

Coronavirus COVID-19

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COVID 19 – a new context

Guidance on bereavement, loss and critical incidents:

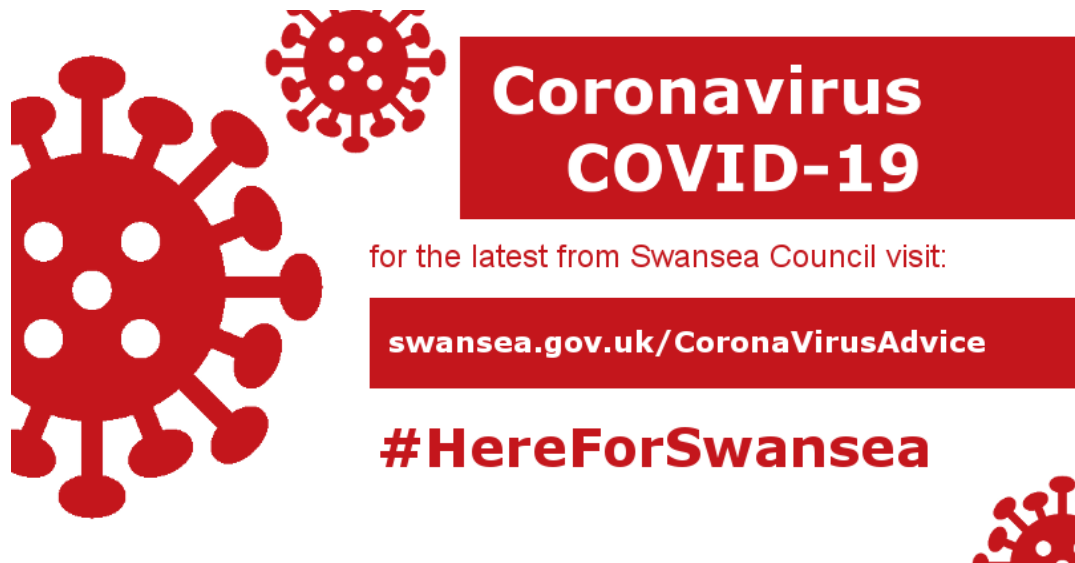
Swansea Educational Psychology Service

April 2020

CONTENTS

Introduction	4
Acknowledgements	5
Covid-19 A New Context	6
Critical Incidents	7-10
• What is a critical incident	
• Components required	
• Graduated approach to providing support	
• E.P. work following a critical incident	
Bereavement and loss	11-14
• Talking to children and young people	
• 0-3 years	
• 4-7 years	
• 7-12 years	
• 13+ years	
The process of grief	15-17
Reactions to Bereavement	17
• Possible emotional reactions	
• Possible behavioural reactions	
• Possible physical reactions	
Supporting the Well Being of School Staff During and after a Pandemic	18-19
What families and professionals can do to support bereaved children and young people	20-21
• Help children to express their feelings	
• Share your feelings	
• Be honest	
• Provide routine and support	
• The importance of remembering	
• Activities for remembering	
Websites	22
Useful Apps	23-24
• Younger children	
• Older children and young people	
Books	25-27

Multicultural issues and resources	28-29
Supporting children and young people with ASD and other Neurodevelopmental conditions	30-33
<ul style="list-style-type: none"> • Involving and preparing • Explaining illness • When a bereavement has occurred • Explaining death • Religion, ceremony and ritual • Recognising grief • Obsession with death • Remembering the person who has died 	
References and resources	36-38
Helplines and websites	39
“When People Die” Poem	40-41
“Thinking about my feelings” questionnaire	42-43
Post Traumatic Stress Disorder	44
Post Traumatic Growth	45
Developing Resilience in Children	47-48
Contact us	49



COVID 19 – a new context

Guidance on bereavement, loss and critical incidents:

Swansea Educational Psychology Service

April 2020

The coronavirus pandemic is impacting on all our schools, families, communities and way of life. The current situation means that there is an increased risk of critical incidents both in the school and the wider school community. This is coupled with a collective raised level of anxiety due to uncertainty around the corona crisis and the additional complication of the nationwide closure of schools.

Swansea's Educational Psychology Service continues to support Headteachers in schools in their response to critical incidents, and to senior leaders where they have a lead for critical incident responses in that school. In the event of a COVID related critical incident, the Educational Psychologists' primary aim will be to offer short-term psychological support to the schools management team to appropriately manage the event. The approach taken will focus on supporting the school to promote a sense of safety, calm, self and community efficacy, connectedness and hope.

Alongside issues relating to critical incidents, there is an increased necessity to offer support and guidance relating to bereavement, loss and grief, whilst at the same time, focussing on children and young peoples' capacity for growth and ability to develop resiliency. This guidance will provide a framework for schools to deal sensitively and compassionately with bereavement, as a result of coronavirus. It is hoped that these guidelines would sit alongside the direct psychological support we can provide and alongside existing policy guidance which will include additional information about:

- How to support pupils and members of staff before, during and after a bereavement.
- Understanding the grief process and current thinking on models of grief.
- How to support pupils and members of staff with complex grief responses, arising from coronavirus.
- Children's concepts of death depending on their age, cognitive abilities, culture and any neurodevelopmental conditions.
- Preparing pupils and staff for the return of a grieving pupil or staff member. The Educational Psychology Service is aware that schools that have experienced a bereavement through Covid-19 are likely to seek additional support later in the summer term as preparation is made for the return to school, when the community comes together in the aftermath of the pandemic.
- Supporting bereaved children through difficult times i.e. bereaved children prior to coronavirus.
- Supporting a grieving child/staff member in the classroom/ school (and currently remotely).
- Practical issues such as memorials / books of condolences.
- A focus on psychological growth and resiliency.

Swansea Educational Psychology Service would like to thank:

Bradford and Camden EPS

Bridgend Educational Psychology Service

Neath and Port Talbot Educational Psychology Service

Biborough Educational Psychology Consultation Service

Covid – 19 - A new context

As a result of the COVID-19 pandemic, we are living in highly uncertain times. This pandemic will be especially challenging and stressful for those who are already grieving the loss of a loved one or have recently lost a loved one due to COVID-19. Whilst huge efforts are being made to stay in regular contact with children and young people, school communities are likely to feel less connected and especially over school holiday periods.

A death from COVID-19 is likely to mean that:

- There is little time to prepare for a loved one's death, following a period of illness that they suffered.
- People who are grieving may not be able to say goodbye after the death during this time because there are restrictions on gatherings of people and funerals.
- People who are grieving may be separated from loved ones who are also grieving. It is likely that loved ones will be in other locations, as people are restricted from moving around and may also be socially isolating.
- There may be practical challenges, for example if the person bereaved was previously receiving care from someone who died, or they have responsibilities to care for others or to continue working.
- It may be that people are coping with a bereavement at a time when the bereaved person, or others in their circle of family and friends, may also be ill with COVID-19.

The coping resources of a bereaved person are under severe strain in the context of the pandemic.

Some of the reasons for increased stress during this time may also include:

- Being less able to receive in-person support from friends and family, potentially leading to a greater sense of isolation and loneliness.
- A decrease in activity levels which may lead to more "thinking" time and a reduced ability to use hobbies and interests as helpful distractions.
- High levels of social, health, and occupational uncertainty, reducing stability in life as you grieve, which can create difficulty planning for the future.
- More frequent reminders about illness and death, including the fear of experiencing further loss
- Additional stress and strains on key workers and their families.

Critical Incidents

What is a critical incident?

A critical incident is a sudden, unexpected and traumatic incident or sequence of events that causes serious distress and disruption to the school community. The TRAUMA caused by critical incidents challenges individuals mentally, physically, emotionally and spiritually. e.g. sudden death of a member of the school community through accident, murder, illness, drug overdose or suicide.

Components required

- causes serious distress or disruption to school community
- is unexpected
- traumatic consequences of a psychological, physical, spiritual and emotional nature

A graduated approach to providing support

Responses to critical incidents generally follow a recognised pattern and therefore we will work within our established levels systems (*refer to EPS critical incident documentation – found on LA hwb*) in order to respond rapidly to an incident.

Level 1: In the event of the death of parent of a CYP on roll and/or family member of staff which may impact some of the school community.

