to their life experiences and level of cognition react differently to a number of situations than children or adults' (Goodman, 2006).

Research by Thompson and Payne (2000) confirms that children have many questions about death and dying which are often related to factual, social and emotional information needed by them to understand what has happened .

Cultural Responses

One specialised child care worker made an interesting observation about culture and gender. He maintained that in some cultures, for example, the Zulu culture from which he originates, children are not given direct information about the death of a parent. They are given minimal information and they are not expected to ask any questions. Asking questions may be regarded as disrespectful of the elders. Children are told that '*Mum's no longer there!*' He further shared that within the

Zulu culture there is the use of euphemisms, no formal explanations are given to the children. The literature in Chapter Two tells us that the use of euphemisms is confusing for the younger child. Adolescents need to be given a clear explanation of the situation surrounding the death of their parent. Smith (1999) confirmed that many children are not allowed to display emotion or not given sufficient information about the cause of the death of their parent, thus leaving them confused and unable to reach closure.

The specialised child care worker further explained that the Head of the extended family is given the task of telling the children that their parent is dead.

He said:

> "*After the news of the death, it is the responsibility of older siblings to take care of the younger siblings; the older sibling doesn't have an opportunity to express his or her feelings surrounding death due to their responsibility of taking over from their parent and need to be strong for the younger siblings".*

Corr and Balk (1995) and Woolfolk (1995) explain that the adolescent stage of development is the most crucial, complicated and longest stage in human life. Complications such as the experience of the death of a parent may arise when the adolescent is transiting through the different stages of development which may contribute towards the adolescent being faced with a developmental crisis.

This situation is particularly prevalent in South Africa where thousands of children are faced with the death of their parents due to the HIV/AIDS pandemic. Literature indicates that many children may suffer 'disenfranchised grief' (Sherr 1995; Doka 1989). This is the result of the child or person being unable to openly express their grief due to the stigma surrounding the death of a parent. In many cases children suffer the loss of their parent as well as the loss of their place in the community. People in the community do not sanction the public grieving process due to the sanctions being based on their ignorance. The ecosystems perspective provides a guideline for understanding the relationship of the child within the

different levels of interaction. Ecosystems theory clearly informs us of how adolescents are systems within a systems and a change in one aspect of a system such as the death of a parent affect the functioning of attached systems.

The literature review in this study discusses the issues of culture and its impact on children's feelings as well as their responses to the death of a family member. Miller and Goodnow (in Dawe and Donald 2000) referred to in the literature review have pointed out that cultural practices dictate what is expected, normative behaviours. Similarly Cook and Oltjenbruns (1989) indicate that children who are given the opportunity to be involved in funeral rites cope better than in societies where death is dealt with less openly. It is mentioned that due to cultural issues, children would not have been encouraged to attend a funeral, or were removed from the scene due to being endangered by the circumstances leading to the death of their parents. It is thus possible that the strong positive reaction to the precamp group sessions arose out of the need to ask questions about their experience of death and to share their feelings which they were possibly not allowed to share whilst with their family. From the adolescents positive response towards the activities and the literature it is evident that they are needy of expressing their feelings about their death experience.

Gender roles

The second specialised child care worker indicated that it is common that male adolescents are less enthusiastic to express their emotions about their loss in comparison to female adolescents who attended the Bereavement Programme. Gender differentiation was also observed by the first specialised child care worker as she commented that the teenage girls were more open compared to the boys. "*They were more comfortable when they were sharing".* Louw et al. (in Jackson, 2007) in Chapter Two maintains that gender role stereotyping prevents adolescents from expressing emotions. The specialised child care workers recognised this challenge and responded by sharing their own personal experiences about death, thus encouraging children to feel more comfortable with all present.

Role modelling

According to the second specialised child care worker, sharing one's own experiences was a positive way of role modelling, indicating that significant people in the child's life can model behaviour expectation without them feeling uncomfortable about sharing their feelings and information about death.

Rando (1985) also indicated that most youth are able to deal with death in a healthy manner if they are given the opportunity and support to do so. In the literature it is recognised that it is important that family members of the adolescent, model appropriate responses to the death experience in order for adolescents to respond in an appropriate and healthy manner to death without feeling uncomfortable about their expressions.   In this study, the children felt that they could be supported by the whole group if they chose to share information which they eventually did.

Spirituality

The issue of spirituality was also highlighted during the interviews with the specialised child care workers. It seems that the children sought refuge and comfort in singing and praying at the end of each session, after sharing their ordeal with other participants. The second specialised child care worker confirmed that:

> "*The children offered to pray after each session....singing of songs helped to make the mood lighter after the intensity of session of sharing*".

It is clear that the children felt that spirituality helped with making them feel better after talking about their painful past.

Literature on spirituality suggests that rituals in certain cultures provide powerful therapeutic experiences for families and are symbolic of transition, healing and continuity (Cook et al 1989). Similarly the singing became a ritual after each emotional group session and enabled the adolescents to experience a sense of togetherness and belonging within the group, thus affording them the comfort that they were not alone in their pain.

The first specialised child care worker also commented that there was support by peers which allowed the children to feel comfortable when they were sharing information about themselves Sikkemma et al(1995) verify that adolescents benefit from group discussion which facilitates a sense of support, trust and belonging, that are imperative to the healing process.

Response to Activities

Activities were developed in order to enhance and maintain group cohesion, developing trust and teamwork amongst the adolescents.

Childcare worker no. three indicated that the adolescents shared their joy and excitement at participating in the activities in the precamp group sessions. This was confirmed by child care worker no.four:

> *"Young people were happy to be involved in the pregroup sessions"*.

The adolescents shared that they really enjoyed the programme and they wanted it to continue. This was reiterated by the second specialised child care worker who maintained that:

> *"The children seemed to enjoy the icebreakers; they looked forward to the games".*

They had learnt to share and communicate with each other through their similar experiences. In her words:

> *"They felt proud of themselves after the programme as it taught them a lot".*

THE WILDERNESS CAMP

According to the adolescents' responses to the questionnaire and the focus group, the activities during the wilderness camp were exciting as well as challenging. The following section gives an indication of the adolescents' responses to the activities at the Wilderness camp. The child care workers perspective of the adolescent's responses of the Wilderness camp follows thereafter.

The Adolescents Perspective

All the children were given a questionnaire to complete. A graphic scale was developed to assist the adolescents to express their feelings without them needing to write too much. This process was helpful as some of the children have a learning deficit disorder and attend special schooling.

The adolescents' thoughts and feelings about the wilderness camp activities are tabulated below:

TABLE FIVE: THE WILDENESS CAMP ACTIVITES

CAMP ACTIVITIES	☹Children not happy	☺Children happy	☺☺Children very happy
1.Quiet walk through the wilderness (solo) time	2-B,D	4	12
2.Walk to perseverance tree(A tree in the wilderness has died but has developed new branches)		2 A,Q	16
3. Waterfall/swing (fun activities which encourages children to try out new things even though these are challenging.)	1-E	2 B, D	15
4.Fufie slide(also fun but challenging activity)		6	12
5. Drumming (an energising activity that has a spiritual component as well helps release pent up energy)		4	14
6.River of life/ or Shield/or Journey of life.(reflection of self)		6	12
7.Sharing my story with others	3-E,L,R	9	6

Themes which emerged from the wilderness activities:

- De-stressing
- Hope
- Reflection of life
- Meeting challenges/courage
- Peer support
- Trust

Activity: Quiet walk through the wilderness

The natural environment was introduced to the participants by them going for a long walk through the natural environment. The participants were requested to be quiet and listen, see and smell their surroundings. This gave them an opportunity to tune in to their senses and start focusing on themselves. Adolescents were then asked share their thoughts and feelings if they felt comfortable to do so. The majority of the adolescents were very happy to spend some time walking though the wilderness, observing the natural environment.

Bali and Sam were the only ones who indicated that they were not happy with the walk through the wilderness. If we refer to their background information Sam is terminally ill but was willing to attend the camp despite her health issue. She possibly felt very tired whilst walking thus didn't enjoy this activity much. Bali still seemed to be unsure of herself at this stage and didn't seem to want to think about her life, possibly due to her father disappointing her on numerous occasions.

Activity: Walk to Perseverance Tree

The walk to 'Perseverance tree' is an activity which is a vital tool for reflection of the adolescent's life. The 'Perseverance tree' is a tree which had died due to the lack of nourishment and sunlight and had started to regenerate branches. The adolescents identified the tree as a significant metaphor. They compared past struggles with the death of the tree and their future with the new branches. The

adolescent had an opportunity to share his painful life stories and verbalise how they could be hopeful about their future. The adolescents have indicated that the support by their peers and the child care workers encouraged them to be strong and talk about their lives.

The adolescents responded positively to this activity. There was clearly an overwhelming majority of children who indicated that they were 'very happy' with attending this activity, with Zethu and Beki responding that they were 'happy'. In the questionnaire the adolescents indicated that the best part of the Wilderness camp was going to the 'Perseverance tree'.

Respondent Xoli said:

> "*The best part for me was when we walked to Perseverance tree thinking about my future*".

Samuel, Khanyo, Lucky and Bali also mention that the discussion at the 'perseverance tree' was beneficial to them as it helped them talk about their future and be hopeful. They felt encouraged by the support of the facilitators, specialised child care workers and their peers.

The adolescents who attended the focus group also confirmed that walking to 'Perseverance tree' was '*lovely*', '*so nice*', and '*good*'. Some of the comments made by the children are:

> Bali said: *"Whatever has happened to me in my life- this tree has taught me that life goes on".*

Bali once again expresses disillusionment with her past but has come to a point where she has accepted it and is now willing to move on.

> *"It tells me not to leave school never mind how old I am*."(Zethu) (Zethu is older than her class mates and feels uncomfortable).

Due to her mother's lack of commitment Zethu had experienced the disappointment of not being returned to her family. Her academic performance is

slow resulting in her being two grades behind her age group.   Zethu's attitude after the activity at the perseverance tree is hopeful. She clearly does not want to give up.

