

Practice Paper
**Supporting children and young people
in care through transitions**

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Introduction

I didn't know where we were going until we got there. It was, because we drove from A to B and had no idea where we were going. I thought we were going to some sort of institution or something. I was very, very scared for that time. Yeah, it was the lack of explanation of what is happening and the understanding. Like I mean you have got no say but at least you should know what is happening because you do get very, very scared (Young person quoted in Mason and Gibson 2004: 35).

I had three foster home placements in two years after I was taken into care and I then ended up in a children's home. I hadn't much of a clue as to where I came from and none about where I was going (Young person quoted in Bullock, Gooch and Little 1998:74-75).

To work effectively with children and young people in out-of-home care, officers must understand two key facts. The first is that transition is at the core of out-of-home care (McIntosh 1999). Recognising that each and every child who enters care experiences many major transitions is critical to effective practice. A child entering care undergoes some obvious transitions, such as the move from home to a new residence and different carers. Often, they enter a new school and may move from their local area to a new and unfamiliar community. Alongside this, children usually negotiate more subtle transitions, such as changes to their daily routine, a shift in their relationships and attachments, and adjustments to the roles they assume within their family and social interactions. Indigenous children may also experience a strong sense of cultural dislocation. The initial transition to care is hugely significant for children and they often experience feelings of confusion, anxiety, sadness and fear. Yet this may only be the beginning, with some children moving through a number of placements while in care, despite efforts made to minimise the number of transitions. Transition is unavoidable for children in care.

The second key fact is that the effects of significant or repeated transitions upon children can be profound. Each period or point of transition creates vulnerability for a child in and of itself, and **always** brings some type of loss, even where the transition protects a child from harm. Where a number of significant transitions occur, the cumulative effects of loss and disruption to relationships, attachments, identity and security may be highly detrimental to the child. Children have revealed their experience of losing “pieces of self” in placement moves, losing “a sense of themselves as being wanted, connected” and “all sense of familiarity, self-agency, capacity to be soothed and any sense of being in control” (McIntosh 1999:30). Indigenous children in the care system can lose their sense of connection with community and culture with serious impacts for their identity and well-being. Sometimes the negative effects that children experience are increased, or even introduced, by the system losing sight of the child at the centre of the action and prioritising the needs of adults – parents, carers and workers.

The purpose of this practice paper is to inform and equip departmental officers to support children and young people through the key transitions commonly experienced in out-of-home care such as:

- the initial transition from home to out-of-home care;
- placement moves within care; and
- leaving care.

Sensitive and informed practice can avoid some negative effects for children from these transitions while others can be anticipated and proactively addressed. Research suggests that attention to how transitions are managed for children and young people in care can mitigate trauma and loss and may even have some therapeutic effects (McIntosh 1999).

Definitions

Transition, by definition, is both the process of change and the period of such change (New Pocket Oxford 2001).

Transition: the needs of children and young people in care

Transition creates two tasks for departmental officers:

- to directly support children and young people to cope with a process of change, **for as long as it takes**; and
- to mobilise others significant to the child to do the same (parents, relatives, carers, teachers, friends and other professionals) **for as long as it takes**.

To accomplish these tasks, departmental officers need a framework that gives them an understanding of a child and young person's needs at transition. Contemporary thinking in the areas of attachment, resilience, loss and grief, informed by knowledge from participatory research studies, provides a solid basis for understanding four key needs of children and young people in coping with the transitions they inevitably face in care:

1. Needs created by loss and grief

Change generally involves both loss and opportunity. A move to a new placement may often create substantial loss for a child despite securing that child's safety. A key element in supporting a child or young person is to recognise that a child negotiating a major transition is a grieving child. The losses sustained by a child or young person in transition and his/her individual reactions must be sensitively responded to if the transition is to prove successful. However, adults around the child or young person can easily miss doing this for a number of reasons. These include:

- not recognising the full extent of a child's losses - failing to recognise less obvious losses such as the loss of familiar surroundings, familiar activities and routines, belongings, pets and separation from friends (Mason and Gibson 2004; Jarratt 1994);
- not understanding the impact of loss and grief upon a child's feelings and consequently their behaviour (Daniel, Wassell and Gilligan 2002). For example, it is not uncommon for workers to believe that a child has managed a significant placement change without any problems, only to be puzzled by the emergence of behavioural issues three or more months later. These are often labelled 'testing' behaviours to be addressed by behaviour management strategies with little recognition of the behaviours as a grief reaction (Jarratt 1994);
- adults being caught up in dealing with their own loss and grief, which makes it difficult for them to prioritise and respond to the child's needs (this often applies to parents, extended family and carers);
- preferring to emphasise the benefits to the child from the transition (often done by workers and carers). In doing this, concerned adults may be misguidedly trying to 'soften the blow' by focusing on the positives. Sometimes a child's situation can trigger strong feelings for adults, making it difficult for them to deal with the child's sorrow; and
- adults can feel awkward talking to children and young people about their losses (particularly where a strong relationship does not exist) or they may fear that children are too fragile, too young or too upset to talk about these. Where children and young people seem to be doing well, adults may fear they will 'upset the applecart' if issues of loss and grief are raised:

Children normally take in what they can understand or are ready to understand: what is too much or beyond them is likely to come up later when they are older or more emotionally ready to accept it Often children will lead the way, showing what they need and when. Listen to their questions and let them serve as a guide to what the child might be thinking or needing to hear (Jarratt 1994:6).

2. The need for continuity in relationships, circumstances and activities

Once workers and carers recognise that transition is a core experience for children and young people in care, their need for continuity becomes clear. Continuity has been defined as ‘the absence of serious disruption to the child’s networks of relationships, their personal and cultural identity and their education and health care (Jackson and Thomas 1999:19 cited in Gilligan 2001:13). The concept of continuity is an important one, particularly for children in their early years. This idea of continuity should not be confused with stability, which relates more to the child or young person staying in the same placement with the same people. In seeking to clarify the concept of continuity Gilligan explains:

‘...if one transplants a tree or plant, it is usually seen as a very delicate process... A key factor [to success] may be keeping the roots in familiar soil, so the tree may change place but not soil. For the young person, remaining in familiar “emotional soil” in terms of the continuing ties to family, network and culture may be very important to sustain growth and development in the new placement’ (2001:13-14)

For children in care, continuity is a concept that conveys a sense of important relationships, attachments, connections and activities continuing over time, despite a change in placement and situation. It requires that efforts be made to keep at least some things the same in the child’s life, whenever a child or young person is undergoing significant change. For example, if a child is changing placement are they able to attend the same school? If not, are they able to take the same subjects or play the same sports at their new school? Can they maintain their friendships with some children from their former school?

Australian children and young people in care have themselves articulated continuity of important connections with family, friends, former carers, pets and places as a critical need (Mason and Gibson 2004). Indigenous children, for cultural and historical reasons, have a specific need for continuity of their connections with community, culture, traditions and place.

A central tenet of both attachment and resilience theories is that physical and emotional ties and enduring relationships can create a secure base for children and young people. This secure base both supports exploration of the world and provides a place of retreat when in crisis (Daniel, Wassell and Gilligan 2002). This suggests that continuing relationships with family, friends and other people significant to the child, and continuing connections to familiar environments and activities, can help children in care to better cope with the exigencies of transition and minimise negative effects. Children and young people need to be able to retreat to the familiar to cope with the unfamiliar:

‘Like mountain climbing, transition is precarious and one must never let go of a secure footing before the new one is established.’ (McIntosh 1999:32)

3. The need for voice, power and choice in their own lives

The benefits from children and young people taking part in decision-making about their life are now well established (Gilligan 2001). Legislation and policy require child protection workers to take a participative approach to practice that facilitates the involvement of children and young people in decisions that affect them throughout their time in care.

This is even more essential at times of transition for children and young people in care. When undergoing significant transitions children and young people have a critical need for voice, power and choice in their life. In this context, agency refers to a way of exerting power or instrumentality, that is, children having the capacity to exercise choice about the decisions that affect them.

Without these needs being addressed, children and young people can feel powerless and anxious, even frightened about what is happening to them and confused about why it is happening. They may feel a sense of being ‘lost’ from all that is familiar or important to them and feel unable to remedy this, because of their lack of control.