We aim to support schools to be able to access resources and feel prepared to respond. Headteachers may wish to have a telephone conversation with their school's allocated Educational Psychologist to be able to think together about how best to approach the unique circumstance. In the event that your school's allocated psychologist is unavailable, please contact the Principal Educational Psychologist (Helen Osborne: 07740856146) and we will ensure an EP is made available to contact you for a telephone consultation.

Level 2: In the event of the death of a pupil on roll and/or a staff member, impacting on the whole school community.

We are offering Headteachers and key staff in the school a consultation on Microsoft Teams with an Educational Psychologist – ideally your school's Educational Psychologist together with one of the team's leads for critical incidents. Please contact the team on the telephone numbers below and we will contact you to offer initial support and arrange a follow up telephone consultation with identified members of the school staff and Educational Psychology Service (EPS).

Level 3: Where there is a critical incident that impacts on the wider community, for example death as a result of serious youth violence.

Events at level 3 are usually responded to and co-ordinated by agencies such as the police, Early Help, Youth Offending Service. We will continue to offer schools support within a wider response. The Headteacher can contact the Educational Psychology Service (EPS) directly, or alternatively another agency may have alerted the EPS and we will make contact with the Headteacher to think through what support is needed.

What happens when we work with you following a critical incident?

What happens next depends on the individual needs of the school. However, it will generally include advice on the following (with a particular focus on promoting connectedness, whilst apart at this time).

- Clarifying the facts – what is known, what are perceived or potential narratives in the community, including social media.
- Communication with parents – language, messaging, listening and asking questions.
- What is the family's views on what can be shared / what they want to be shared.
- How to communicate the information to children and staff – to whom, and when.
- Share information with school staff to talk about typical responses to critical incidents and how to manage them.
- Reducing anxiety and de-escalating panic responses – families, children, staff.
- Support for staff and pupils both within school and externally regarding their own wellbeing.
- Identification of and planning for vulnerable children who may be affected.
- Managing social media and the press – accessing Swansea EP support and advice.

At all levels, the EP will support the school in the immediate aftermath of the incident and follow up with you over the next few days to help support with any issues which arise. For levels 2 and 3 responses, this is typically a combination of telephone calls and emails and (in current circumstances remote) meetings with Headteachers and key staff.

Help and support are best provided by a trusted, familiar adult as and when it is needed. In time, most children and adults will come to terms with what has happened and recover without the need for professional counselling. We do not advise an immediate offer of counselling to bereaved families – grief is a normal process and those who are grieving may need to be reassured that whatever emotions they are feeling, it is perfectly normal, and there is no one process of grieving for all. It is usually only when feelings remain overwhelming over a period of weeks when counselling support may become a more

appropriate offer. Some families with less community support may wish to seek professional support earlier, in particular while we remain in 'lock-down'.

Many schools can also contact their allocated TCS counsellor (previously known as Exchange), particularly to support direct work with families.

Family members of the person who has died may have particularly strong emotions around feelings of guilt as well as feelings of loss. They may have been socially isolated from the person who has died, and not had recent or usual levels of contact. The key focus with families is to listen to their concerns and worries, exploring the impact on the various members of their family. Relatively small-sounding or illogical issues may be overwhelming. Are any family members feeling in any way responsible? Are they dwelling on what they might have done differently, for example to protect the person who has died from infection? Should they be doing anything differently now to protect other members of the family?

Families or staff colleagues may need reassurance that their response is 'normal' and we can manage to hear them speak about painful issues. Those staff in direct contact with bereaved families will need support around them to debrief and process their own feelings. In particular, Headteachers will be holding and containing levels of anxiety from across different parts of the school community, and will need to think about where they get their own emotional support. This is in part why the Educational Psychology Service responds initially to Headteachers.

Bereavement and Loss

Talking to children and young people about death as a result of COVID-19

Talking to children developmentally aged 0-3

It is important to understand that:

- Children will struggle to understand things that they can't see and touch, for example understanding what illness means will be difficult unless they can see it (such as someone sneezing).
- Children this age don't understand that death is permanent.

Children may be:

- easily confused or misunderstand things.
- Be more clingy and needy, show changes in toilet/eating/sleeping routine, and/or have trouble separating from key adults.
- Carry on with playing even when things around them may be difficult.

You can help by:

- Trying to use short sentences and focusing on the 'here and now'.
- Being honest and trying not to use complicated explanations or adding lots of detail.
- Focusing on structure and routine.
- Using play with dolls and stories to explain situations or concepts that it is important for the child to understand.

Talking to children developmentally aged 4-7

It is important to understand that:

- They will struggle to understand concepts that they cannot picture in their mind.
- Children are beginning to learn that death is permanent.
- Children may not be able to identify or express their feelings, these may be shown in their behaviour and in their play.

Children may be:

- Be very matter-of-fact in the way they talk about death.
- Want lots of information, ask lots of questions repeatedly and need to hear what has happened on a frequent basis. This is due to their limited understanding of illness and death.
- Blame themselves or think something was their fault (e.g. this happened because I did not wash my hands).

You can help by:

- Repeating the information you have given them consistently – answers do not need to be increasingly complex or more detailed.
- Helping them to label and name their emotions by labelling and naming yours.

Talking to children developmentally aged 7-12

It is important to understand that:

- They are more able to understand concepts of time and permanence, and will understand that death happens to everyone and is permanent.
- Children might have strong views about what has happened and they may be interested in life after death and ask questions about it.
- Children are more able to understand what other people are going through and the impact of the loss they have experienced as they get older.

Children may:

- Not want to voice their feelings or concerns because they may be fearful of upsetting parents, friends or others.
- Have difficulty verbalising their distress.
- Experience stress as physical symptoms, like a headache, a stomach ache or wanting more physical contact.
- Ask more questions about how this will affect other people or wider changes to their life.

You can help by:

- Encouraging emotional expression through drawing, stories, questions. For example, you could create a feelings box where they can write down their questions and thoughts and discuss them with an adult.
- Normalising different feelings appropriately and talking about what you are doing to help with their worries and feelings.
- Encouraging them to be active (provided they are well). This helps to get rid of some of the chemicals in the body which are released when we are anxious and will help with physical symptoms of stress.
- Making sure children don't take on adult roles in a desire to help others.
- Ensuring explanations are accurate (but also appropriate).

Talking to children developmentally aged 13+

It is important to remember:

- Adolescents grieve in much the same way as adults.
- They can imagine the future and lots of possibilities. Therefore, their imagination may mean they are able to worry more about things that have not happened or might not happen (for example, losing other friends or family members or becoming very ill themselves).
- They can understand the different causes of illness, that illnesses can be very different and can understand the role of stress and worry on the body.
- Adolescents often experience emotional 'ups and downs' and can become deeply distressed.

Adolescents may:

- Ask fewer questions and turn to other sources of information such as social media, their friends and news outlets. They may respond better to peer support than adult support.
- Want to find ways of helping others.
- Express grief and sadness through 'acting out' and angry behaviour that covers up their underlying feelings.

You can help by:

- Continuing to offer space for support, affection and discussion (in line with social distancing guidance).
- Asking open questions to encourage them to talk about their feelings and needs.
- Offering choices within the context of what is possible and appropriate – if a teenager can't go out, giving more choice about activity within the home or garden may be helpful.

The process of grief

There is no set pattern or time limit to grief. Different life events may re-awaken the sense of loss, and for children and young people they may need to revisit their grief at different stages of their development. It is important for adults who are supporting children and young people to understand the process of grief. The process of grief has several different dimensions and stages and these include shock, denial, growing awareness and the acceptance and readjusting to a new reality. The process of grief is not linear – people's emotions can change rapidly. Individuals may move backwards and forwards in the process.

Shock is the initial response to major loss.

It can manifest itself in many ways, for example:

- Lack of response
- Numbness
- Physical collapse
- Silence or inactivity
- Outburst of emotion (screaming, shouting, confusion in speech, change in behaviour)

The second stage of grief is **denial** and it is usually experienced during the onset of the early stages of loss. Denial is used as a way of coping to try to deal with an inability to cope with loss and grief. An individual at this stage is attempting to come to terms with the loss. They may fluctuate between reality and denial.

Growing awareness is the third dimension in the process of grief. It involves becoming aware of the reality and of the change and loss. At this stage, many different emotions will evolve including sadness, yearning, despair, guilt, anger, anxiety and depression. Over time, these intense feelings of loss tend to decrease and the young person will be able to discuss their feelings more readily and return to established routines.