> *"Losing a parent does not mean that everything has gone for you- you need to persevere like the perseverance tree".* (Zeni)

Zeni has experienced many challenges in her life, losing her father, being abandoned by her mother experiencing the death of other family members as well. Her response indicates that she is still hopeful about her future.

It is evident that this activity enables the adolescents to retell their story and share their hope for their future. As mentioned in the literature review in this study, peer support appears to be very affective in encouraging and supporting the adolescents when they are sharing intense feelings. It is also possible that by this stage of the programme, the adolescents were able to trust each other and felt comfortable disclosing personal information. This activity allowed for the adolescents to think deeply about themselves and their future. In relating to nature (the perseverance tree) the adolescents gained a sense of hope and courage to 'persevere with their lives'.

Mthiyane's (2004) findings confirm that children are helped to heal if they are provided with opportunities to share their feelings about the deceased with other members of the family and friends. Yalom (1985) maintains that with the development of interpersonal successes within the safety of the group there is the possibility of a renewed tolerance for social risk taking and a willingness to become more emotionally involved in the world.

Activity: Walk to Waterfall swing

Themes which emerged from this activity:

- courage
- peer support
- trust

This activity required that the adolescents climb down a precarious slope with ladders and ropes to assist them with their journey to the waterfall.Rose did not participate in this activity as she was scared. Sam and Bali shared that they were not very happy with this activity.

This activity was physically and mentally challenging. Rose indicated that she was too scared to join the others. Bali probably didn't enjoy this activity as she felt it difficult to rely on others for help. The adolescents had to rely on other people and material for their safe descent to the waterfall. In doing so they had to learn to trust others with their lives thus recognising that other people with whom they share a mutual relationship with could be trusted. This developed the holistic atmosphere of caring and sharing within the group, encouraging group cohesiveness.

Due to Sam's frail state, the staff and children helped with her descent to the waterfall. Sam's determination and courage to achieve this goal encouraged others.

Chapter Two discussed the concept of resilience. Mention is made of the many factors which motivate adolescents to cope better than others in a traumatic or challenging situation. This is clearly seen in Sam's inner ability to achieve her goals despite her illness.   The adolescents expressed that it was also wonderful for them to see everybody wanting Sam to achieve the goal of reaching the waterfall with them. The facilitator and male specialised child care worker had at times carried her through the sections in where she experienced difficulty. The team spirit and 'ubuntu' (a Zulu act of giving of yourself to help others) was very evident to the researcher when gathering the data for analysis.

In addition to the trust that the group had developed in the precamp groupwork, this trust was enhanced by the uniqueness of the South African concept of *Ubuntu*. The White Paper for Social Welfare (1997) defines *Ubuntu* as follows:

People are people through other people. It acknowledges the rights and the responsibilities of every citizen in promoting individual and societal well being.

Each individual's humanity is ideally expressed through his or her responsibility with others and theirs in turn through recognition of the individual's humanity.

Activity: Fufie slide

Themes which emerged from participation in this activity:

- Trust
- Endurance

This activity entails that the respondent glides across an elevated taut line whilst holding onto a fixed handle.

The Fufie Slide was a fun activity which encouraged endurance and trust in other people. The adolescent's responses to the questionnaire revealed overall enjoyment of this outdoor activity. Six adolescents were 'happy' with this activity whilst twelve of the participants indicated that they were 'very happy' with this activity. This reveals that the adolescents are willing to take a chance with the support provided by their peers and the staff. Literature shows that peer group support encourages adolescents to achieve difficult tasks. The developmental theories suggest that adolescent are quite keen to attempt a daring act. Shipp (cited in Papalia and Olds 1988:346) states: "They feel... invincible, and they are risk takers". This is consistent with adolescent stage of development. The support of their peers gives them the courage to attempt these daring activities.

Activity: Drumming, Talent shows, Zulu Dancing

The following themes emerged from the adolescents responses to the cultural activities:

- Relaxation and de-stressing
- Enjoyment
- Support and team work

The Children's questionnaire reveals that the majority of adolescents were very happy with the drumming activity as well as the other fun activities which helped them to relax.

Relaxation and De-stressing

The focus group indicated that:

> "*The drumming helps you to forget, you go into your own world.*"(Pume)

> "*The other activities such as the Zulu dancing and sketches helped us to feel good and proud of what we can do, we enjoyed doing this with the others*"(Zethu)*.

> "*I got rid of this extra feeling inside of me, I felt happier after the drumming*" (Sandi)

The therapeutic benefits of drumming were discussed in Chapter Three. Drumming S.A. (2002) maintains that there are numerous benefits to drumming. It is a natural way of feeling good similar to exercise which release endorphins also known as the 'happy' hormone. They continue to say that stress levels and mental fatigue is reduced. It also allows for emotional trauma to be released and ventilated through a natural way. It is thus evident from the drumming that alternate forms of interventions on a microsystems level which may also be used on a mesosystems level can benefit children who are unable to openly express their emotion (Bronfenbrenner 1979).

The next theme is:

Enjoyment

Other fun activities and ice breakers were not categorised individually as there were many 'fun' activities which helped adolescents to de-stress and enjoy the Wilderness camp. The adolescents mentioned that the sketches and talent shows made them feel proud of their abilities and enjoy the actual activity.

> "*I enjoyed it when we were singing and acting with the others*".(Zethu)

Support and team work

The theme of support and team work featured prominently during the analysis of the activities. The initial activities were aimed at developing teamwork and support to each other.

One of the adolescents in the focus group recalled the rock climbing activity:

> *"Nobody gave up, everybody was together and encouraging each other!"*(Khanyo)

> *"I did things I never thought I could do because my team helped me"*. (Rose)

This goal seems to have been achieved as the majority of the adolescents felt that they belonged to a team which was supportive thus allowing for them to feel comfortable and motivated to complete challenging tasks. Breton (2004) and Lee (2001) indicate that groups of mutual aid are when members help and empower each other through the act of providing support, feedback and information within a group context. Group members view themselves as "a group of peers perceived as equal partners, striving and assisting each other to regain control over their lives" (Breton 2004). The literature on support groups in Chapter Three clearly substantiates the value of support groups.

Activity: River of Life /Journey of life or Shield / and Sharing of story with others. The following themes emerged from this activity:

- support
- trust
- Goal setting and hopefulness
- Employment ideation
- Uneasiness
- relief

The names of this activity were used interchangeably although the focus is the same. The purpose of this activity was to allow the adolescent to draw a shield which is divided into sections depicting the past, the present and the future. According to the specialised childcare workers Wilderness Camp report (2008) this activity depicts the child's life experiences and their thoughts about their future.

The adolescents were able to visualise their experiences and goals in the actual drawing of the Shield and were thereafter able to share their "Shield" with their peers, the facilitators and specialised child care workers.

Whilst one third of the adolescents were 'happy', two thirds were 'very happy' with this activity. The discussion with the children during the focus group indicated the following:

> *The 'journey of life' helped us to hear everyone's stories and understand that all of us have a problem."*

Goal setting and employment ideation

The adolescents verbalised their difficult life experiences, their needs and their hopes for a better future for themselves. Some adolescents wanted to be part of the helping profession, implying that their experiences of the helping profession were positive.

The theme of goal setting and ideation about their future professions emerged through this activity. For example:

> *"I want to go home to live with my granny. My mother used to leave me with my siblings and go drinking. Neighbours used to give us food. I ended up leaving school to care for my siblings. I miss my dad, he used to buy me lovely things and take me out, and he passed away". "My aunty bluffed us that he was sleeping and would wake up. I don't want to give up, I want to be like the Perseverance tree and take care of my siblings. I want to continue with my education. I want to ignore those people who have put me down".* (Zeni)

> *"I know my mother died because of the stress caused by my father's drinking and not supporting us. My mother did her best to put food on the table everyday for us. I appreciate the safe, secure and loving place that I live in now. I am doing well at school and I am responsible. I want to become a social worker to help disadvantaged children and children at risk like myself. I have received help and support".* (Khanyo)

Pume*: "I want help in locating my maternal family. I know that my mother loved us very much but when she died, my father neglected us. He doesn't show us any love, he keeps running away from us. I want to continue with my education and become a psychologist. I know I can achieve this with the help of my mentor".*

Wanda said that both her sister and her mother died of AIDS and she wanted to be tested for HIV too. She requested for a family group conference so that she could apologise for the wrong things she had done.

"*There are many issues in my life but I wish to work through them and pass my Matric with distinctions. I want to become a social worker, a lawyer or doctor".*

Hope and resilience

From the above excerpts expressed by the children it becomes clear that they have not only lost family through death but they have lost their family life through their families circumstances. The sadness of their stories makes one wonder how these children who suffered so much at such a tender age can be so determined to achieve their goals. This may be explained by the concept of resilience. These children have been empowered through the support of their peers, the specialised child care workers and the facilitators.

Bali: *"I did not like staying on the street. I have recently met my father who is not honest. When he comes to the Homes, he acts like everything is fine. My stepmother makes me sleep outside. I need to find my grandmother who lives somewhere in Ndwedwe. I want to be a train driver and have a beautiful house for my children so that they will not have a life like mine.*

The adolescent's responses in the questionnaire and the Report by the specialised child care worker (2008), confirms that this activity was most significant to the children. The process allowed for them to think intensively about their lives; their past, present and future. All of the adolescents felt comfortable enough to share their life stories with each other. From the information gathered,

peer group support was evident during this very emotional session. The other adolescents clearly seemed to identify with what each other had disclosed. This confirms that interventions at the micro systems and mesosystems level are beneficial in helping children deal with issues of death and grief.