Australian research by Mason and Gibson (2004:71) with children and young people in care, found that they recognise the importance of making choices (agency), having access to information and being heard. They refer to this as children and young people prioritising their need for agency, information and voice as outlined below:

- **agency:** to contribute to making choices and determining decisions about their own lives and to have this right acknowledged and actively supported in practice;
- **information:** about themselves, their family, their history, their current circumstances and what is going to happen. This helps young people to understand their situation and the people around them and feel that they are equipped to influence or control, to some degree at least, what is happening in their life;
- **voice:** to be heard and listened to by adults about how they feel, what they think, what they know. Children need real support from adults to find their voice and articulate their feelings, thoughts and opinions, not tokenistic approaches to participation. If this doesn’t occur and they cannot make themselves heard children can feel greatly frustrated and angry.

4. The need to be cared about

Children and young people in care need to feel cared about, they need to feel that they really matter to somebody, somewhere. Work in the area of resilience suggests that a real and **reciprocal** connection with at least one caring adult can make a huge difference to a child (Daniel, Wassell and Gilligan 2002; Gilligan 2001). The notion of reciprocity refers to the idea of the child feeling that not only does the adult contribute to their well-being, but that they too, make a positive difference to the adult’s life. It is particularly important that the way transitions are planned and managed, actively supports established connections of this nature or help to create these. All too often, despite the whirl of activity that workers, carers and parents can be caught up in around the child, the child can be left feeling **that they don’t matter** and that the focus is on the convenience or needs of others. Transition must be “governed by the needs of children, based on the meaning of [the] transition to them” (McIntosh 1999:29).

Practice principles for transition support

For workers striving to make transitions therapeutic, not traumatic, for children, the closest thing to a magic wand they possess is the power of relationship. Workers must use their relationship with the child, their family and carers to:

- directly support the child themselves; and
- mobilise others that **the child considers important** to assist.

The following practice principles are grounded in this relationships approach to transition work and address each of the four key needs outlined above.

Always strive to consider the situation through the child/young person’s eyes

How does the child or young person feel about the transition? Do they regard it as necessary or unnecessary; do they want it to happen? Create opportunities to *seek and listen* to the child’s thoughts, feelings and opinions. If your own relationship with the child is not sufficiently established for them to trust you, find another person the child trusts to assist you with this. You may need to support this adult to support the child. When working with Indigenous children there may be a worker from an Indigenous agency who can be helpful here or an elder from their cultural

community. Remember that even if a child or young person's views and opinions are not the ultimate decisive factor in planning and implementing the transition it is important to know what these are, acknowledge them and respond to them.

Actively assess this child or young person's transition needs

What emotional, physical and material needs does the actual transition create for the child? What emotional and practical supports does the child or young person need to negotiate this transition? Make sure you consider what losses may occur for the child or young person in making this transition (relationships, people, place, culture and cultural identity and familiar activities). Can some of these losses be avoided or prevented? What can be done to reduce the impact of these losses for the child?

Ensure that the child/young person receives the information that they need

What does the child need to know that will assist them in managing this transition? What information does the child want? What information will reassure them that they are cared about and that they matter? What information will help them to understand and feel more in control of the transition process? Who is the best person to give this child the information they need?

"(We need) workers to help us understand what's happening...otherwise we think...we don't know what to think and think maybe (it's) something about us."

"Talking things through is important, like why things happened and when...most important is for carers and DoCS to just tell them (children) the truth, straight down the line"

"Make sure the kids know what is going on because when we were put into foster care we thought, every one of us, we thought that we'd done something wrong" (Mason and Gibson 2004:35)

Consider the child's developmental level and cultural background and traditions when looking at what information is useful and the best way to convey that information.

The department produces three booklets titled 'My Journey in Care', 'Kids Rights' and 'Where to from here? A guide to community services for young people making the transition to living independently'. These booklets provide children and young people with information about their rights, what may happen while they are in the care of the department and access to community services when they are transitioning from the care of the department.