The process of **acceptance and readjustment** enables the bereaved young person to begin to participate in life once again. For most people, the grieving process can take approximately two years, but this is influenced by individual circumstances and contexts.

Due to current government restrictions put in place to slow the spread of coronavirus which include social distancing and self-isolation, it may mean that there may have been little or no time spent with a loved one before they died, due to the risk of infection. It is also unlikely that people are able to attend funerals, and people who are grieving may be separated from loved ones who are also grieving but in other locations. It may also be that people are coping with a bereavement at a time when the bereaved person, or others in their circle of family and friends, may also be ill with COVID-19.

Therefore, due to these additional stresses, the process of grief may take longer. People may also move more frequently back and forth through the different stages.

Reactions to bereavement

Children cannot sustain emotional pain in the same way that adults can. Children and young people tend to move in and out of grief. At times, they may appear to be coping much better than expected. It is important to remember that children and young people may not have the words to express their feelings. Because their emotions may be expressed as angry outbursts or misbehaviour, rather than as sadness, they may not be recognised as grief-related.

Possible Emotional Reactions

- Shock/numbness – An immediate reaction may not be shown as they struggle to absorb the implications of the news.
- Denial/disbelief – It may be difficult to accept the death. They may continue to talk about the dead person in the present tense or try to find the person.
- Panic/separation anxiety – They may fear their own or other family members' death. They may need reassurance as their world becomes insecure and they feel vulnerable.
- Sadness – They may be tearful or prone to sudden emotional outbursts.
- Anger – This may be expressed in words or in behaviour which signals intense pain.
- Guilt – They may feel something they did or did not do contributed to the death. This is often linked with anger and may lead to feelings of isolation.
- Exhaustion – Grief can feel physically and emotionally draining.
- Despair – They may feel overwhelmed and that nothing will ever be right again.
- Helplessness – They may feel out of control.
- Lowered self-esteem – As a result of changed circumstances and abilities.
- Regression – They may start doing things they did when they were younger (regress to an earlier stage of development). The child may be seeking to revert to a time when life was secure. For example, they may suck their thumb, lose previously gained skills or start to bed wetting.

Possible Behavioural Reactions

aggression
restlessness
forgetfulness
detachment
loss of motivation
separation anxiety
school refusal
disorganisation
inability to concentrate

Possible Physical Reactions

distress tiredness
minor illnesses
headaches
loss of appetite
nausea shivering
self-neglect
panic attacks
decrease in activity
difficulty sleeping

Supporting the Wellbeing of School Staff During and After a Pandemic

The following information is summarised from 'A rapid literature review of how to support the psychological well-being of school staff during and after Covid-19' by edpsych@UoB. (<https://edpsychuob.com/2020/05/05/a-rapid-literature-review-of-how-to-support-the-psychological-well-being-of-school-staff-during-and-after-covid-19/>)

School staff may find that they have many of the important factors for promoting the wellbeing of staff already built in to their structures. They may also want to seek guidance and support from their Educational Psychology team who may be able to help. The literature on how best to support staff during and after an epidemic highlights the following key principles:

- strengthening resiliency and empowerment by building and mobilising existing resources;
- making sure culture is taken into account;
- recognising the existing resilience of staff and using a stepped approach;
- normalising reactions to the particular situation such as grief and high stress;
- ensuring basic practical support needs are met before trying to deal with emotional support.

Staff can be empowered through:

- identification and development of coping/self-help strategies;
- increasing knowledge of how to manage stress and anxiety;
- strengthening connections with wider community systems;
- identifying resources.

In terms of organisational factors the most useful aspects are:

- visible leadership;
- clear communications with open discussions;
- building of team cohesion;
- enabling individuals to reflect and use peer support or supervision.
- low social economic status

Resilience of staff members can be enhanced by:

- ongoing support of development and learning, including reflective conversations as useful learning opportunities;
- training staff in how to support others, such as running peer support groups. (This can not only provide support to recipients but can also be beneficial to the helpers wellbeing.) Staff must be aware of when to seek further help or supervision.

It is important to be aware that certain staff members may be at greater risk for psychological distress during or following an epidemic and it may be useful to assess what ongoing support staff need and what they may also find helpful. Risk factors for increased psychological distress include:

- previous mental or physical health difficulties;
- personal impact from the epidemic such as bereavement, loss of income or housing;
- limited self-perception of social support;
- low social economic status

The importance of looking after yourself as well as looking after a bereaved child or young person

Adults will be better able to help children and young people if they are taking care of themselves too.

If you are also grieving:

Try to...

- ✓ Talk to other people (e.g. family, friends, a faith/spiritual adviser, your GP, a support organisation) about the person who has died, your memories and your feelings
- ✓ Look after yourself - eat properly and try to get enough rest (even if you can't sleep)
- ✓ Give yourself time and permission to grieve
- ✓ Seek help and support if you feel you need it
- ✓ Tell people what you need

Try not to...

- Isolate yourself from support
- Keep your emotions bottled up
- Think you are weak for needing help
- Feel guilty if you are struggling to cope
- Use temporary coping strategies such as alcohol

What families and professionals can do to support bereaved children and young people

It is also important to be aware that each child's experience of grief is unique, and we cannot expect that they will express their emotions like adults. Their behaviours may not necessarily reveal their internal distress.

Help children express their feelings

- Let children know you understand they are having difficult feelings and provide an environment where they feel safe to express their feelings in whatever way they can.
- Help them find ways to express their feelings, for example through play, writing a letter, a story, a poem, painting, drawing or music.
- Allow children time to talk, ask questions and share their worries. They may be very confused and need to ask lots of questions. You may have to answer the same questions over and over as children try to make sense of things.
- If a child finds it hard to talk you could open the way by saying something like: 'Some things are hard to talk about but talking things through can really help.'

Share your feelings

- Share your feelings and tell children you are sad for their loss too – it helps them accept their feelings if they know others feel the same.
- Telling children how you are managing your feelings, even if you are sad, shows them that grief can be coped with. You will help them understand grief is a normal part of life.
- If you are really distressed it may not be wise to share this too much with children – they need to feel you are in control and can keep them safe.

Be honest

- Tell children what has happened simply and honestly in ways that suit their age and development. This helps them find ways to cope. Children need to know what has happened even if they do not ask.
- If you do not tell children you may prevent them from dealing with the loss. It may cause problems when they have other losses later in life.

Provide routine and support

- Currently, keeping to usual, daily routines is likely to be difficult. Try to stick to a routine as much as you can, because routines can be reassuring to children when everything else seems to be disrupted.
- For example, try to keep to regular routines such as mealtimes, schoolwork, breaks, play and bedtime.
- Children feel more in control, and therefore less fearful, if given simple clear jobs to do, such as washing their hands properly, or simple jobs around the house.
- Keep to the same rules about what children are allowed to do.
- Make extra time to spend with children and young people – they will need closeness and comfort.

The Importance of Remembering

Grief is not about forgetting the person who has died, but finding ways to remember. By remembering, people can also heal. Being actively involved in creating ways of remembering is extremely helpful for both children and adults.

There is no right or wrong way of remembering. At its best, it is a deeply personal expression of love for this special person in their life who has died and yet lives on inside them.

Activities for Remembering

- ❖ Blow some bubbles and imagine they can carry a message to them
- ❖ Plant some bulbs or a shrub in a place that holds special memories of the person who has died
- ❖ Have their favourite meal – Pizza? Roast dinner? Curry?
- ❖ Listen to their favourite music
- ❖ Put something in a memory box or other special place in which to keep things that remind you of the person – photos, shells etc.
- ❖ Ask other people for their memories of the person who died and begin to compile their 'life story'
- ❖ Write them a letter or a poem or a song. Maybe you could start with something like 'If you came back for just 5 minutes, I'd tell you...'

Resources

Websites

Websites with information to support schools when a member of staff or pupil dies or are affected by the death of a loved one

Grief Encounter

<https://www.griefencounter.org.uk/>

Support for bereaved children and their families

Child Bereavement UK

<https://childbereavementuk.org/>

Support for families when a child dies

Resources to equip pupils with coping skills for bereavement, now and in later life

<https://www.childbereavementuk.org/pages/category/elephants-tea-party>

Winston's Wish

<https://www.winstonswish.org/>

Support for children and young people after the death of a parent or sibling

CRUSE

<https://www.cruse.org.uk>

Support, advice and information to children, young people and adults when someone dies.