Themes which further emerged from the adolescents responses:

Uneasiness

Although the activity of the actual completion of the Shield was enjoyed by all the children as discussed above, three children Rose, Xoli, and S'bo have indicated in the Children's questionnaire that they were not happy at all about sharing their story. The adolescents said that the past wasn't easy to share, as it was painful to talk about their experiences. For example Sam found it very painful to share the following with her peers:

> *"My granny died and I went to live with my sister. Then one night my sister went away and left me with the neighbours, she didn't come back. The social workers took me to the Place of Safety .My sister doesn't visit anymore; even at home she used to leave me alone until the neighbours felt concerned and gave me food. My aunty who lives in Johannesburg came to visit me when I was very sick at King Edward hospital, but she never came again. I want to visit my granny in Hammersdale and live with her. I want to know why my family don't come and visit me. I want to become a social worker to help children like myself"*. (Sam)

The issue of peer support became apparent when children disclosed that they would not have been able to tell their stories without the support of their peers and the child care workers. In Chapter Three, a review done by the Centre for Reviews and Dissemination commented that individual counselling with the bereaved showed less positive results than group interventions with the bereaved. This pointed to group therapy having more meaning for clients as opposed to individual counselling (Baker 1997).

> "Everyone *took care of me when I was sharing my story; they encouraged me to be brave..... even though it was so hard to talk about it.*"(Sam)

> "*I didn't feel alone because Khanyo offered me a tissue when I was so upset*". (Wanda)

> "*We felt closer to each other, everyone had suffered in some way and the feelings of loss are the same*". (Thoko)

This activity was clearly not very easy for some of the children. Respondent E-Rose mentions that sharing her story was not easy however, once she did, she realised that others also felt the same, even though their experiences where different.

> "*I didn't want to share; I was scared that everyone wouldn't relate to my story but they did!*" (Rose)

An important factor to note is that Rose said that she had started to trust them after this activity. She has possibly realised that the other children too were feeling as vulnerable as she was. Bronfenbrenner (1979) confirms that the child's environment impacts greatly on the child's development. This is evident through Rose's experience within the environment of the bereavement programme. It seems that the environment which includes her peers and the wilderness has impacted on her awareness of others' feelings and care of her. The child's development and attachment was further enhanced through relationships that were developmental and nurturing (Bowlby 1996). Accordingly, the manner in which the child responds to people in his/her microsystem affected how they reacted to him or her.

Xoli however found that sharing his story was very difficult. According to his background information, he had recently found out who his parents were and two months later experienced the death of his father. He said that his mother doesn't care about him and left him as a baby and now too she doesn't care about him. His feelings of hurt and rejection are still very new thus affecting his emotional wellbeing. This process would have possibly reaffirmed his experiences of rejection and hurt.

S'bo was another adolescent who had indicated that he was 'not happy' sharing however in the questionnaire he has indicated that this activity helped him keep the memory of his family alive. S'bo has been at the Home for many years and is the youngest of the siblings who have lived at the Home. It is possible that S'bo was not happy to share his experiences as it reminded him of his multiple losses of his siblings, parents and grandparents. According to the background data, S'bo's siblings were to take care of him when he disengaged from Durban Children's Home however due to their death his future has become uncertain.

The adolescents' responses are consistent to the literature which illustrates that there are many factors which may contribute to the adolescent's response to grief and thus impacting on their present and future emotional state.

The next section focuses on the child care workers perspectives of the wilderness camp.

The Child Care Workers Perspective

In terms of the adolescent's response in this section derived from the interviews as well as the various reports made by the facilitators and child care workers in evaluating the different activities during the camp, the following themes emerged:

- Particular needs of adolescent boys
- Support
- Time Constraints
- Rite of Passage

And with regard to the responses to the camp activities; the child care workers identified the following:

- Support and Courage
- Trust
- Happiness
- Gender roles
- Goal setting

Support and courage

In the Report on the Bereavement Camp (2008) by the specialised child care worker reference was made to the activity around the Perseverance tree. The facilitator had asked the adolescents to observe the tree and share what was unique about it. There was no indication from the staff to associate the tree to their lives. According to the specialised child care workers, this activity was very emotional as the adolescents reflected upon their lives and compared it with the perseverance tree.

Child care worker no five said: "*Their peers gave them the support they needed*".

Child care worker no. four confirms the availability of support by the adolescent's peers, the facilitators and the specialised child care workers.

The first specialised child care worker said:

> "*It's so emotional when the children are sharing their story at the Perseverance tree but we give them our support because they need to carry on talking.*"

In the Wilderness Report (2008) the specialised child care worker mentions that the activity to the waterfall is very challenging:

> "*You have to depend on a rope, steep steps and sort of a ladder but with the support of the group each person managed to reach the waterfall, especially Sam, this was a significant activity for her as she overcame a challenge despite her illness.*"

This activity was exciting as the children used a rope to swing across the water. In the girls' wilderness camp, the specialised child care workers confirmed that Sam didn't give up when she was faced with the challenge of going down the waterfall. Sam's determination and resilience was further supported by the specialised child care worker and facilitator who physically carried Sam through

the difficult terrain. Sam has mentioned in the previous section that she was very happy that she could complete all the activities with the help of the 'uncles'.

'Winston's Wish', a bereavement camp in the USA similarly gives children an opportunity to express their feelings in an appropriate way, without feeling guilty about having fun, bears testament to the above (Winston's Wish Programme 1995).

According to the specialised child care worker the aim of this activity is to help adolescents overcome the fear of something new and discover that they have an inner strength and courage.

Gender roles

According to the Report by the specialised child care worker(2008) the drumming activity was introduced as a fun activity however the therapeutic value especially for the boys was emphasized by the second specialised child care worker when he said that:

> "*The drumming helps to release energy, pain and negativity. It helps with emotional release. After sharing boys still don't get emotional release, they don't cry like the girls, the drumming was introduced and used as a tool to help release pent up energy*".

This specialised childcare worker also confirmed in the interview that the drumming was a method of releasing pent up emotions especially in the male participants as they did not express themselves like the girls did by crying when they felt sad.

Themes derived from this activity are as follows:

- Support
- Self reflection
- Time constraints

The abovementioned themes were clearly evident in the following activity. The Shield and River of Life is an activity which gives the adolescent an opportunity to put onto paper their past and present experiences and their future expectations.

Child care worker no. five indicated that:

"The River of life activity was special to them because they shared that sometimes you can forget about your past and when you go back, it seems like yesterday but if you take all bad memories and put it in the 'bin' and think about good ones, you can change the bad ones, and give yourself hope and think positively all the time."

The first specialised child care worker reflected that this activity was very significant for the children:

"It's like they bear their souls to everyone, they are so vulnerable because they are sharing their most intimate feelings which they have never shared before".

"Everyone is so emotional but they support one another and encourage them to go on".

The specialised childcare workers report (2008) indicated that the allocated time for this activity was insufficient as adolescents became so engrossed in this activity of self reflection.

This activity seemed to be the most significant activity for the majority of the adolescents. They found that it was helpful to share their stories with others who have had similar experiences. The literature in Chapter Three confirms the purposeful nature of these support groups. Literature also indicates that Camp Erin in the USA also designed activities within their bereavement camps to help children identify, understand and normalize some of their feelings about the death of somebody important in their lives (Foliart 2001).

Other observations:

- Rite of passage for male participants

The specialised child care workers have indicated during the interviews with the researcher that the adolescents provided support to their peers who found it difficult to share, encouraging them to go on, offering them physical and emotional support.

The second specialised child care worker who is a male maintains that the Wilderness component has special meaning for boys.

> *"It is like a rite of passage, growing up from boys to becoming men. Talks and storytelling around the open fire enables sharing, openness and trust building amongst the boys".*

The recognition that male adolescents felt comfortable sharing stories around the fire was acknowledged as their need to share their stories with other males in the same predicament developing a sense belonging with their peers. In certain cultural practices young boys need to attend particular rituals which incorporates the guidance and teachings by elders in that community. Sitting around the campfire allows for this type fellowship to develop as this was possibly a missed experience of the adolescent. The respondents have indicated that they felt well supported by the child care workers who had also provided the role modelling needed to help them express themselves.

Perumal(2007) also confirms that the child care staff play a critical role in assisting a child with his /her development in a Children's Home and therefore a child may easily be integrated into society if monitored adequately by child care staff.

AFTER CARE SUPPORT GROUPS

The Adolescent's Perspective

The adolescents were afforded the opportunity of attending an Aftercare support group once they had attended the wilderness camp. Their shared responses of the activities and support provided through this process, is tabulated below.

TABLE SIX : ADOLESCENTS RESPONSES TO SUPPORT GROUPS

	Not Happy☹	Happy☺	Very happy☺☺
Memory Boxes	(2) I ,R	(3) D,E, F	(13)
Facilitators support(sp.ccw)*		(5)	(13)
Peer Support	(2) N, L	(5)	(12)

*Sp.ccw- specialised child care worker

The following themes emerged from the Adolescent Respondents**:**

- Memory boxes and ceremonies

- Support

- Trust

Memory Boxes :

As reflected in Table Six, Thoko and S'bo indicated that they were 'not happy' with the memory box activity however after the researcher had enquired the reasons for this, the respondents indicated that they had not participated in this activity so they were not happy about that. The majority of the other participants reflected that they were very happy with this activity. The memory boxes helped to keep the memories of their loved ones in a special place and when the wanted to feel closer to them, they could go to the memory box and touch or see what they had stored inside .This was confirmed in the focus group. They said that they had enjoyed doing the memory boxes and playing games together. It was apparent that the group still felt a sense of belonging with each other.

Specialised Child Care workers Support:

There was an overwhelming consensus that the respondents have experienced support from the specialised child care workers during the aftercare support groups. In the focus group one of the children said:

> "*Aunty 'L' is still there for us*" *She shows us caring and made us feel wanted*" (Zethu).

Another child said:

> "*Malumi (uncle) always comes and checks on us.... it feels so nice that somebody still cares about us*" (Bali).

It is evident that the adolescents feel supported by the specialised child care workers. These specialised childcare workers are also child care workers at the Durban Children's Home so they are constantly visible on the property.

In the focus group the children said:

> "*They helped us so much*" (Pume).

> "*Uncle Peter carried me when I was tired*" (Sam).

