wished to discuss the possibility of acquiring another. Overcoming possible feelings of betrayal or guilt, many clients had already successfully introduced a new animal into the home. Others believed, in retrospect, that they had acquired a new animal too quickly and described their initial difficulties in accepting or loving their new companion.

Veterinarian involvement

> The cat had several illnesses but always recovered. Was finally euthanased at the suggestion of the vet. Although the cat was old, the client was not prepared for its death. She felt that the vet had pushed her into it and was upset that she had to sign a form: like disposing of rubbish. The cat cried when it was being put to sleep.

The final construct, representing a third of the case notes, carried some reference to the clients' perception of veterinary treatment, the majority feeling in some way dissatisfied with the reception and treatment they or their animal had received. Most of these clients felt a lingering sense of confusion or muddle surrounding the diagnosis or treatment of their animal prior to its death. Their distress was compounded when euthanasia was involved. The decision to end an animal's life, even when that animal is suffering through a terminal or degenerative condition, is frequently equated with murder and evoke a strong sense of personal responsibility and guilt. Often the distress of electing for euthanasia was exacerbated by a belief that this had been either premature or unnecessary. A further group of clients described their distress after witnessing a euthanasia which was traumatic, violent or prolonged for their animal.

A 'good' death

> Mary was distressed at the thought of her dog dying alone and frightened but was reassured by the vet who said that he had sat with him and that Fred had wagged his tail and licked him.

When clients described the veterinary surgery as a 'safe place', and their veterinarian as having done everything possible, the vet was almost always familiar, had communicated clearly and was felt to be approachable. The client's needs, during the period of the illness and the process of euthanasia, clearly centre on: time, familiarity, respect, honesty, clarity of diagnosis and prognosis, a supportive, sympathetic and kind reception and, above all, an explicable, dignified, peaceful and painless death.

THE FUTURE

The testimonies of these clients express the personal importance of companion animals and the social and emotional impact of their loss. Whilst establishing pet loss as a legitimate source of grief in our society, they also point to the interventions that may smooth the passage of that grief. The data from this analysis has been used in a continual process of reviewing and improving the Pet Loss Service and point to the ways in which animal and human health care professionals can most effectively understand and aid the process of grieving. This work is beginning to be used, directly in training and interventions, to the benefit of both humans and companion animals. BC

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Zimbabwe children's homes project

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The Island Hospice Bereavement Service initiated a project to develop and test an educational and therapeutic programme focusing on losses arising from death, removal from family of origin and own home environment for children and staff living in a children's home in Harare.

All children who are placed in residential care experience loss, of their family home at the very least. For a high proportion, the family of origin has broken down or disappeared and several will also be bereaved of their primary carers. It seemed appropriate to provide training and understanding in loss and grief for all those involved.

The funding for our children's homes project, to be initiated during 1998, was sought and received as part of a proposal submitted to UNICEF by the hospice. SOS children's village in Harare were asked to be the pilot project for the programme.

THE PROJECT

We felt a comprehensive approach was imperative, in that all workers at the village were considered to be part of the therapeutic community. Training was organised in the following target groups:

A Committee, panel for personnel selection, Board, headmaster of the attached school;

B1 General staff, ie domestic workers, gardeners, seamstresses, handymen, drivers;

B2 Staff in direct contact with children, ie house mothers, reference persons, youth workers;

C All children.

We drew up aims for each target group to provide a framework for the information to be conveyed, and concentrated throughout on interactive, experiential discussion, encouraging expression of emotions where appropriate. The training consisted of talks, participatory discussion and interaction, videos, role plays, visual aids with comprehensive notes, play, drawing and movement, small group exercises and sharing of experiences and emotions.

For group A, two sessions were held, each of two hours, covering such topics as principles of communication, understanding of grief, interviewing skills with reference to loss, and children and grief. In the various training slots for the staff (B1 and B2) we held talks and discussions on, for example, how loss and pain reveal themselves, particularly in children; what can be done about personal losses;

exploration of the concept of a support network; artwork expressing grief; writing journals; what children bring with them to the village; and how best to work with children. In the work with group C, age range 3 -15 years old, we initially focused on techniques such as colouring in feelings on a body outline, developing a play reflecting memories that evoked strong feelings, what the SOS family means to them (as opposed to their family of origin), workbooks and lots of singing.