There's a section for schools: <https://www.cruse.org.uk/get-help/for-schools>

Also

<https://www.samaritans.org/>

[https://papyrus-uk.org/-for those affected by suicide](https://papyrus-uk.org/-for-those-affected-by-suicide)

Helping children understand

The following website has helpful information for children about Covid-19.

<https://krisepsykologi.no/what-can-we-say-to-children-about-coronavirus/>

The British Heart Foundation has produced a short animated story called 'The Small Creature' to help bereaved children.

<https://www.youtube.com/watch?v=Ks2DOoZtZ4A>

Useful Apps

Below is a collection of Apps shared by CAMHS that are designed to support children and young people and their families with their mental health and well-being. Some of them need a paid subscription to use them while others have been made freely available during the COVID19 situation.

Apps suitable for younger children

The Worrinots - The primary aim of this app is to provide children with a platform that they can use to communicate their worries, fears and anxieties. The app has been designed with help from some of the U.K.'s leading child psychologists to encourage children to share their concerns and deal with them appropriately. There is a school edition and a family edition.

Stop, Breathe and Think – suitable for children aged 5 to 10. Mindfulness and meditation activities.

Think Ninja - this app is suitable for young people aged 10 to 17 years. It aims to help young people with their mental health, emotional well-being and resilience and supports symptoms of anxiety and low mood. It contains specific COVID-19 content for children and young people who may be experiencing increased anxiety and stress during the crisis. It is available for free during the coronavirus crisis.

Clear Fear-This app is recommended for 11 to 19-year-olds but can be used by a younger group with the support of a parent or carer . Clear Fear uses a cognitive behavioural framework to help children and young people to change anxious thoughts and emotions, alter anxious behaviours and calm fear responses.

HappiMe - This is a free app that helps raise self-esteem, self - confidence and happiness levels in both children and young people.

Apps suitable for older children and young people

Feeling Good Teens - This app uses short audio tracks to help let go of worry, improve sleep, develop self-esteem, resilience and goal focused motivation. Access is free during the crisis - Username: coboost Password: coboost

The check-in - this app was designed in Australia to help take the fear out of having a conversation with a friend who might be struggling. This app is free to download.

Me 2 - this app has free resources to download. The resources promote well-being and support better mental health in young people. Me2 Is a free fully moderated app for young people, which provides peer support, expert help, inbuilt educational and creative resources.

Cove- This app has been approved by UK health services. Young people can create music to reflect emotions like joy, sadness and anger to help express how they feel.

Head Space- this is a subscription meditation app that acts as a personal guide to health and happiness and includes meditations to improve sleep and reduce stress and anxiety.

Mind shift- this is a free app designed to help teens and young adults cope with anxiety.

Mood gym- this app is like an interactive self-help book which helps young people to learn and practice skills which can help to prevent and manage symptoms of depression and anxiety.

Super Better - this app aims to build resilience – the ability to stay strong, motivated and optimistic even in the face of change and difficult challenges. The app aims to unlock potential to overcome tough situations and achieve goals that matter most.

Happify- this app aims to turn the latest innovations in the science of happiness into activities and games that help you lead a more fulfilling life. It claims to provide evidence-based solutions for better mental health.

Smiling mind- this is a free app meditation program developed by psychologists in Australia which aims to help bring mindfulness into your life.

Combined minds- this is a free app which uses a strengths based approach and focuses on anxiety, depression, self harm, eating disorders and digital addiction. It is designed to help families and friends support young people with their mental health.

Virtual Hope Box- this is a smart phone app designed to help with coping, relaxation, distraction and positive thinking. It was originally used by patients and health providers as an accessory to treatment.

Calm-this app contains meditation techniques to aid with stress and sleep. Not all activities are free.

Books

Alex

Duder, T (1990), London: Penguin

Like most teenagers, Alex is sometimes rebellious and difficult to understand. When her boyfriend sustains fatal injuries after being hit by a car which fails to stop, she discovers that managing her own emotions and taking responsibility for them is a very grown up thing to do.

Bereaved Children and Teen: A support guide for parents and professionals

A Grollman (Ed.) 1995, Beacon Press

Fourteen different authors contribute their own expertise to this book. The style is straightforward. It is a very useful resource for any parent or teacher at a loss as to how to help a grieving child or teenager. A wide spectrum of issues is covered, including how grief affects young people. Activities are suggested that may help young people gain insight into different faiths, customs and beliefs about death. Very readable.

Caring for Bereaved Children

Mary Bending 1993, Cruse Bereavement Care

A short practical booklet in which ways of explaining death to children of different ages is discussed together with a section on how children think and feel about death. There is a short chapter on violent or unexpected death. The book is an excellent starting point for any parent or teacher. Very easy to read.

Available from: Cruse Bereavement Care, 126 Sheen Road, Richmond, TW9 1UR

Coping with bereavement: A Handbook for Teachers

J Holland 1996, Cardiff Academic Press

Covers children's perceptions of death, opportunities for exploring death through the curriculum and how to react to a death within the school community.

Emma Says Goodbye

Nystrom, C (1996), Oxford: Lion

Gill's family are Christian. When her aunt who has terminal cancer comes to live in her home, Gill finds she is angry with God and confused about things like death and suffering. An excellent story with a real-life storyline.

Helping children cope with grief

Wells, R

Includes suggestions for primary school teachers.

Interventions with bereaved children

Jessica Kingsley 1995, Pennells M and Smith S (Ed.)

Covers different approaches and includes a chapter on managing tragedy in a secondary school.

It Hurts: A Resource Bank on Loss and Grief 1999 Youth Clubs UK

Includes guidelines on facilitating activities about loss and grief and how bereavement impacts on young people. Brief information about the nature of loss and grief and 11 photocopiable learning activities are included.

Available from: Youth Clubs UK Tel: 0207 2424 045

e-mail: youthclubs.uk@ukonline.co.uk

Killing the Demons

Ashton, J (1995), London: Puffin

Samantha survives a road traffic accident in which her brother dies, but she has sustained bad injuries and will be confined to a wheelchair. She does not believe that life will be worth living again, but after she moves to Wales and makes new friends, her quality of life begins to improve.

Loss, Death and Grief Child Bereavement Trust

An interactive educational pack on loss, death and grief for use at home or in school. Designed to accompany the video Someone Died – It Happened to Me. Suitable for primary schools, it contains activities to enable children to explore and express their feelings.

Memory

Mahy, M (1995), London: Puffin

A powerful about Jonny whose sister dies and how he sets out to find her best friend.

On the death of a child

Hindmarch, C, Radcliff Medical Press 1993

Guidelines for the support of both adults and children affected by a child's death.

The Forgotten Mourners

Pennells M and Smith S, Kingsley 1995

Concise guidelines for supporting bereaved children, including a section on what teachers can do and a useful resource section.

See ya Simon

Hill, D (1995), London: Puffin

Simon is life-limited because he is coping with the advanced stages of muscular dystrophy. His friend, Nathan, is determined he will make the very best of the life which he has left. The two lads come to value the meaning of loyalty and friendship.

Someone Died – It Happened to Me Child Bereavement Trust

A video. Children and young people aged 7-18 years talk about their feelings when someone important to their lives dies. This moving video would make a good basis for a class discussion. It is essential that it is viewed by the teacher first.

Talking about death

Grollman, EA, Beacon 1990

A guide for adults on how to talk to children about death with a read-together section for the adult and child (under nines).

The Grieving Teen: A guide for teenagers and their friends

Helen Fitzgerald 2000, Simon & Schuster

Using a clear and accessible format, this book guides teenagers through many aspects associated with a death. Although written about and for teenagers, teachers will find it gives them an insight into how young people may react to a family death or the death of a friend. Different types of death, including terminal illness and suicide are covered. The book could be used as a basis for PSHE/PSD lessons.

Then and Now

Hughes, B (1992), Birmingham: Women's Press

Soon after Felicity's father dies in the Falklands war, her mother remarries. The story tells of the love of a young daughter for her dead father and the conflicting emotions, which she feels when her mother becomes pregnant. An excellent moving story.