> "*When we were sad, crying and withdrawn, he made us feel happy*" (Zeni)

Child care workers are seen to provide a sense of belonging to children who do not have significant adults in their lives, especially those children who live in Children's Homes (Perumal 2007).

Peer Support

The Children's questionnaire reflects that only two participants were 'not happy' with the peer support, the other 16 children's responses reflected that they felt supported by their peers. Xoli also didn't feel very happy about the support from his peers.

During the focus group however all the participants agreed that their peers had encouraged them. They said that the activities helped them be together:

> "*We all supported each other because we were one family*". (Mbali,Khanyo,Thoko)

Facilitators support

The focus group reflected that the facilitators were open, good and shared their life stories with them. They were helpful, trustworthy and funny.

Child care workers support

During the focus group the children indicated that the child care worker had enquired about the experiences of the camp. The adolescents said that the 'aunties' (child care workers) were apparently excited and wanted to know about the activities of the Wilderness camp.

From the adolescents responses it is apparent that the majority of the participants received support from all their child care workers when they had expressed an interest in their attendance at the camp. The children had also confirmed that they received support from the facilitators, specialised child care workers and their peers.

According to Brandon et al (cited in Perumal and Kasiram 2009) children depend on their peers throughout their development but would need consultation and support from significant adult caregivers to make the right choices in life. They contend that it is important for young people to be able to consult with adults who they trust. They thus maintain that an urgent need clearly exists for adult caregivers to be physically and emotionally available through therapeutic programmes or infrastructural support for this to happen (Perumal and Kasiram 2009:8).

Some adolescents however felt that they were not supported by their peers. For example:

Sandi has been at the Home for many years and experiences himself as a leader. It is possibly that his peers felt that they could not provide him with the support he needed, they also could have felt intimidated by him thus did not feel comfortable to voice their concerns.

Xoli was possibly not receptive of any support as he was still hurting from his experience with his parents. He had experienced the death of his father recently. He had only met his father for the first time earlier on in the year. He experienced

further loss and rejection when his mother, who he had met for the first as well, rejected him.

Bowman (2000) in Chapter Two refers to people experiencing 'shattered dreams' when they struggle to make sense of what has happened and experience more than just the loss of the person". This reflects Xoli's experience.

In Chapter Two complicated and traumatic grief is discussed. It is advised that adolescents who suffer complicated or traumatic grief often cannot heal until they resolve their feelings about the events which led to the death of their family member (Smith 1999).

Perhaps it is necessary that both Sandi and Xoli receive individual therapeutic intervention on a microsystems level. This type of intervention may help them to express and discuss their bereavement issues in a more private manner. It is also necessary at this point to remember that adolescents respond differently to grief as suggested by the literature reviewed in this study. Their previous life experiences determine the manner in which they respond to their present life experiences.

From the data collected through the focus group and the Children's questionnaire it seems that the participants in the Bereavement Programme felt supported by the staff and their peers throughout the programme activities. This seemed to be meaningful to them as they were assured of continuity and reliability of people with whom they had shared their most intimate memories and thoughts with. This also reinvested their belief and trust in people which had dissipated through their previous life experiences.

TABLE SEVEN : ADOLESCENT'S FEELINGS AT THE CAMP SITE

	Not nice	Nice	Very Nice
Place at which you stayed		(4)	(14)
Food eaten		(1)	(17)
People who were		(3)	(15)

with you			

The participants overwhelmingly indicate that they were pleased with the venue, food and the people who were with them. In the focus group the adolescent made the following comments:

The respondents felt that the accommodation at the wilderness camp was very nice. For example one adolescent said:

"*The camp was fabulous"* (Pume).

They indicated that their hosts made them feel special, one adolescent said:

"*On the first day of the camp, they made us feel special...you know... the way they helped us with our bags"* (Khanyo).

They expressed that the food was great':

"The food was... 'eish' so good".(Thoko)

One of the activities required the adolescents to cook their own meal, 'a potjie'. This was aimed at teaching them individual skills as well as teamwork. The adolescents enjoyed this activity as they felt proud of their efforts.

Others said:

"It was so nice and peaceful there, I was so sad when we had to leave".(Sam)

"I felt safe and free".(Zethu)

The issue of security is reflected in the above statements by the children. It is possible that their home circumstance or general feeling of safety is threatened in their "normal life setting".

The Best Part of the Bereavement Programme for the Children:

Six adolescents indicated that walking to Perseverance tree and thinking about their future was the best part for them.

> "*It's when we went for a walk to **Perseverance tree** thinking about my future*" (Xoli)

> "*My best programme was Perseverance tree*" (Lucky)

Eight of the adolescents preferred 'sharing their stories and talking about their future'.

> "*When others had to tell (about) their story about their families...because everybody felt better after telling their story*"
> said Pume.

> "*When I was sharing my story with peer(s) and adult(s)*"said Zani.

Four adolescents (respondents) indicated that the waterfall activity, the singing and dancing were most enjoyed.

> "*My best part was the waterfall*" said Wanda.

> "*Walking to the waterfall and swinging and the games*" said Thoko.

Responses to the Bereavement Programme that was 'not so nice ':

The majority of the adolescents indicated that they were happy with the process of the Bereavement Programme. This was confirmed by nine of the eighteen adolescents who indicated that there was no part that was 'not so nice'.

Nonto mentions that:

> "*It was not so nice when it was our last day and we had to go back home*".

Nine adolescents indicated that sharing stories was not so nice. E-Rose felt that the talks were hard for her in the beginning but she slowly opened up. For five of the adolescents the only difficult part of the programme was when they had to share their stories.

> "*Sharing our stories was not so nice because we were all emotional*"(Wanda).

> "*Sharing my story with others in the group work*" (Samuel).

> "*It's when I was sharing my story with others*" (Xoli and Dube).

> "*When we spoke about our family problems*" (Sandi)

Although half of the adolescent sample felt happy with the programme and indicated that there were no parts that were not so "nice" for them, they were sad when the programme came to an end. Some of the respondents felt uncomfortable with the more challenging activities whilst half of the adolescent sample felt that the activity of sharing was not so nice.

SUGGESTIONS

Adolescents:

The adolescent strongly felt that they wanted the period of Bereavement Programme to be extended. They felt that the wilderness camp should be extended for up to a week. This was noted when they indicated that they did not want to leave the wilderness as they felt safe and at peace. Some of the adolescents mentioned that the worst part of the programme was when they had to leave for home. It can be concluded that the children felt a strong sense of belonging with their peers and the staff as well as a sense of oneness with nature thus leaving the wilderness would have made them feel very sad. The adolescents confirmed during the focus group that they strongly wanted the duration of the bereavement wilderness camp to be extended. They also expressed that they wanted the opportunity to learn about themselves in the natural environment.

The next section deal with the child care perspectives of the adolescent's responses to the Aftercare support component.

The aftercare support groups follow the Wilderness camp. As mentioned it focuses on providing continued support and implementing activities that enables

the achievement of the respondents goals; and the development of memory boxes which helps keep memories of their loved ones special.

Child Care Workers

In the specialised child care workers report it is mentioned that the Fufie slide activity was responded to quite enthusiastically despite it being a little scary. During the interview the first specialised child care worker indicated that the children were very happy to share their experiences as they felt supported by the staff. The other children, the specialised childcare worker and the facilitator provided comfort and support during this emotional activity.

 The first specialised child care worker and one child care worker felt that everybody who had suffered a loss should get a chance to attend the Bereavement Programme. They also said that more camps are needed, although they did acknowledge that funding posed a problem to these expectations.

The specialised child care workers felt that the facilitators or ecotherapists need to be especially skilled with the age group that is attending the wilderness camp.

The childcare workers suggested the need to extend precamp group sessions from four to six sessions in order to adequately meet needs of children attending the groupwork. They substantiated this by indicating that some children had not been exposed to the rituals and support of their families following their death experience. They have thus expressed great interest in learning about appropriate ways expressing their grief.

The specialised child care workers experienced problems with time management and manpower which hindered the regular facilitation of monthly meetings. They thus felt the need for more a structured aftercare programme in terms of time, dates and availability of facilitator.

It was felt that although photographs are taken to preserve memories of the adolescent's experiences, these photos should be distributed to them to include in their memory boxes. Presently the photos are kept on a disc.

All child care workers felt that the camps should continue as they felt that the children had benefitted from attending the Bereavement Programme.

"*The programme is great for all of us, and I think it can be implemented again"*, said child care worker no. three.

The child care workers also felt that each child deserved a second chance to attend the Bereavement Programme. They felt that sometimes the children do not share because they are not ready and therefore needed a second chance to fully benefit from the programme's holistic healing process. One child care worker felt that children with disabilities should be given the opportunity to attend the programme as well.

ACADEMIC PROGRESS OF RESPONDENTS

Although acknowledging that school performance is affected by many factors, an attempt was made to evaluate whether the adolescents coped better after the Bereavement Programme as a way of assessing whether the adolescents benefitted from the programme.

The following section discusses the level of academic competence of respondents before and after their attendance of the Bereavement Programme. Data was obtained from the children's school reports

TABLE EIGHT: LEVEL OF COMPETENCE OF SCHOLASTIC ACHIEVEMENT

X indicates academic results prior to attendance

Y indicates academic results after attendance

RESPONDENT	1-34% *Before*	1-34% After	35-49% *Before*	35-49% After	59-69% *Before*	59-69% After	70-100% Before	70-100% After
Zethu			X	Y				

Sam	X	Y						
Nonto			X			Y		
Bali			X			Y		
Rose					X			Y
Pume			X			Y		
Wanda					X			Y
Zeni	X			Y				
Thoko			X	Y				
Khanyo					X			Y
Samuel	X	Y						
Xoli			X			Y		
Zani			X			Y		
Sandi			X	Y				
Lucky			X			Y		
Dube	X			Y				
Beki			X		Y			
S'bo	X			Y				

The Table reflects the children's academic results which are discussed as follows:

Seventy five per cent of the respondent's scholastic results reflected an improvement in their performance whilst fifteen percent of the respondent's results remained within the same competence category. Spenser and Seagar (1996) have identified that children in mourning experience irritability, anxiety, lowered self esteem, apathy, depression, feelings of rejection, distractibility, short attention spans and decline in school work or usual ability to complete tasks and play may be experienced by children who are in mourning.