Take a planned approach

A planned approach to transition is obviously more likely to result in a situation where the child's needs have been addressed and in a timeframe that suits the child. A planned approach is more likely to ensure the success of the transition, which sometimes prevents the child having to undergo even more significant transitions. Remember that where there is some knowledge of the child, their needs, wishes and circumstances, that some level of planning is always possible, even in crisis situations. Always attempt to involve the child or young person in planning for transitions according to their wishes and capacity.

Work collaboratively in planning and managing the transition

Research tells us that a collaborative approach to planning and managing transitions that involves the child themselves where possible and people significant to the child (for example, their parents, siblings, carers, other professionals, extended family and friends) is much more likely to result in a successful outcome for the child. For Aboriginal and Torres Strait Islander children there may be family members other than their parents who should be closely involved in this work, along with

workers from Indigenous agencies. Placement plans for children are more likely to work when those involved have some ownership of the plans and have felt that their views and concerns have been listened to, heard and acknowledged as important (even if not acted upon). Actively pursue adults who are important to the child to become involved in this planning. Who knows the child's routines, hobbies, interests, skills, abilities and concerns? Who is part of the child's daily routine – teachers, family friends, neighbours, sports coaches, community elders? Convince them of their importance to the child and the fact that they can make a real difference to this child's life – this is particularly important for parents and siblings who may feel that because they are no longer providing full-time physical care for the child that they are of no relevance or importance to the child.

Minimise the number of changes for a child

Carefully consider what transitions are necessary for children and young people and why? Sometimes children and young people in care undergo unnecessary transitions or changes. This can occur where there are resource issues, where their needs have not been thoroughly or accurately assessed or where adult needs have become the focus of case planning. Where possible, minimise the number of changes occurring for a child at the one time. If a child must leave their home or change placements do they really have to change child care centres as well? Do they really have to lose touch with their grandparents or significant people in their cultural community? Remember, minimising the number of changes a child faces at any one time will involve careful planning, effort, communication, good will, persistence and usually financial resources.

Focus on continuity

Maintain as much of the child's life and routine as possible – facilitate contact with people, pets and places that are important to the child, maintain daily activities and pursuits (for example, what is a small child's bedtime routine), make an effort to find out cultural traditions, special rituals, jobs or roles that are important to the child or young person so these can continue into their next placement. Pay attention to making a new environment for a child familiar and predictable to the extent possible (Bullock, Gooch and Little 1998). Obtain information from the child and people important to them so your responses are informed and sensitive. Do your best to chase resources to allow familiar activities and pursuits to continue.

Timing is important

Practical considerations to do with placement availability, geography and financial resources often affect the timing of major transitions for children and young people. Despite these difficulties it is imperative that workers maintain a focus on the child and do whatever they can towards meeting the child's needs for safety, security and well-being in planning the timing of transitions. All too often:

“Transitions are often governed by systemic time-lines and rarely represent a pace conducive to the emotional well-being of children” (McIntosh 1999:32)

The child's age, development, current circumstances and history are key considerations in determining the timing of significant transitions. Judgement in these circumstances can be complex, for example, a child's well-being may be better served by a faster transition than their stage of development would suggest where they are caught in loyalty conflicts between adults or where there is overt entrenched hostility between the adults. A child's emotional safety is threatened where they are moving between adults in conflict and the adults involved cannot protect them from the impact of this. Prolonged exposure to this situation may sometimes be more traumatic than having to cope with a faster transition.

Practice tips – entering care, during care, leaving care:

For children and young people in care the experiences of entering care, moving placement and leaving care are three crucial transitions. Each of the principles outlined above apply to these transitions. In addition to this there is some information from research and practice of specific relevance to each of these transitions:

Entering care

Children and young people usually enter care after some period of involvement with the department. Sometimes children enter care at first contact with the system. In either circumstance, it must be remembered that entry to care is a major crisis for the child and their family. In a crisis situation, people's emotions are heightened and they may be in a state of shock. It can be hard for them to take in and digest information. Their capacity to take part in quick decision-making may be limited by their emotions, state of shock and lack of relationship with other key parties. A child or young person may be totally caught up in their internal experience of attachment disruption, shock and grief.