EVALUATION AND FEEDBACK

From all quarters, the feedback was positive. The final evaluation meeting, at which groups A, B1 and B2 were well represented, yielded some excellent discussion and ideas. For the project as a whole there was unanimous approval and it was decided that a regular sustained input should continue to ensure assimilation and implementation of ideas. The village invited Island Hospice and Bereavement Service to provide input on grief and bereavement in the next training session for new house-mothers for the home and this will be an ongoing commitment. This facility will enable new staff to be trained in this area right from the time of employment and should significantly improve the approach of staff to this issue.

Another decision was to provide children with a private place for their important personal belongings, such as drawings, stories and mementos in, perhaps, lockers or lockable boxes.

There can be no doubt as to the increased awareness of all involved at the home of the issues surrounding loss and grief. The general consensus was that the project confirmed what many had felt to be important but had always sidelined, for various reasons connected with the difficulty and sensitivity of the issues. The project was long overdue and we had made a significant start in setting up a way of working which must be continued.

PROBLEMS

The initial training session with the Committee and Board did not include certain key personnel, who were absent either through misunderstanding or inability to attend. All head teachers should have been included in this target group, as loss and grief issues are manifest in the school setting. Provision was made to include the headmaster of the school attached to the home, as he sits on the panel which selects staff. However, the headmaster did not attend, but sent a substitute for one session who was clearly not adequately briefed on the project and who had no authority to apply the programme in the school or selection setting.

The first session with all the children present was a good indicator of what would be possible for the remaining sessions. The hall was not big enough and numbers too large to achieve anything more meaningful than an active introduction and a start at getting to know individuals. Accordingly a decision was made to form smaller groups, with one facilitator taking responsibility for each group. This required using three staff members from the home and these were changed daily. Despite the lack of continuity, surprisingly good results were still obtained.

Although it had been made clear to house-mothers and their assistants that their presence and help was required in our work with the children, this did not happen; they saw our involvement as an opportunity for 'time off'. This meant that each facilitator was working with approximately 18 children of varying ages, making it difficult to listen effectively to stories and pursue children's ideas on how to deal with their losses, and limiting the success of the proposed programme

OVERVIEW

At the outset of the project we had investigated how the issues of grief and loss were being dealt with at the SOS Children's Village and strongly confirmed the need for change. The approach we devised – working from the top down – was essential to give credence to the new ideas. It worked well, despite the problems, and we would advise any future project to follow this procedure.

Given the time constraints, the quality and quantity of information offered was perhaps ambitious. Very similar content spread over a much longer period, with time for assimilation and practice, would be advisable in a repeat project. Considering the enormity of this topic and the emotional impact, it would be better to work on it over a six-month period. Although the composition of each children's home is different, it may be worthwhile redesigning the programme in order to work separately with each house or unit and enable house-mothers and children to interact together over a period of time.

House-mothers felt the impact of the project immediately and tell us that some of the children are continuing to express their emotions more readily. Some children have continued writing their stories and have asked for these to be kept safe, so providing a private place for the children's special things is important.

An excellent rapport has been established with the village which should help us to remain a consultative resource for the children and staff as required. An immediate spin-off was the invitation to participate in the future training programmes, and we hope that our regular involvement will help ensure consistent awareness of loss issues in the future. Since the pilot project, we have already been involved in three further training sessions with new house-mothers at the home. All have been extremely well received and we feel that this input to new employees about to start a career in working with children has made a very real difference to the quality of care.

Finally, this project has confirmed that issues of loss and grief require attention in children's homes. A broad spectrum of training is required to help equip all staff to create a therapeutic community. The two-pronged focus, on the losses of the carers as well as the children, is vital so that these children have 'mothers' who can really listen. Facilities need to be put in place for children in care to be able to acknowledge what has been lost in their lives, and to provide a safe and skilled milieu for them to process these events emotionally. This project shows great potential for application to other children's homes where its development and adaptation would doubtless continue. BC

EDITOR'S NOTE

Your editor (Dora Black) spent a week in Harare in 1996 teaching at the Island Hospice – an impressive outreach service for dying patients and their families throughout Zimbabwe. Because of the high prevalence of AIDS, many children are being doubly orphaned in Zimbabwe. Since its inception, in 1979, the hospice has also offered a bereavement service to those whose loss has occured as a result of acts of violence such as suicide murder, manslaughter, road-traffic accidents etc and the staff felt the need for further study. Over 100 people, mainly volunteer counsellors, but including nurses, social workers, family therapists and doctors, attended the course I ran.

Jenny Hunt was one of the social workers from the hospice and I am delighted to welcome her contribution with its original idea of training staff looking after children in care, on the effect of loss on children. I hope her initiative will inspire others. Details of the content of the courses can be obtained from her by email at island@mango.zw