The child care workers and specialised child care workers maintain that the children had used the Bereavement Programme to re-motivate themselves to progress and think about their future with their families.

Child care worker no. three confirmed this by saying:

> "*It gave children hope, boosted their self esteem and made them focus on their future".*

Some of them focussed more on their school work, since they were relieved after sharing about their past. They also wanted to improve their lives. Child care worker no. three observed that children were able to share information with their class teacher that they were involved in a grief and loss programme.

This was confirmed by the specialised child care worker who said that Beki's level of confidence had improved after the wilderness camp as he was more

comfortable to share details of his father's death with his teacher. This resulted in his teacher being supportive to him.

Jackson (2007) indicated in her study that children's academic progress was impacted upon after the death of a parent. Children who did not receive the support and understanding from teachers felt further traumatised in class. The ecosystems perspective guides our understanding about the reciprocal action of Microsystems. Relationships are said to be bidirectional. For example adults may affect the adolescent's behaviour however the adolescents' physical attributes, personalities and capacities also influence adult-child (adolescent) relationships (Danforth, Barkley and Stokes (cited in Berk 2001).

Jackson (2007) further suggested that peers also victimized the bereaved children, depleting the child's sense of self-esteem and confidence. Once children were offered support and understanding by the teachers they were able to relax and concentrate in class. Although the abovementioned literature substantiates the reasons for children not performing well in school or performing well after some type of intervention, one should also take note that some children who have been admitted to Durban Children's Home may have been educationally disadvantaged having missed out on the formative years of being educationally

stimulated. These children will continue to struggle with mainstream education if their scholastic needs are not recognised and appropriately addressed.

The following section focuses on the administrative component of the Bereavement Programme. In evaluating programmes, it is necessary to evaluate whether the implementation has been cost effective (De Vos et al 2002) and for this purpose the Manager of Durban Children's Home was interviewed resulting in the following data.

COST ANALYSIS

The Manager of the facility was interviewed to determine the costing of the Bereavement Programme:

Costing

The average cost per camp for the Bereavement Programme, including accommodation, transportation, facilitator's fees and memory boxes costs R11000.

Initially the cost of the camp was covered by the organisation which was allocated under fees for professional services. This proved to be a good investment as the outcome of the camp for those who attended, was used into motivating for additional funding. Funding was therefore secured for a further five camps which had been planned and facilitated.

Benefits in terms of cost and therapeutic intervention

Based on the average cost of a camp, the cost per child amounts to R 1 100-00. This is inclusive of the pre-camp group work, the wilderness camp and the post camp group work. The average hourly rate for a therapy session, which could be secured based on Durban Children's Home's NPO status, is R250-00. Six sessions would have then cost R1 500-00 per child exclusive of the transport cost. According to the Director, using the bereavement model translates into a saving of more than R 400-00 per child, and R 4 000-00 for each group of ten children, since it replaced the use of private practitioners which becomes costly when providing a service to seventy four children. Therefore in comparison, a saving R 24 000-00 would have be gained for the six camps that had been

planned and budgeted for. Furthermore it was felt that funders preferred funding innovative concepts such as the Bereavement Camp as opposed to individual therapy.

Bereavement Programme Costing:

Cost per child per camp: R1100-00

Cost per camp (ten children):R11000-00

Cost per six camps identified for the year: R66000-00

This is inclusive of transport, accommodation, facilitator's fees and memory boxes.

Individual therapeutic Intervention Costing:

Cost per child per session: R250

Six sessions will cost   : R1500

Saving to the Organisation:

R400 per child per six sessions

R4000 per each group of ten

R24000 saving for six camps that were budgeted for.

It would seem that the bereavement model is financially viable for two reasons ; one, it is a cost effective strategy; and two it services the needs of ten children with the same resources within the same time constraints.

Benefit of the Bereavement Programme's therapeutic intervention

The Manager observed that the children's shared experience of the Bereavement Programme appeared to create an environment in which young people were able to open up much faster and it was found that they had often shared or disclosed information about their lives which they had not been able to do in the conventional therapy sessions. Once again the children's willingness to share their experiences in a supportive group setting has been highlighted, confirming that interventions at a mesosystems level for this Organisation, is more beneficial/affective to children than on a microsystems level.

Challenges in the implementation of the Bereavement Camps

Continuity /Staff sustainability

Two child and youth care workers were identified to facilitate the programme. They also have full time responsibilities in the residential programmes in which they are based and as such have to juggle their time to meet the requirements of the Bereavement Programme, often compromising their time off to complete the precamp group work. There is also always the fear that they will leave and the skills and knowledge acquired from their learning whilst facilitating the programme would be lost. The specialized child care workers also mentioned that time management seems to be a challenge as they are full time child care workers and have to make time to implement the aftercare session thus finding that the aftercare sessions was not implemented as per schedule.

Mental wellbeing

A concern about the specialized child care workers mental wellness was also expressed. During the Bereavement Programmes the specialized child care workers have been receptive to the children's intense emotions and inevitably experience vicarious trauma and even though they are debriefed by the social worker after each camp there was awareness that a greater support mechanism needs to be put in place for the long term. The specialized child care workers also expressed that sometimes when the children share their experiences, they all feel emotional but need to be strong for the children. This is in keeping with the Director's concern that the staff need to be debriefed after each camp, acknowledging the need for support mechanisms.

SUGGESTIONS

No suggestions were made by the Manager however she did indicate that since an evaluation is held after each camp, new learning's are used to guide changes for the next camp. In this way the model is continually developed. This process is discussed by Rossi and Freeman (1989 in De Vos et al 2002) indicating that the monitoring of programmes is directed at answering three questions:

- The extent to which a programme is reaching the appropriate target population.

- Whether or not its delivery of services is consistent with programme design specifications

- What resources are being or have been expended in the conduct of the programme.

Kaplan (1980 in De Vos et al 2002) further indicates that continuous monitoring has two purposes:

- To periodically feedback information for immediate refinement of plans and procedures ,

- To provide information for subsequent understanding of the final outcome data.

The above literature confirms that the process used to continuously monitor and evaluate the bereavement camps has helped the organisation to deal with ongoing challenges and developments.

CONCLUSION

This chapter has presented, analysed and discussed findings of the evaluation of the Bereavement Programme. The final chapter deals with the conclusions derived from the study and the recommendations based on the findings.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

There is nothing good or bad, but thinking makes it so.

William Shakespeare

INTRODUCTION

This chapter contains an overview of the research study, the research process, the findings of the evaluation followed by the conclusions and recommendations of the study.

AN OVERVIEW OF THE RESEARCH STUDY

Background

Chapter One discussed the background of the research study which took place at the Durban Children's Home in Kwazulu- Natal. It included the impact of HIV/AIDS and violence on the family system, rendering children in need of alternative care following the death of a caregiver. Literature indicated that the AIDS pandemic has increased the number of parents who have died in South Africa as well as globally thus increasing the number of children who have been orphaned. Alternative care options for orphaned and vulnerable children, identified to be at risk and in need of care and protection, in terms of the Child Care Act 74 of 1983 (Children's Act 38 of 2005) was also discussed in relation to this study. The present Child Care Act 74/1983 has been revised and amended and has resulted in the development of the newer Children's Act 38 of 2005 which will soon be implemented in South Africa. According to the residential social worker, it was observed that the numbers of orphaned children admitted into a Children's Home had increased significantly over the past five years. The Children's Bill (2006) prescribes that child and youth care facilities provide developmental and therapeutic programmes to those children placed in alternative care. A Child and Youth Care Centre is defined as a facility for the provision of residential care to more than six children outside the family environment in accordance with residential care programme or programmes suited to children in the facility

(Children's Bill [B19-2006] cited in Perumal 2007:52). A Children's Home therefore constitutes a Child and Youth Care Centre.

The Development Assessment Framework of children, youth and families, formulated by the Department of Social Development in 2001, provides a tool for assessment to ensure that children and families reach their full potential. One of the needs identified by Durban Children's Home was that the children were struggling with bereavement leading to the implementation of a Bereavement Programme. This programme was intended to provide bereaved children with an opportunity to grieve within a Programme facilitated by the Children's Home.

The ecosystems perspective was the theoretical framework that guided the study as it is in keeping with the Developmental Framework model prescribed by the White Paper for Social Welfare (1997) for all residential facilities. This is a strengths based model which moves away from a focus on pathology to a developmental orientation.

Chapter Two focussed on the adolescents' responses to their death experience which may be influenced by a number of factors such as age and cognitive development, cultural factors, life experience, relationship with the deceased, gender roles and resilience. Further, the literature in Chapter Two made reference to ways in which grief may impact on the adolescent's life. These were the behavioural and emotional manifestations, health issues and scholastic performance. Theories on loss and grief explained the processes of the grieving process.

The Dual Process Model by Stroebe and Schut (1999) which is a more contemporary model bore relevance to this study. This Model proposes that people may oscillate between feelings of loss and restoration. The Model further outlines the experience of bereavement as oscillating between loss orientation, where the person engages in grieving and; restoration, where the person is adjusting to life in the changed world and is avoiding grief. The Dual Process Model is thus a way of working directly with grief whilst also being able to take time off from painful emotions. This particular model was relevant to the adolescent respondents in this study their complex backgrounds leading to their removal from their own homes into a Children's Home may have impacted on

whether they wanted to grieve openly or not. This Model has therefore guided the researcher in understanding the adolescents' responses to grief in relation to their life experiences.

Chapter Three discussed the effectiveness of interventions on the various systemic levels. This Chapter examined the challenges of implementing and evaluating Bereavement Programmes. International and local studies on the implementation and evaluation of interventions were noted and provided insight into the difficulties and benefits of these processes.