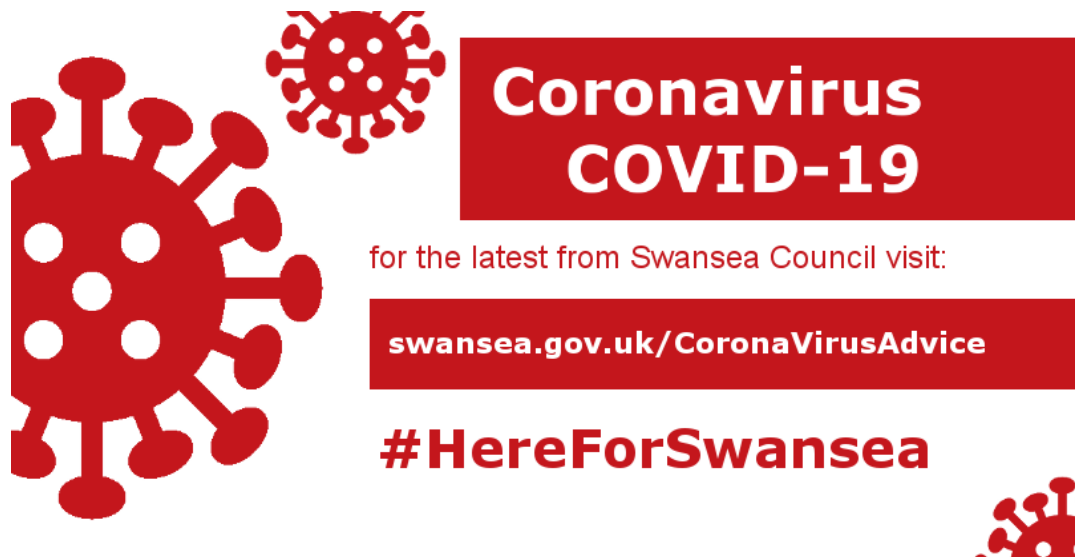
When a child in your school is bereaved The Compassionate Friends

A very worthwhile organisation that lends a while range of books on death and bereavement. Available by post Tel: 01179 665 202

Words of Stone

Henkes, K (1995), London: Red Fox

Blaze cannot remember his mother because she dies when he was a baby. He grows up with his father and his grandmother and has always been frightened of confronting or expressing his feelings. Joselle is a special friend who helps him to reflect on who he really is and to accept his emotions.



Multi-Cultural Issues

Assuming that all individual members of a certain culture think, believe and behave exactly alike can result in stereotyping and an insensitive, approach to bereavement and loss. These factors need to be considered when dealing with grieving children, young people and their families. There is a growing awareness that certain minorities may be more vulnerable to the catastrophic impact of Covid 19 with research on the impact on vulnerable groups being conducted by Public Health.

Resources

Caring for Dying People of Different Faiths

Author: Julia Neuberger

Now in its third edition this book covers the practical and ethical issues surrounding caring for people with different faiths. It outlines the various cultures of Jewish, Islamic, Hindu and Buddhist faiths, which are of relevance to health and healthcare, and gives practical advice on providing care in a culturally appropriate manner. Considerably expanded and now including a new chapter on Humanism, it will be essential reading for all healthcare professionals, including doctors, nurses, and other hospital and hospice staff treating people with different faiths.

Palliative Care for South Asians: Hindus, Muslims and Sikhs: A Practical Guide

Author: Rashid Gatrad, Erica Brown and Aziz Sheikh

This book aims to describe the needs of palliative care patients from south Asia minority ethnic and faith traditions. Chapters include: Understanding diversity in context, Palliative care needs of south Asians – similarities and differences; Muslims; Hindus; Language of religious symbolism.

We Need to Talk About the Funeral: 101 Practical Ways to Commemorate and Celebrate Life

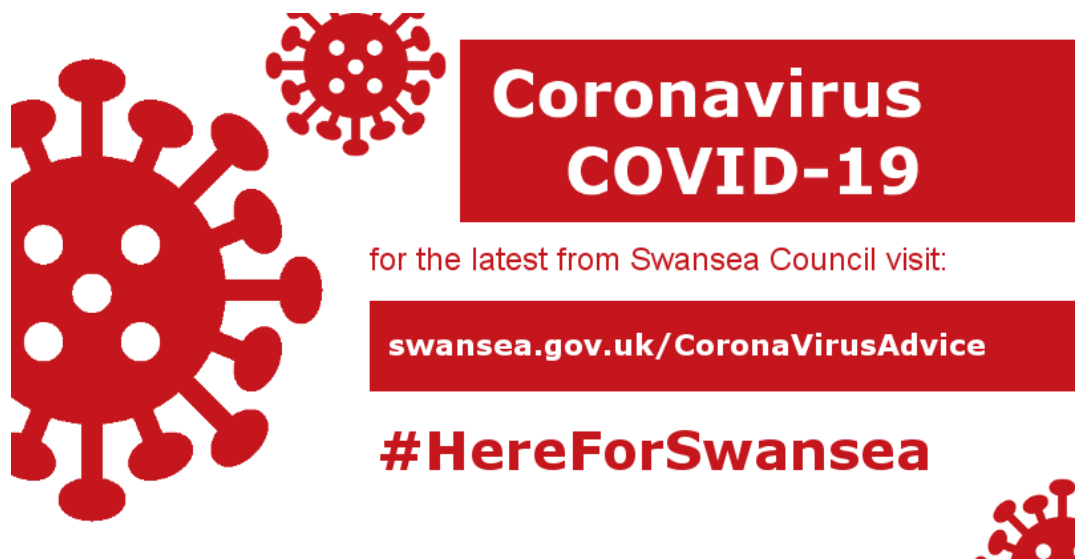
Author: Simon Smith and Jane Morell

This book informs about the wide choices available when arranging a funeral. It offers guidance about how to make a funeral ceremony that both commemorates and celebrates a life, and provides comfort, inspiration and good memories.

Interesting summary of examples of culturally specific perspectives on grief:

<https://memorializeme.com/preparing-for-death/cultural-differences-in-dealing-with-death/>

<https://www.ifs.org.uk/publications/14827>



Supporting bereaved children and young people with Autistic Spectrum Difficulties (ASD) and other Neurodevelopmental Conditions

Just like other children, those with autistic spectrum difficulties (ASD) will need their grief both recognised and understood and opportunities to express how they feel. Because of the nature of their difficulties, children with ASD may not respond to the death of someone close to them in the same way as other children but this does not mean they are not grieving. They may have specific problems in conceptualising death and the rituals that surround it as a result of their information processing difficulties and problems in understanding hypothetical events. Other difficulties may relate to:

- **Mindblindness** - difficulties in seeing things from another's point of view, this may make it hard for them to understand others' feelings and behaviours and fail to realise others can help.
- **Information processing** – have difficulties in understanding the rituals surrounding a death and in understanding the implications of a death e.g. that because someone has died, this means they will not be there at the weekend, to take them to school or be there to celebrate a birthday
- **Language and communication** – may have difficulty understanding the abstract concepts involved, unless others use clear, specific and concrete language, and may have difficulty in communicating feelings and in asking for support

- **Preoccupations** – these may become exacerbated or more intense due to anxiety.
- **Imagination, time perception and memory** – may lead to a difficulty in understanding the impact of a death e.g. changes to routines and anticipating how things might be in the future and in comprehending events outside their previous experience.

As well as suffering the loss of the person that has died, children with ASD can be further distressed by all the changes that might happen in their day-to-day lives as a result of the bereavement.

It can be difficult to discuss death and bereavement and to help a child/young person or adult with autism to cope with a death. Every autistic person and their level of understanding is different. You will need to adapt any approach or guidance for the person concerned.

Swansea Educational Psychology Service have put together this document on supporting children and young people with neurodevelopmental conditions such as Autism Spectrum Disorder, including advice on how to prepare the child or young person, explain illness, death and religious practices, recognise grief and ways to remember the person who has died.

Involving and preparing

Preparing for loss in advance

If it is known that the death of someone close is expected, children can be prepared in advance and in a more gradual way. The child may need to be prepared for visits to a hospice or hospital, if this is possible. In these circumstances it is particularly helpful if they can be forewarned of changes, for example in the ill person's appearance (how they might sound, look, feel to the touch etc.) or for any other changes in everyday activities and routines that might result.