In these circumstances it is imperative that workers:

- prepare a child and their family as much as impossible for the impending move. When a child's entry to care is extremely sudden it may be impossible to do this and the facts of the situation need to be conveyed immediately and in as straightforward a way as possible to the child, their parents and siblings (Jarratt 1994);
- provide important information clearly, concisely and directly to the child, young person and their family;
- supply the child or young person and their family with the same information many times and in many different ways, for example, face-to-face contacts, follow-up phone calls or in writing;
- enlist the help of other people trusted by the child or young person and their family in conveying important information (for example, relatives or community elders). Ensure that these people understand the information so they can continue to clarify it with the family when the worker cannot be present;
- understand that an angry response from children and their family is not uncommon, is not unreasonable and does not preclude parties working together in the future. Workers must muster their patience and empathy and be persistent in trying to connect with people important to the child (while taking necessary safety precautions where violence and aggression is an issue), if the child is to be helped through this transition. Workers must also support carers in working with this situation;
- establish some type of contact between the child or young person and their family as soon as possible after removal to a new placement. The type of contact will obviously be dependent upon the child's needs for physical and emotional safety – the options are face-to-face contact, supervised contact, telephone calls, letters, cards, emails or the passing of messages between people. The timing and frequency of this contact should be based on the child's needs. In helping a child manage the transition to care it is important to reassure them that their family is still there and are okay, that they themselves are cared about and that they remain important to their family. The child may also need fairly immediate contact with close friends or other significant people in helping them to cope with a new environment that is strange and unfamiliar to them;
- only make decisions and plans that are necessary to facilitate the child's immediate safety and security during this phase. Once the initial crisis has passed, strong and persistent efforts must be made to involve children and their families in a participative working relationship and planning so that better outcomes are achieved for the child from this transition and those yet to come;

- actively broker, encourage, support and troubleshoot a relationship between the child's carers and their family. Where workers support carers to develop a constructive working relationship with the child's family (or at the very least engage in civil interactions) there is less chance of a child feeling that all that is known and familiar is lost. Carers can seek information from parents and family about what type of daily routine a child is used to, their likes and dislikes with food and clothing, their skills and abilities along with any concerns or worries the family has about their child – and use this in helping to settle the child into placement. Carers can also reassure children that their family is okay and still there. Contact between a child and their family is more easily facilitated where carers have established some level of relationship with family.

Research indicates that the vast majority of children and young people who enter care return home sooner or later. Research also shows that good work at this important transition will greatly assist with negotiating the later transition of returning home.

The department produces two brochures titled '*When Child Safety Officers visit your home*' and '*Care Agreements - information for parents*'. These brochures provide parents with information about departmental processes and their rights.

Moving from placement to placement in care

Placement change in care, whether this is sudden or carefully prepared for, usually produces some level of crisis for a child or young person - meaning that many of the practice tips for 'Entering care' above, also apply here.

A crucial issue for workers to remember when children change placements within care is that each fresh experience of loss and transition may open up old hurts and unresolved losses, triggering deep feelings and behavioural changes in children. Where a child's needs have not been sensitively responded to at earlier transitions they may operate with a sense of hopelessness and mistrust, with no expectation that comfort, support or help will be available to them now. With repeated placement changes, children can start to experience a loss of identity and sense of self that compounds their hopelessness and despair. Children and young people in this situation may feel 'set adrift' without a real sense of belonging to anyone or anything. This affects both their interactions with new carers and their existing relationships with family and other significant people.

This situation needs to be anticipated by workers wherever a child or young person is changing placement in care. Workers need to predict this for the child's carers and family, and support them to construct individualised strategies to handle this. Workers need to be on the watch for both externalised and internalised behavioural indicators from children and young people. Where a child or young person is acting out in some way (hostility, defiance, aggression or violence) workers may more easily tune into their feelings of loss, grief, confusion, anger and sadness leading to more chance of a response. However, some children demonstrate more internalised behaviours, with compliance and obedience and a withdrawn or quiet presentation, letting nothing out and no one in. Sometimes these children, who may be experiencing depression, despair and great sadness, are mistaken for children who are coping well.