Chapter Four discussed the methodology used in this study. The researcher used a mixed methods approach, based on the qualitative and quantitative research designs. Data was collected via document analysis, individual questionnaires, semi structured interviews and focus groups. These data collection methods ensured triangulation which improved the trustworthiness and validity of the research findings. A purposive sampling strategy was used in this study. The sample comprised eighteen bereaved male and female adolescents between the ages of twelve and seventeen years   who had experienced the death of a family member and who had attended the Bereavement Programme, whilst residing at Durban Children's Home.

Chapter Five presented, analysed and discussed the findings of the evaluation of Bereavement Programme.

This Chapter presents the conclusions and recommendations of the research study. The main aims and objectives have been presented to correlate with the findings of the study.

The Main Aims and Objectives

The main aim of the research project was to evaluate the Bereavement Programme offered to adolescents at Durban Children's Home. The main assumption of the programme was that children require a safe, supportive and therapeutic environment to grieve. The aims of the study were twofold, the study aimed to:

1. To assess the implementation of the Bereavement Programme in terms of the:

- process
- activities
- materials
- cost

AND

2. To determine whether the Bereavement Programme is useful in terms of

- children's experiences of the programme

- children's, child care worker's and specialized child care worker's perceptions of the ways in which the children may have benefitted from the programme

In this Chapter, the major conclusions drawn from the study are presented. This Chapter also provides recommendations based on the findings of the study.

SUMMARY OF MAJOR FINDINGS

There were two main objectives:

Objective one: Implementation of the programme

The implementation of the Bereavement Programme was found to be most satisfactory in terms of its process which entailed the facilitation of the bereavement programme from the precamp group session phase followed by the wilderness camp and ending with the aftercare support group sessions. The respondents have suggested a few recommendations in this regard which are discussed below. The activities for example the 'Perseverance tree', the 'River of life' gave adolescents the opportunity to share their traumatic experiences with adolescents in the same predicament; the spiritual element of singing and praying at the end of each session provided comfort to the adolescents', the icebreakers enhanced teambuilding and the walk to the waterfall, the fufie slide, rock climbing developed trust amongst the adolescents and added to the fun aspect of the Programme. The drumming also offered a powerful means to vent pent up emotions. These activities were found to be appropriate in meeting the

developmental needs of the adolescents. Zamballi and DeRosa (1992)confirms that these and similar activities are effective in normalizing the process of grieving. It can therefore be concluded that the activities facilitated during the bereavement programme meets the needs of the respondents and is there an effective means of addressing grief and loss. The materials such as the drums, the writing materials, the venue, the facilitator, the provisions and accommodation were also adequate in terms of meeting the physical, emotional, and therapeutic needs of the respondents. From the Manager's input it was concluded that the cost of the Bereavement Programme run by Durban Children's Home far outweighs the cost of individual therapy for the same number of children. It can thus be concluded that a group therapeutic bereavement programme is far more cost effective than individual therapeutic sessions.

Objective Two: Usefulness of the programme in terms of:

- *Children's Experiences*

Some adolescents were found to be initially anxious to join the Bereavement Programme's precamp group sessions however, once they became familiar and started to trust each other they became more comfortable within the group setting. Toseland and Rivas (1995) have discussed that group cohesion and trust is essential for the success of a group process.

It is therefore concluded that the precamp group process contributed significantly to teaching adolescents to develop trust and find comfort in their peers experiences being similar to theirs and that they were not alone in their experience of death.

The adolescents thereafter were able to share their death experiences with their peers. It is further concluded that the precamp group process was vital in developing openness amongst the group members which initiated the grounding for the therapeutic process. Williams et al (1998) in his evaluation of bereavement groups similarly found that there is clear evidence of social, behavioural and emotional improvement for most children through the use of group work approaches.

The precamp group activities also provided an opportunity for developing relationships and security amongst peers who shared the same experiences. The group expectations also ensured confidentiality reassuring group members that their experiences   would not be divulged to those outside the realm of the group.

The wilderness camp was the most enjoyable phase of the Programme. From the adolescents' responses, the researcher concluded that the activities during this stage of the Programme further provided the adolescents the opportunity to share and still have fun whilst dealing with their grief. Literature makes reference to the benefits of children going through a therapeutic programme whilst still experiencing the fun element without needing to feel guilty.

The intensity of the adolescents' responses confirms the value of the various activities implemented. For example the activity at the 'Perseverance tree' and the completion of 'Shield' or 'River of Life' gave the adolescents the opportunity to think about their past, the future and plan their future. These creative therapeutic activities were particularly successful with the support from the child care workers and their peers. It was concluded that the Perseverance Tree, Shield and River of Life activities enabled bereaved adolescents to make suggestions and/or think about their futures more realistically as opposed to feelings of self pity. For example Khanyo said: "*I will learn to stand up for my goals and achieve them*". According to Erikson's crisis number five, 'Identity vs Role Confusion' adolescents continue to seek their true identity, to find out "who I really am", accordingly the adolescent must seek his own sense of identity or suffer role confusion (Papalia and Olds 1988). Thus the abovementioned activities give adolescents an opportunity to focus on their future assists them in finding their own sense of self.

As mentioned in Chapter Five the main themes which emerged were; support, trust, courage, self reflection, happiness and goal setting. The adolescents used these opportunities to think about their future and many of them mentioned their career options. An interesting finding was that many of them wanted to pursue a career in the helping professions, with a view to becoming social workers, nurses, psychologists and teachers. The researcher therefore concluded that their positive experience of the wilderness camp has influenced their need to help other adolescents.

The Aftercare support group was found to be helpful in providing the adolescents with the continued support, keeping the memory of their loved one special and opportunities for fulfilling goals and if need be further referral. The final phase needs to be further developed in terms of time management and manpower.

- ***Benefits:***

The outcomes of this study found that the respondents experienced the Bereavement Programme as helpful to them. This was confirmed by the child care workers who had noticed a significant change in most of the adolescents' behaviour and cognition.

They maintained that there were positive changes in the manner in which the adolescents started to communicate with each other, they were more receptive to thinking about their future, they shared their fears with the child care workers indicating a developed sense of trust, some children felt free to disclose their experience of death to their teachers resulting in the adolescents being more enthusiastic to go to school, they were observed to be happier than they were prior to attending the Bereavement Programme for example child care worker no. four said:

Bonanno (2004) a key researcher in the field of human resilience believes that human resilience has been underestimated previously. In this study we can see that this statement holds true for the adolescents. . Despite the adolescents' complex case histories of abuse ,neglect, being abandoned or orphaned, as mentioned earlier in the study these adolescents still have a need to deal with the death of a parent or multiple deaths in their family. According to literature adolescence develop resilience through their past experiences and the relationship shared with family members which afforded them the opportunity to express their feelings. Factors that are seen to promote resilience and protect children from negative outcomes are capacities that are part of the child's physical and psychological makeup and the factors within the child's ecology (Dawes and Donald, 2000).

Therefore the need to afford these adolescents an opportunity to deal appropriately with their grief seems relevant in terms of them moving on. From the

adolescents responses it is evident that the Bereavement Programme offered them the opportunity to express their grief.

There was also some improvement in academic achievement. The child care workers felt that the adolescent were more focussed in achieving their goals.

RECOMMENDATIONS

There is an overwhelming positive response from the adolescents and the child care workers that the Bereavement Programme should be continued at Durban Children's Home. The following recommendations are based on the findings of the study.

Programme Development and Continuity

The Bereavement Programme has been evaluated in respect to its usefulness in terms of the adolescent's experiences of the programme; and the child care workers perceptions of the adolescents' benefit of the Bereavement Programme. The following are recommendations based on the suggestions made by the respondents of this study and the researcher's findings.

- Processes and Rituals surrounding death

The researcher concluded that adolescents were found wanting in this area, example: the specialised child care workers said that the children were curious and asked a lot of questions about the processes surrounding death. Knowledge of death and what happens when a person dies therefore needs to be covered more extensively in the precamp group sessions. This will also prepare the adolescents for future loss. Thompson and Payne (2006) mention that, children have a range of questions about death and dying that are related to factual social and emotional information. Providing appropriate responses to such questions irrespective of setting seems imperative when other sources of information are not available, such as in the case of an orphaned child. Therefore, information on the causes of death needs to be clear and age appropriate, and shared by a caring adult. Taking this into account the precamp group sessions should also

incorporate activities and respond to the respective age groups in an appropriate manner, ensuring that the details pertaining to death are fully comprehended ensuring that adolescents are better informed.

- Support Groups

The researcher concluded that the Support groups were very helpful throughout the Bereavement Programme. Peer support played a vital role in encouraging adolescents to achieve goals as well as providing emotional support they needed. It is recommended that that bereavement support groups be designed and implemented and assessed in meeting the needs of adolescents who have suffered loss through parental death. This could be extended to other child care facilities, children in hospitals, hospices and schools.

- Disengagement Procedures

It is recommended that Disengagement procedures be addressed at the beginning of the programme, at the precamp group phase. This will prepare adolescents for the process and duration of the programme. Adolescents will know that although the programme is enjoyable, it will come to an end. This allays feelings of despair at the end.

- Memory Boxes

Memory boxes are crucial in sustaining the memories of the deceased parent and thereby providing a source of comfort to the adolescent. It is recommended that Memory boxes be extended to include memories of the Bereavement Programme thereby contributing towards the adolescents' special experiences.

- Incorporation of disabled or very sick children or other age groups

As the Bereavement Programme is seen to be beneficial to the adolescents, it is recommended that the programme be suitably adapted to suit the needs of adolescents who are disabled, very sick, and modified to meet the needs of younger children.

- Funding and Duration

The costing of the programme clearly highlights the cost effectiveness of the Bereavement Programme as compared to individual counselling. It is recognised that the issue of children experiencing parental loss through death, in South Africa, needs to be addressed. This document provides a clear indication of the trustworthiness of the results of the evaluation of the Bereavement Programme. It could therefore be used as a basis for future funding of the programme. The duration of the Bereavement Programme is satisfactory however based on the suggestions of the respondents of this study, an extension of the duration of the wilderness camp should be considered. This however would be at the discretion of Durban Children's Home as manpower and financial resources need to be taken into account.