- Try to keep to normal daily routines as much as possible.
- Use clear, concrete language, avoiding euphemisms and abstract ideas.
- Explain any predicted changes in routine in advance, giving details about who will be doing what and when.
- Use pictures and photographs to explain what will happen and when and how e.g. of the hospice, of the taxi that will take them to school/swimming from now on.
- Use calendars or other visual means, say to chart hospital visits, also including significant positive events such as visits to the park.
- It can be helpful to develop rituals to mark death, such as lighting a candle when an animal dies. The same ritual can then be used when a person dies.

Explaining illness

You will need to decide how much detail is appropriate, but if a friend, member of the family or school community is ill, it is better to explain:

- what is happening;
- why they keep going to the doctors or spending time in hospital;
- any change, or expected change, in the person's appearance;
- the progression of the illness, by charting a timeline alongside other significant events such as birthdays, school play, or holiday; and
- any changes in routine.
-

This will remind the person about those things in their life which may remain the same.

When a bereavement has occurred

When a death has occurred, a child may need help in understanding the concept of death as well as opportunities to express their grief.

- Answer the child's questions as they arise – which may mean answering the same questions repeatedly. Answer simply, and honestly, and at an appropriate level for the child's understanding. Give enough information to answer the child's question, but without adding a confusing amount of detail.
- Use lots of examples to explain the non-reversibility of death, but in a way appropriate to the child's understanding. Where possible, use pictures and real objects. Try to take a biological approach that is practical, clear, and visual, with concrete examples e.g. comparing a dead fish with a live fish, observing flowers wilting and dying.
- Prepare the child for ceremonies or rituals that they may be part of by visiting the relevant places beforehand, using photographs and drawing up an explanatory story using words and pictures that will explain what is happening. Detail what the child is expected to do, and show both what other people will be doing and saying, and what will be happening around them.
- For further details on how to draw up a social story visit The Gray Centre www.thegraycenter.org/social-stories/what-are-social-stories either or the Autism Network www.autism.org.uk/Living-with-autism/Strategies-and-approaches/Social-storiesand-comic-strip-conversations.aspx
- Help the child to learn how to recognise different feelings and emotions in themselves and others as well as learning appropriate ways of expressing their feelings. You can do this by using everyday situations and events to point out different emotions in other people (e.g. on TV programmes, in magazines and stories) by using consistent and simple language to label emotions from the child's own experiences and by using pictures. Using pictures is particularly helpful for children with ASD and a "feelings thermometer" can help a child express the intensity of an emotion. You can do this by drawing a picture of a thermometer with a rating scale up the side. Encourage the child to show where he is on the scale to rate the strength of their anger/sadness/worry. Similarly using a picture of a volcano to illustrate anger and how it sometimes "boils over" can be helpful.
- Using the 'comic strip conversations' technique can help others understand what a child is thinking and feeling and can provide the opportunity to discuss things that the child might otherwise find difficult. This strategy can help identify misunderstandings and highlight emotions that have perhaps not been overtly expressed or that have manifest in other ways.

Explaining death

Your explanation of what death is will be determined by your own beliefs and values. You could explain death within a life cycle, possibly using insects, plants or animals to demonstrate this (Allison 2001). This biological approach is practical, clear, and could be presented visually. You could even use real insects or flowers to demonstrate the difference between living and dead.

Be careful about the language you use. Avoid euphemisms such as “gone to a better place”, or “we’ve lost Grandma”. These may be taken literally. For example, if you describe death as “like going to sleep”, the person may become scared of going to sleep at night. Something simple such as “sometimes people's bodies become worn out and stop working” may be appropriate. If they want to know what this means, or how it will affect their lives, you could say that they “will not see Grandma again”.

In the case of a sudden death, you may need to reassure the autistic person that this will not happen to them, and how you know this. You could say that usually only much older people die or those who may have complicated health conditions die, and it is rare for children or people younger than that to die. However, if you do use this, think very carefully about the likelihood of them experiencing a younger person's death.

Religion, ceremony and ritual

Explain any spiritual or religious practices that your family observe at the time of death. Within the context of social distancing, this might include visiting in advance the place of worship or looking at photographs of it, or place where any ceremony will be performed, speaking to the person leading the observance, and introducing the person to any other unknown practice. Within the context of Covid 19, funeral services have had to be adapted and this will need to be clearly explained to the child or young person.

It may help to establish a ritual within the family when someone dies, whether this is a pet, family member, friend or even a personality on TV. This ritual might be lighting of a candle, while everyone thinks about the person or animal who is being remembered. This will give the person a particular routine to follow and will may lessen any ‘socially inappropriate’ responses to the announcement of a death.

Recognising grief

You may not recognise the child or young person's displays of grief, but any difference in their behaviour may be an expression of their confusion and loss. These behavioural changes may occur immediately, or a long time after the death. You may notice a reoccurrence of these or other behaviours at significant dates after the death, at an anniversary, Christmas or birthdays. There are recognised approximate stages of bereavement (Allison 2001).

- Shock, numbness, denial.
- Despair, turmoil and acute grieving. This can include anger, guilt, anxiety, fear, panic, depression, pain, appetite disturbance, breathlessness, illness, increased need for sleep, sleeplessness, hyperactivity, nightmares, regression, loss of skills.
- Recovery, including acceptance, resolution of grief, when the bereaved can think of the deceased without pain or anger and can recall the times they had together in a positive way.

These stages may merge together, and not everyone will experience all of them. The child/young person may experience confusion over why they do not see the person any more, or anxiety about why members of the family seem to be acting differently.

You could use a social story to explain how people become upset and cry when someone has died, and perhaps that it is okay that they have/have not cried.

Obsession with death

Many autistic people have obsessions and the child/young person may become interested in or obsessed with death.

Remembering the person who has died

When it is appropriate, you might also consider making a 'Memory Book' (Allison 2001). This could be a book or box which is used as a record and reminder of the individual who has died and the role they had in the person's life.

It could also be used more generally to highlight other significant moments, such as family holidays, birthday celebrations or changing schools. This could help to put the death in a more general context of life progression, as they can see previous homes, pets and friends which they no longer encounter.

The Memory Book or box is something which they can add to throughout their lives. It can also be a valuable resource for any person or professional who becomes a part of the autistic person's life, as they would instantly be able to see what and who is important to this person.

Helping children understand

The following website has helpful information for children about Covid-19.

<https://krisepsykologi.no/what-can-we-say-to-children-about-coronavirus/>

Carol Gray has opened her resources to free access and her social story for Covid 19 is useful.

<https://carolgraysocialstories.com/wp-content/uploads/2020/03/Pandemics-and-the-Coronavirus.pdf>

Books and resources

There is very little written specifically for children with autistic spectrum disorders who have been bereaved but the following may be helpful:

Books Beyond Words: When Somebody Dies by Hollins, Blackman and Dowling

Using pictures, the book tells the story of Mary who is very upset when someone she loves dies. John also loses someone he is close to and is shown learning to cope better with life.

Published by the Royal College of Psychiatrists

www.rcpsych.ac.uk/publications/booksbeyondwords/bbw/1901242900.aspx

Books Beyond Words: When Mum Died, also ***When Dad Died*** by Hollins, Sireling and Webb

Both books take an honest and straightforward approach to death and grief in the family.

The pictures illustrate the death of a parent in a simple but moving way. Published by the Royal College of Psychiatrists.

www.rcpsych.ac.uk/publications/booksbeyondwords/bbw/1904671039.aspx

www.rcpsych.ac.uk/publications/booksbeyondwords/bbw/1904671047.aspx

Hand in Hand

Supporting children and young people who have a learning difficulty through the experience of bereavement. A resource pack with practical ideas including a section on using symbols to explain death and funerals.

Published by SeeSaw

www.seesaw.org.uk

Death, Bereavement and Autistic Spectrum Disorders

Available from the National Autistic Society Information Centre

www.autism.org.uk/en-gb/living-with-autism/athome/death-bereavement-and-autism-spectrum-disorders.aspx

Autism and Loss

A complete resource including fact sheets and practical tools suitable for use with adults and children. Available from Jessica Kingsley publishers

www.jkp.com

Helplines

Autism Helpline

The Autism Helpline provides impartial, confidential information, advice and support for autistic people and their families.