McIntosh (1999) discusses three key strategies available to workers here. Workers may implement these strategies directly themselves or support other people significant to the child in using them:

- communicate care, concern and information: Non-verbal children will find comfort and care in a continuance of daily routine, ritual, caring behaviours and contact with known and familiar people transplanted into a new and strange environment:

“it is imperative that they have evidence that they are not being ‘dropped’, that they are not unwanted, that they are being thought about. Words don’t achieve this for a pre-verbal child, only experience” (McIntosh 1999:31).

- For verbal children provide information clearly and directly to the child, along with strategies such as ‘question and answer’, reasoning and reality testing to check their understanding of the information. Remember that older children also need actions that demonstrate care of them as well as words;
- promote and support opportunities for a new carer to make real connections with the child or young person: This requires carers to have information about the child’s experience and history, what the child expects from placement, what they like and dislike and how they see the world. Carers may need to seek support from workers *or from others who know the child well* in processing what is happening as the child or young person begins a new placement and how to respond to this; and
- maintain contact between the child or young person and former carer whenever this relationship has been a source of support to the child: In a child centred approach to transitions, all the adults connected with the child or young person (workers, carers and families) need to work together so that the child can become familiar with their new carer, without losing relationships with former carer/s. This allows the child to maintain some security while establishing new connections. Workers have a particular responsibility in explaining to carers and family why this is important to the child and to actively work with adults in keeping any conflicts or disagreements separate from this need:

“Supporting both the relinquishing and receiving carers through transition is as vital to the success of new placements as supporting the child. This includes education around the importance of child focussed transition, attachment and loss and emotional support of carers in order that they can genuinely encourage and be present for the child through the move, rather than being dominated by their own agenda” (McIntosh 1999:32).

Moving from care

I’m going to leave here soon and who have I got? Nobody. Don’t get me wrong, they have done a lot for me here and I’ll carry on coming in ‘cos I’ll only be living down the road in a flat. I’ll probably drop in most nights, in fact. But I’ve got no friends of my own. God knows how many schools I’ve been to and I’m not the easiest person to make friends with. I haven’t seen my Mum now for six years – I don’t even know where she lives. They stopped me from seeing her when I was younger. Who have I got left, eh? Tell me! (Young person in residential care quoted in Berridge 1985, p.108 cited in Gilligan 2001:3)

Children and young people leaving care may be returning to family, moving into a professionally supported situation, settling into long-term alternative arrangements or establishing an independent living situation. They may be moving on from an experience of care that has lasted many years or just a few months. Practice wisdom suggests, and research confirms, that many children and young people are often insufficiently prepared, emotionally and materially for what comes after their care experience. Longitudinal research studies in Australia and overseas have identified four key areas where young people leaving care are significantly disadvantaged in comparison to the general population of young people – less education, higher unemployment and unstable career patterns, ongoing poverty and early parenthood (Green and Jones 1999). For children and young people to successfully negotiate leaving care (at any age) they need workers, carers and families who join together in:

- comprehensive planning and preparation for this transition right from the point of admission to care (this involves maintenance of existing family and social relationships and a focus on education and vocational pursuits from the moment a child enters care);

- recognising the importance of this transition and the need for ongoing support after care;
- developing their network of significant family and social relationships; and
- targeting energy and resources to the child or young person's education and future employment prospects.

While workers are often aware of the need for young people to leave care with a range of practical life skills and a stock of financial and material resources, their need for support with family, social and cultural relationships often goes unrecognised. Research strongly suggests that most young people leaving care will reconnect with their family in some way at some point after leaving care, even if they don't again reside at home on a long-term basis (for example Courtney and Barth 1996; Ainsworth and Maluccio 1998; Bullock, Gooch and Little 1998). This makes it essential that workers and carers prepare young people for this while they are in care and support them in negotiating family relationships before they leave care. Without this, young people are left alone to reconnect these relationships without the emotional and material supports that the care system can and should offer.

Conclusion

Workers who recognise the centrality of transition to a child or young person's care experience can work towards making these transitions therapeutic, not traumatic. This paper confirms that what workers do or don't do can make a real difference to a child's life now and into the future. The key issue for workers, carers and family is to maintain a focus on the child or young person's lived experience and feelings when negotiating significant transitions.

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