- Debriefing and Respite care for Specialised Child Care Workers

Due to the nature of this intervention it is clear that the implementation of the Bereavement Programme is emotionally exhausting for the specialised child care workers. The literature refers to vicarious trauma or secondary traumatisation (Khoza in Kasiram et al 2006). Figley (cited in Khoza in Kasiram et al 2006:156) defines secondary traumatisation as the natural consequent behaviours and emotions resulting from knowing about a traumatising event experienced by a significant other. In this study, the specialised child care workers experience vicarious trauma due to their exposure to the adolescents' emotional trauma. Taking this into cognisance it becomes imperative that the specialised child and youth care workers and those working in the helping profession receive respite care. This could be offered as debriefing sessions, time off and attendance at wellness programmes.

- Access to bereavement services

In some ways, these children are fortunate in that their developmental needs and challenges are being assessed and met at the Children's Home. Many more children within the community experience the same need, it is therefore necessary to provide bereavement services to children and families within the community context in addressing the needs of bereaved children.

In reviewing literature for this study, many researchers in the field have indicated the need for those children and adolescents at risk within the community to be afforded the opportunity to access bereavement services such as the one being evaluated. Williams et al (1998) evaluated a bereavement group with a majority of young people from deprived settings; they contended that there was clear evidence of social, behavioural and emotional improvement for most children through the use of group work approaches. Melvin and Lukeman (2000) also suggest that there be a framework for bereavement services and interventions which uses a more chronological based approach (services are developed and rendered according to age appropriate groups). Stokes et al (2002) have also recommended as is the recommendation of this study that bereavement services be available to all children and their families which is non stigmatizing, culturally responsive and accessible.

- Monitoring and Evaluation of the Bereavement Programme

Smith (1990) maintains that after the evaluation is carried out, programme coordinators, supervisors and administrators should meet to discuss specific evaluative findings. As previously mentioned it is important that both staff and participants input be regarded as valuable and that they be involved in the evaluative process, making recommendations to improve on the programme. It is noted that Durban Children's Home consistently monitors and evaluates the implementation of each Bereavement Programme thus ensuring that appropriate changes are made. This should continue.

- Cultural Sensitivity of Bereavement Interventions

The researcher concludes that one needs to take into consideration the issue of rituals and cultural background when dealing with bereavement. The use of Stroebe and Schut (1998) Dual Process model of coping with loss and grief can fit into different cultural contexts. Caitlin (2001) similarly asserts that bereavement will be shaped by the cultural context of the person. Interventions for bereaved individuals thus need to be culturally sensitive since South Africa has diverse cultures. Given Rose's experiences (see page 105) of complicated grief, the timing of bereavement interventions needs to be sensitively handled.

- Range of service

The Researcher concluded that there be a range of services available to adolescents, including peer support groups within the community. In this study the Perseverance tree and the River of Life seemed to be most beneficial in helping the respondents disclose their story and gain insight into their present situation and plan for their future. It is advisable that therapeutic interventions with adolescents be as creative to achieve maximum benefit of the intervention.

- Role of social worker, child care worker and educator

This researcher has found that significant role players need to acknowledge the death experience of the adolescent, and provide adequate support and knowledge and opportunities for them to express their feelings. This is vital when providing an intervention to a child on a microsystemic level. It allows the adolescent to develop trust and assurance that he/she can talk about his/her feelings.

Social workers have the responsibility of raising awareness, therefore there needs to be awareness programmes in schools, hospitals, and other child care facilities about death.

REPLICATION AND EXTENSION OF THE PROGRAMME:

Schools

In Chapter Three the literature indicates that teachers have expressed that they feel ill equipped in dealing with death and bereavement in the class setting. It may thus be necessary to include information and education about death and dying in the school curriculum. It is further suggested that education about death and bereavement be more widely and systematically included in schools. The Bereavement Programme could be adapted and outsourced to schools.

Schools need to integrate loss and grief into the school curriculum in preparing children for the experience of loss. There are many age appropriate resources available that can be utilised to facilitate creative lessons such as books, films, and DVDs .

Child Care facilities

All child and youth care facilities face the dilemma of adequately addressing the needs of children in respect of the norms and values specified by the Children's Act 38/ 2005. The extension of this programme as a Best Practice Model could assist with meeting the needs of children who have suffered the loss of a parent or significant other through death. This model would also be suitable to other non-governmental organisations as it has proved be cost effective in rendering therapeutic services to children in child care facilities. Ongoing monitoring and assessment of these programmes are advised to ensure the quality of service delivery.

Independent programme offered to community

Due to the overwhelmingly positive response to the Bereavement Programme, it could be effectively replicated as an independent programme which could be offered to the community.

Sponsorship

With the evaluation of the Bereavement Programme offered at Durban Children's Home, the findings and recommendation could be utilised for the purposes of continuity, sustainability and accessing funding.

TRAINING

Professionals

In South Africa there is a scarcity of social workers to provide effective individual therapy to children who have experienced loss of a parent through death. It is therefore important that all role players be skilful in providing the support necessary to these adolescents. It is therefore recommended that universities offer bereavement training to student social workers. Other professionals from the mental health field should also be trained in dealing with issues of grief support.

Further to this, the literature indicates that school teachers feel ill equipped to deal with death and bereavement in the classroom setting. Teachers should be sensitised and trained to enable them to recognise vulnerable learners. This skill will allow the teacher to be adequately prepared to provide support for the bereaved child and make possible referrals.

Stokes, Pennington, Monroe and Papadatou (2002) have also suggested that support can be provided to children by professionals and trained volunteers and those play a significant role in the child's life. These people need to be skilled in bereavement. It is also felt that co-operation and accredited training and care for professionals is needed for understanding grief, abnormal grief and to utilise counselling skills (in Wimpenny 2005).

Thus the issue of knowledge, training and experience necessary to work with bereaved children also raises concern with implications for appropriate training.

Stokes et al (2002) suggest that there be three levels of training; level one skills : skills that may be used by those working indirectly with the bereaved child , who form part of the everyday environment of the child. These persons may be the nurses, teachers, health workers, youth workers, friends, and religious institutions.

Level two skills training would be for those who are to be trained volunteers and paid staff who work directly with the bereaved child. Level two skills offer support to those taking referrals for intervention and providing advice, resources and training. Ongoing support and supervision by persons on level three.

Level three skills may be for those used by senior or professional staff such social worker, clinical psychologist, family therapist, and psychiatrist. These skills may be further developed.

Peer Support Training

The opportunity for peer support groups is also an important option to help the bereaved. Peer group education and counselling as mentioned in Chapter Five is offered as an elective course at some schools. Peers should be encouraged, if afforded the opportunity, to develop skills and offer support to their peers.

Training of Child care workers

Mthiyane (2006),Perumal (2007) and Jackson(2008) maintain that it is imperative that child care staff receive ongoing training to provide adequately for the needs of children in residential facilities. The researcher concludes that in order to provide an effective service, child care workers need to be adequately skilled in providing support to the bereaved.

Training in Health Care Settings

With the increasing number of deaths, healthcare workers also need a greater understanding of grief with basic counselling skills (Youill and Wilson, 1996 in Wimpenny, 2005). Hospital staff should also be trained in bereavement care due to their direct involvement with the dying and the bereaved.

DEVELOPMENT OF POLICY

It is recommended that this programme be acknowledged and recognised as an intervention model that suitably addresses the emotional needs of all children who have experienced loss of a parent through death via the development and implementation of policies, procedures and strategies on an exosystemic and macrosystemic levels. Organisations may customize interventions to suit recipients of the bereavement interventions. Organisations therefore need to consider the implementation of a policy addressing bereavement at the workplace.

Australia had adapted policies pertaining to children's mental health in accordance with the ecological perspective which is developmental and takes the child's microsystem into account; this perspective could similarly be adapted to meet children's mental health needs in South Africa. Local and national funding should be made available for the facilitation of such programmes to enhance the mental health of all bereaved children.

FURTHER RESEARCH

This was a small study of one residential facility therefore the findings cannot be generalized. There is a need for such a study with larger samples and possibly in different contexts. As mentioned in Chapter Three there are many interventions available in addressing the needs of bereaved children. These interventions may have methodological flaws such as non randomized control groups, lack of control groups as well as pre and post intervention which may impact on the reliability of findings. However De Vos (2005) maintains that the more evaluative research conducted in this field the greater the possibility of ascertaining the positive outcomes of such interventions thereby enhancing the credibility of evaluative research on bereavement programmes. It is therefore necessary to encourage the ongoing evaluation of Bereavement interventions. There is also a need to conduct longitudinal studies which would be able to follow-up the long term effect of the Bereavement Programme.

CONCLUSION

The findings of this study reveal that the Bereavement Programme at Durban Children's Home has achieved its objectives of providing adolescents with an opportunity to express their grief in a structured therapeutic environment. Support systems especially peer group support were conducive in meeting the needs of children who are grieving, emphasising that interventions on a mesosystems level work better for some children than that on a microsystems level however individual cases may need individual interventions on a microsystemic level. The recommendations provide for further development of bereavement programmes and opportunities for further research. It may ultimately be concluded from the overwhelming positive responses from the adolescents and the child care workers that the Bereavement Programme should be continued at Durban Children's Home. The evaluation has thus revealed that the Bereavement Programme is successful indicating that the programme should be replicated.

Geog Fabricius wrote: Death comes to all but great achievements build a monument which shall endure until the sun grows cold.

Perhaps the greatest achievement of the young people involved in this study was to overcome the odds and to grow into well adjusted adults . My wish is that the Bereavement Programme continues to help these young children overcome their pain and maintain a healthier resilient lifestyle.