Tel:	0808 800 4104 (open 10am-4pm, Monday-Thursday, 9am-3pm on Fridays)
Text:	07903 200 200 (to request information packs only)
Minicom service:	0845 070 4003
Email enquiry service:	visit www.autism.org.uk/enquiry and complete the online form

Winston's Wish

Information and helpline

<https://www.winstonswish.org/>

The Child Bereavement Trust

Information and Support

01494 446648

www.childbereavement.org.uk

ChildLine

01792 480111

www.childline.org.uk

Cruse Bereavement

01792 462845

www.cruselochaber.freeuk.com/youth.htm/

Survivors of Bereavement by Suicide

Confidential National Helpline

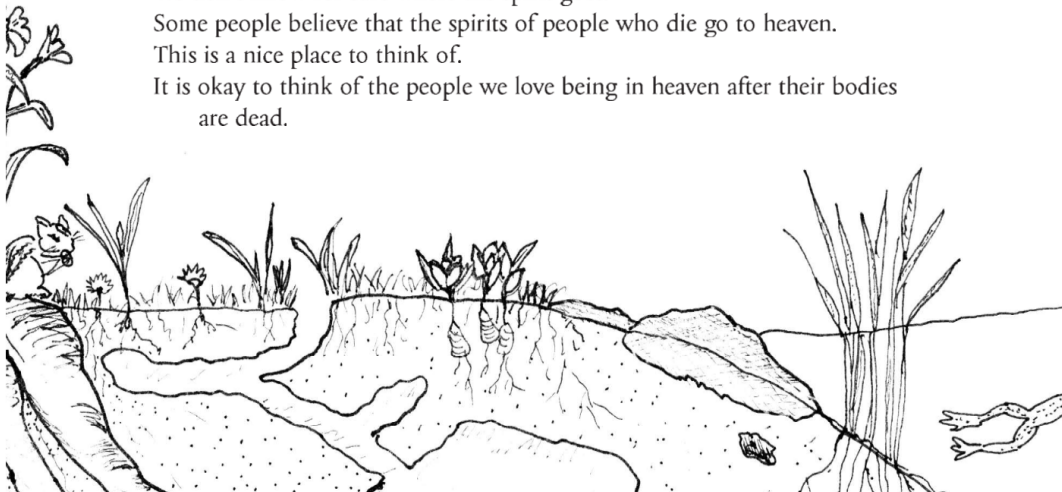
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When People Die

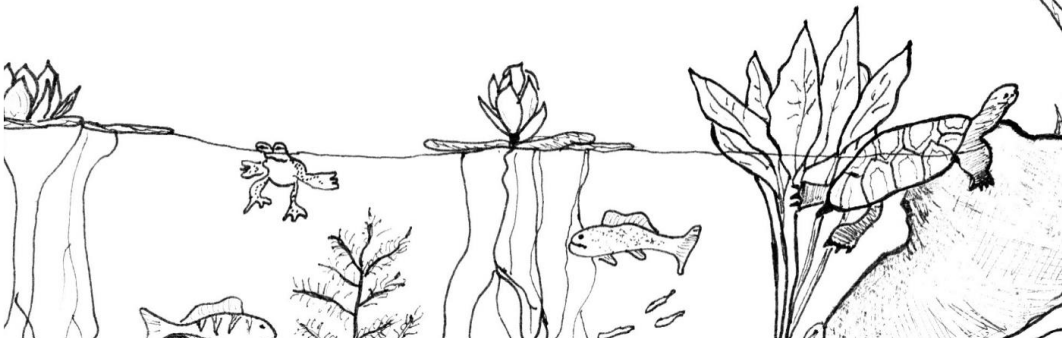
(A very short story about death)

Everything that lives must die.
Flowers die, trees die, animals die, and people die too.
Dying is a part of life.
People die when their bodies stop working.
This means they do not breathe air anymore.
Their heart stops beating and pumping blood through their bodies.
When people are dead, sometimes they look like they are asleep, but they are not asleep.
The body is there, but it does not wake up.
The body does not need to sleep.
It does not feel pain anymore.
It does not feel cold or hot anymore.
It does not need to eat or drink anymore.
When we see the body, it seems like the person we know is not in that body anymore.
Some people say that the real person we know is not the body, but the "spirit."
Our bodies hold our spirits while we are alive.
When our bodies die, our spirits leave our bodies just like we can leave a house.
The spirit leaves when the body stops working.
The spirit goes somewhere else.
We don't know for sure where the spirit goes.
Some people believe that the spirits of people who die go to heaven.
This is a nice place to think of.
It is okay to think of the people we love being in heaven after their bodies are dead.





Heaven would be a very happy and safe place to be.
It is okay to feel sad or even angry when someone we love dies.
When someone we love dies, we miss them.
It is okay to miss the people we love.
When we feel sad or angry we can talk about how we feel with friends,
family or others we trust.
We can always remember the people we love who have died.
We can tell other people about them.
We can talk about the fun things we did, the games we played, or the places
we visited.
We can look at pictures of them, and pictures of us together when they were
alive.
We will always miss them.
We will always love them.
It's okay to be sad sometimes.
It's okay to cry sometimes.
But we can be happy too, and it's okay!

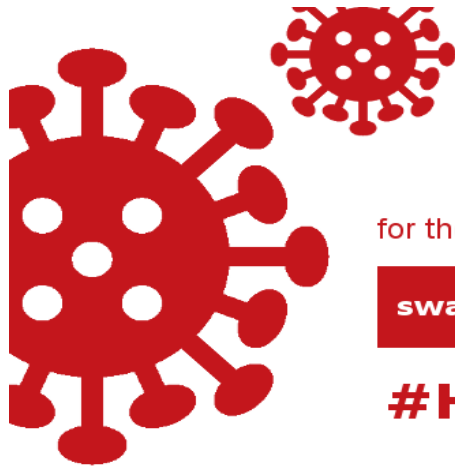


Thinking About My Feelings

It can be very helpful to understand more about your own feelings and experiences. This can be true at any time in your life. Having a greater understanding of your feelings can help you be a more satisfied person. When we are grieving, many of our feelings are very difficult to understand. The following exercise can help you to better identify your own feelings and experiences. It can also help you to be able to share them with others. Circle or check off (tick) any of the following things that are true for you since your loved one died.

1. ☐ My feelings have been overwhelming.
2. ☐ I have not felt very strong feelings.
3. ☐ I have felt confused.
4. ☐ I have been worried.
5. ☐ I have felt sad.
6. ☐ I have felt frustrated.
7. ☐ I have felt angry.
8. ☐ I have felt afraid.
9. ☐ I have had difficulty concentrating or thinking.
10. ☐ I have been in physical pain.
11. ☐ I have felt guilty.
12. ☐ I have felt tired.
13. ☐ I have felt happy.
14. ☐ I have felt calm.
15. ☐ I am not able to keep track of things in my life.
16. ☐ I do not like thinking about the person I love who has died.
17. ☐ I want to think about the person I love who has died.
18. ☐ I sometimes forget that the person I loved has died.
19. ☐ I have had problems sleeping.

- 20. ☐ I have had problems with eating.
- 21. ☐ I have had problems with seeing, hearing, smelling, or tasting things.
- 22. ☐ I have had problems with how my clothes fit, how things feel against my skin.
- 23. ☐ I have had other kinds of physical problems or feelings that I can't explain.
- 24. ☐ I want to talk about how I feel, but do not know how.
- 25. ☐ I have not felt or experienced any of the above.
- 26. ☐ I do not know how I feel.
- 27. ☐ I want to talk more about some of the things I checked above.
- 28. ☐ There are things I feel or have experienced that are not on this checklist.
- 29. ☐ There are things that I want to know about _____'s death.
- 30. ☐ I do not want to know any more information about _____'s death.
- 31. ☐ I don't know how things will change since _____ died.
- 32. ☐ I am worried about how things will change since _____ died.
- 33. ☐ I want someone to talk with me about the changes in my life that may happen now.
- 34. ☐ I know who I would like to talk with.
- 35. ☐ I would like to talk to _____.



Coronavirus COVID-19

for the latest from Swansea Council visit:

swansea.gov.uk/CoronaVirusAdvice

#HereForSwansea



Post-traumatic stress disorder (PTSD)

The following information is summarised from “Recognising PTSD in Children”, a factsheet from Nip In The Bud (<https://nipinthebud.org/child-mental-health-conditions/recognising-ptsd/>)

PTSD is a mental health disorder that may develop after exposure to exceptionally threatening, frightening events or traumas. 75% of children and young people are exposed to a traumatic event by the end of adolescence. Most of these children recover over time with support from their family and others around them.