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APPENDICES

APPENDIX 1

LETTER REQUESTING PERMISSION FOR RESEARCH STUDY

THE PRINCIPAL
DURBAN CHILDREN'S HOME
222 MANNING ROAD
GLENWOOD
4001

Dear Mrs Goble

Re : Consent for Minor Child to Participate in Research Study

As a qualified social worker employed by the Home ,and presently studying for a Masters Degree in Social Work at the University of Kwa-Zulu Natal,I am required to undertake a research project. The research will be supervised and monitored by a lecturer from the School of Social Work and Community Development.

The purpose of the study is to evaluate the processes involved in the implementation of the Bereavement Programme conducted at the Durban Children's Home. The study will be of value to the facility in identifying the need for further development of the programme if necessary. This may be used for motivation for funding to enable the continuation of the programme. The study will include 20 children who have attended the bereavement programme in 2008.

Questionaires will be administered to the children allowing for anonymity and confidentiality. A focus group will also be conducted with any willing participants. Respondents will be informed that they may be able to withdraw from the research study at any time. The social worker will also provide individual counseling for the child should the need arise. It is also necessary to access records of the child to ensure that a holistic picture is gained of the child's progress since attendance of the programme.

It is envisaged that this evaluation will benefit the Durban Children's Home. Should you have any concerns or queries please do not hesitate to contact me.

Yours Sincerely

PREMIE PILLAY
RESEARCHER

APPENDIX 2

CONSENT LETTER FOR SPECIALIZED CHILD CARE WORKERS

I am presently studying for a Masters Degree in Social Work at the University of Kwazulu-Natal. I am undertaking a research project which entails Evaluating the present bereavement programme at Durban Children's Home . The purpose of this research is to find out whether the programme is achieving its aims and objectives.

Your participation is important to the success of this study. Should you agree to participate in the study all information will be treated as confidential and anonymity will be maintained . You may withdraw from the study at anytime without reprisal.

 Please tick the following indicating your response.

I agree to participate ☐

Name_____   Date:

_____

Thank you, Your time is greatly appreciated☺

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INTERVIEW GUIDE FOR SPECIALIZED CHILD CARE WORKERS

1. Are you aware of purpose of the Bereavement programme ?
2. Pre groupwork session – What were your observations of the children's responses to the pre-group sessions. What were the children's responses after their attendance of the programme? What were their feelings about sharing information ? How did they feel about the activities they participated in?
3. Wilderness camp- What were the children's responses to the camp; How did they feel about the activities, the accommodation/food/facility? ; Did they share anything significant about the camp that they thought was special /beneficial to them? How did they feel towards the facilitators? Were there any complaints about the camp?
4. Support Group- How did the children respond these sessions?

    Were there any changes observed in the children since their attendance to the bereavement programme? Describe (ie.behaviour ,attitude towards school,family,self.)

5. Do you think the programme has been beneficial to the children?

    Do you have any recommendations for the implementation of the programme?

Thank you for the valuable information.:☺

PREMIE PILLAY (CONTACT NO. 0828287809)

APPENDIX 3

CONSENT LETTER FOR CHILD CARE WORKERS

I am presently studying for a Masters Degree in Social Work at the University of Kwazulu-Natal.I am undertaking a research project which entails Evaluating the present bereavement programme at Durban Children's Home. The purpose of this research is to find out whether the programme is achieving its aims and objectives.

Your participation is important to the success of this study. Should you agree to participate in the study all information will be treated as confidential and anonymity will be maintained . You may withdraw from the study at anytime without reprisal.

 Please tick the following indicating your response.

I agree to participate

Name_____   Date: _____

Thank you, Your time is greatly appreciated☺

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INTERVIEW GUIDE FOR CHILD CARE WORKERS

1. Are you aware of purpose of the Bereavement programme ?
2. Pre groupwork session – What were your observations of the children's responses to the pre-group sessions. What were the children's responses after their attendance of the programme? What were their feelings about sharing information ? How did they feel about the activities they participated in?
3. Wilderness camp- What were the children's responses to the camp; How did they feelabout the activities, the accommodation/food/facility? ; Did they share anything significant about the camp that they thought was special /beneficial to them? How did they feel towards the facilitators? Were there any complaints about the camp?
4. Support Group- How did the children respond these sessions?Were there any changes observed in the children since their attendance to the bereavement programme? Describe (ie.behaviour ,attitude towards school,family,self.)
5. Do you think the programme has been beneficial to the children?Do you have any recommendations for the implementation of the programme?

Thank you for the valuable information.:☺

PREMIE PILLAY(CONTACT NO.-0828287809)

APPENDIX 4

CONSENT LETTER FOR MANAGER

I am presently studying for a Masters Degree in Social Work at the University of Kwazulu-Natal. I am undertaking a research project which entails Evaluating the present bereavement programme at Durban Children's Home . The purpose of this research is to find out whether the programme is achieving its aims and objectives.

Your participation is valuable to the success of this study. Should you agree to participate in the study all information will be treated as confidential and anonymity will be maintained . You may withdraw from the study at anytime.

 Please tick the following indicating your response.

I agree to participate

Name_____   Date:

Thank you, Your time is greatly appreciated☺

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INTERVIEW SCHEDULE FOR MANAGER

1. What was the cost of the each bereavement programme? Was there funding available for this programme?
2. Has the cost affected the numbers of camps implemented and the process of the actual programme ?(the groupwork,camp,support groups materials for the activity)
3. Would you say that the programme is beneficial in terms of cost and therapeutic intervention? please explain.
4. What has been some the challenges in the implementation of the bereavement camps?
5. Would you recommend any changes to the programme?

Thank you for your valuable input.

PREMIE PILLAY(CONTACT NO.0828287809)

APPENDIX 5

☺CHILDREN'S QUESTIONAIRE☺

Consent

From the information gained when you were admitted to Durban Children's Home you were identified to attend the bereavement programme for children who have suffered the loss of a loved one.

I am presently conducting research on the programme to assess your experience of the programme. Your feedback about the programme is very valuable as it will help in making changes if necessary.

The information you share is confidential and your identity will not be disclosed to anyone.

You are not forced to answer the questionnaire. You may withdraw from participating at any time.

Please will you indicate your consent by ticking the box below.

I will participate [   ]

Please tick the following.

Are you a :

Girl
Boy

2. Are you between 12-17years [   ]

3. Here are some of the activities you have done....Please rate them (tick your choice)

Not Happy☹ Happy☺   Very happy ☺ ☺

Pre camp group work	Not happy ☹	happy ☺	Very happy☺ ☺
1.Becoming part of the programme			
2.Sharing your story with others .			
3.Preparation for camp			
Camp	Not happy☹	Happy☺	Very Happy☺☺
1.Quiet walk through wilderness (Solo time)			
2.Walk to peserverance tree (Thinking about your future)			

3.Waterfall swing (Doing something challenging)			
4. Fufie slide			
6.Drumming(energising/spirituality)			
7.River of life/or shield (self reflection)			
8.Sharing my story with others (groupwork)			
Support groups			
1.Memory boxes			
2.Facilitators support			
3. Peer support			

At the Camp how did you feel about the:

	Not nice	Nice	Very nice
Place at which you stayed			
Food you ate			
People who were with you			

4. What was the best part of the programme for you?

_____

5.What part of the programme was not so nice ?

_____

6.Who helped you with some of the feelings that you were unable to share with anyone before?

Friends ☐

Childcare workers ☐

Specialized child care worker ☐
Other ☐

7.How do you feel now ,after attending the camp?
Still sad ☐

Sad but think of happy memories ☐

Happier now ☐

9. What are you going to do differently for yourself in the future?

_____

_____

10.Which part of the programme has helped you keep the memory of your family special?

_____

_____

11.Would you like to attend the bereavement programme again? yes / no

12.Would you like to suggest any changes to the programme?

_____

☺ **Thank you for your time** ☺

Dear Participant

Would you like to be part of a group discussion in which you would be able to talk about your experiences and feelings of the bereavement camp/programme. Please complete the form below and hand in to your child care worker.
....
....
I am willing to participate in the group discussion with Premie ☺.
Name _____

*Your personal details will not be used in the research .

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APPENDIX 6

CONSENT FOR PARTICIPATING IN FOCUS GROUP

Dear Participant

Thank you for volunteering to take part in the discussion. I will only take 30 minutes of your time. You may withdraw from the discussion at any point should you feel uncomfortable. Your input is valuable to the success of the evaluation of the programme. Your identity will remain anonymous at all times. Please indicate that you willing to participate by ticking below.

I am willing to participate in the focus group

Thank you for your time.

■■■

Children's Focus Group

The Focus group will discuss questions in the questionnaire in terms of :

The children's experience of the programme activities
(pregroup/camp/supportgroup)
Their feelings about attending the programme?
Were there any activities that were significant/important to you?
Their experience of support by peers, child care workers and facilitators?
Are there any suggestions they would like to make?

PROTOCOL FOR ANALYSIS OF RECORDINGS-
CASE FILES AND PROGRAMME RECORDS

1. The researcher will request consent from the Manager to access Case Files and programme records.
Children's identification will not be disclosed and confidentiality will be maintained .
Coding of data will be used for analysis purposes.

2. The following information will be drawn from the records:
2.1. Child's Age and gender
2.2. Duration of stay at the Home
2.3. Contact with other family members
2.4. Academic progress
2.4. Reasons for the child's admission to the Home.
2.5. Parental death type –maternal ,paternal or double death experience.
2.6. Child's response to the bereavement programme.

Example of Data Capture Record Sheet
Candidate A.

1. Age	
2. Duration at the Home	
3. Gender	
4. Main issues leading to child's admission to the Home.	
5. Death Experience	Paternal ☐ Maternal ☐ Double Death ☐
6.Cause of Death/s	Natural Unnatural
7.Family Contact	No ☐ Yes ☐ : with whom
8.Academic Progress 8.1.Initial results: 8.2. Results since attendance of programme:	<table><tr><td>I (1-34%)</td><td>2 (35-49%)</td><td>3 (50-69%)</td><td>4 (70-100%)</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>Scale describes level of competence as per school academic records . Rating code 1-4
9.Specialized child care workers observation of changes in child's behaviour as per records	