Following a traumatic event, children may experience a range of emotional reactions including:

- upsetting memories of the event;
- changes in thinking or attitude;
- changes in their body after trauma;
- mood changes; and/or
- avoidance of upsetting memories.

If these symptoms persist for more than a month, then they may have developed diagnosable PTSD and will require further support from mental health professionals.

Risk factors which may make a child or young person more vulnerable to PTSD include:

- severity of exposure;
- thinking that they or those around them will die;
- belief that they cannot cope;

Parents and other adults should look out for changes in sleep patterns, and/or problems with moodiness/irritability. Adults need to ask the child directly about how they have been affected, as children may be reluctant to talk about the trauma spontaneously. Adults should never force a child to talk but reassure children that they are available to listen and help.

Post-traumatic growth

The following information is summarised from a blog post by Adena Bank Lees (<https://www.psychologytoday.com/intl/blog/surviving-thriving/201904/posttraumatic-growth?amp>)

Experiencing trauma can lead to positive life changes. These include greater appreciation of life, stronger relationships, recognition of new life possibilities, increased personal strength and spiritual change. This is more than just “bouncing back” from adversity; it is when a person experiences noticeable positive changes as a result of processing and making meaning from the trauma.

It is important that someone who has experienced trauma is given space to talk about their suffering, rather than others rushing to offer solutions. By reflecting on the traumatic experience, and how they coped with it, people can begin to recognise how they have changed. For example, they may say:

- I discovered that I’m stronger than I thought I was.
- I know better that I can handle difficulties.
- I changed my priorities about what is important in life.

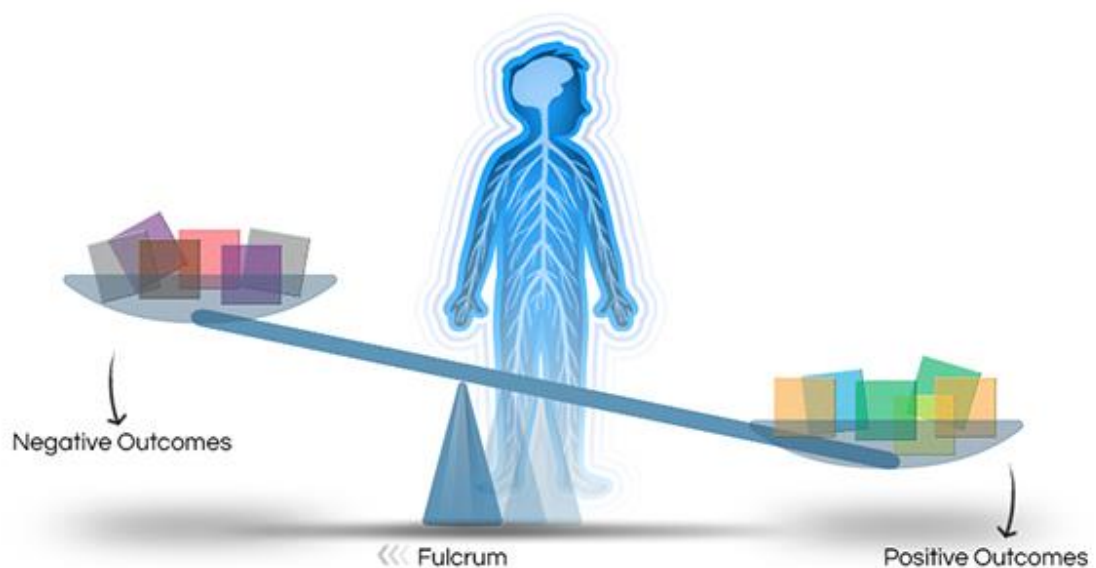
With children and young people, story writing can be an effective tool for supporting post-traumatic growth. Every time we describe our life's events, we are both providing and discovering underlying patterns of meaning. It is the meaning we make of our experience that shapes how we feel, think, and respond. Story writing allows children and young people to consider the different stages of the experience, from the original trauma, through their present feelings, and into the future. Their story could take the following structure:

- Once upon a time... (wounding)
- Some time later... (present)
- The story changed when... (vision)

Developing Resilience in Children

(Summary from Center on the Developing Child – Harvard University)

Some children develop resilience while others do not. Understanding why some children do well despite adverse early experiences can help us to understand how to help more children to thrive emotionally and reach their potential. This is especially important in times of adversity such as the current pandemic.



Over time, the cumulative impact of positive life experiences and coping skills can shift the fulcrum's position, making it easier to achieve positive outcomes.

Factors which influence children's resilience

- The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult.

These relationships provide the personalised responsiveness, scaffolding, and protection that buffer children from developmental disruption. The foundation of resilience is built upon the combination of supportive relationships, adaptive skill building and positive experiences.

Children who have such experiences are then able to practice important skills which reinforce their ability to plan, monitor and regulate behaviour. They can then respond adaptively to adverse experiences and thrive.

- Children who do well in the face of adverse experiences also typically have a biological resistance to adversity **and** strong relationships with the important adults in their community.

Research has shown there are a Common set of factors which predispose children to positive outcomes in the face of significant adversity. These include:

- supportive adult child relationships;
- a sense of self efficacy and perceived control;
- having opportunities to practice adaptive skills and self-regulation; as well as
- accessing sources of faith, hope and cultural traditions.

Learning to cope with manageable threats is critical for the development of resilience. Positive stress, experiencing manageable stress with the help of supportive adults, can be growth promoting.

Strengthening Resilience

Although early development lays the foundation for a wide range of resilient behaviours it can be strengthened at any age. Helpful activities include:

- health promoting activities including regular physical exercise;
- activities that relieve stress such as mindfulness;
- programmes which develop executive function and self-regulation.

Further Activities promoting connectedness and resilience

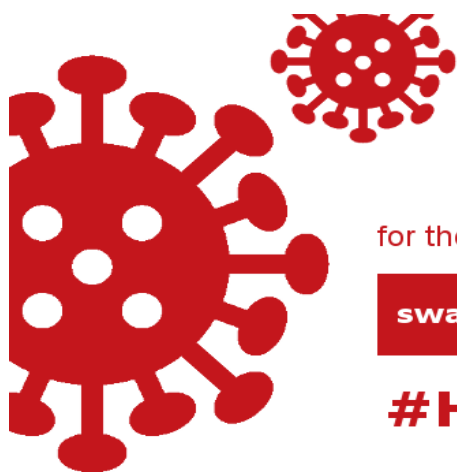
Many activities and further ideas can be found in the attached resource



2020 Transition
Recovery and Learning

Contact Us

Childcare settings	Educational Psychologist	Email	Phone Number
Bishop Gore	Philip Monaghan	Philip.Monaghan@swansea.gov.uk	07740856146 07471145429
Bishop Vaughan	Bernita de Wet	Bernita.dewet@swansea.gov.uk	07471145432
Birchgrove	Alison Griffiths	Alison.Griffiths@swansea.gov.uk	07471145431
Bishopston	Deborah Hutchinson	Deborah.Hutchinson@swansea.gov.uk	07740856146 07471145429
Bryn Tawe	Helen Osborne	Helen.Osborne@swansea.gov.uk	07471145433
Cefn Hengoed	Kathryn Bailey	Kathryn.Bailey@swansea.gov.uk	07471145429
Dylan Thomas	Sian Mitchell	Sian.Mitchell2@swansea.gov.uk	07880182730
Gwyr	Helen Osborne	Helen.Osborne@swansea.gov.uk	07471145433
Gowerton	Linda Fulford/Alison Griffiths	Linda.Fulford @swansea.gov.uk Alison.Griffiths@swansea.gov.uk	07471145428 07471145431
Morriston	Susan Sheridan	Sue.Sheridan@swansea.gov.uk	07471145427
Olchfa	Deborah Hutchinson	Deborah.Hutchinson@swansea.gov.uk	07740856146 07471145429
Pontarddulais	Philip Monaghan	Philip.Monaghan@swansea.gov.uk	07740856146 07471145429
Penyrheol	Sian Mitchell	Sian.Mitchell2@swansea.gov.uk	07880182730
Pentrehafod	Linda Fulford	Linda.Fulford @swansea.gov.uk	07471145428
Penybryn	Sian Mitchell	Sian.Mitchell2@swansea.gov.uk	07880182730
Crug Glas	Bernita de Wet	Bernita.dewet@swansea.gov.uk	07471145432



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