Report to the Children and Youth Grief Collaborative

Services for Children and Youth, Grief and Bereavement Region of Peel

Prepared by Barbara Pidcock, Health Systems Solutions Inc.
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**Executive Summary**

The Children and Youth Grief Collaborative engaged Health Systems Solutions Inc. to complete a Literature Search on grief and bereavement services for children and youth; and to review and assess these services for children and youth in the Regions of Halton and Peel, Ontario. The literature search provided evidence of the short and long-term benefits of taking an open, honest, and inclusive approach when supporting grieving children and youth.

Interviews and focus groups identified barriers that prevent or inhibit children and youth from accessing grief and bereavement services.

Barriers experienced by parents and guardians:
- Time and Emotional Energy
- Information and Referral
- Type of Support
- Stigma
- Cost
- Transportation and Geography
- When the Death Occurred

Barriers experienced by organizations and agencies providing services:
- Funding
- Facilities
- Fragmented vs. integrated Services
- Information and Referral
- Outreach
- Staff – Education and Knowledge
- Access to Research and Evidence

Interactions between barriers for families obtaining services and barriers for agencies providing services have resulted in gaps in services. There are too few children supported by services and there is a limited range of services.

The report outlined the innovative role the Children and Youth Grief Collaborative can play in creating change to overcome barriers, and made recommendations to continue its work to build a vital system of support to children and youth in Halton and Peel.
SECTION ONE – Background to the Project

1.1 Project Description
In January 2015, The Children and Youth Grief Collaborative\(^1\) engaged Health Systems Solutions Inc. to complete a Literature Search on grief and bereavement support for children and youth and an analysis of these supports in the Regions of Halton and Peel. The scope included analysis of supports and services delivered in situations where death was anticipated as well as where death had already occurred.

Methodology
- Three focus group discussions with parents and youth
- One group meeting with over thirty providers
- Over 130 telephone interviews with families and service providers

This resulted in close to 200 individual and group conversations about death and about services for children and youth in grief and bereavement. These conversations were supplemented by face-to-face interviews, electronic survey questionnaires and a closer analysis of satisfaction surveys of a grief and bereavement service. (Appendix 2 describes research in more detail.)

Two Literature Searches were completed
- Support Services for Grieving or Bereaved Children: Needs Assessment (focusing on key articles, reports, etc., published between 2010 and 2015).
- Children: Needs Assessment - Helplines, Online Support, Social Media, etc. Supplement to Literature Search

The Literature Search is comprehensive and extensive. Appendix 5 of this report (Support Services for Grieving or Bereaved Children: Needs Assessment, Overview of Literature Search) provides a summary of top articles and research in the last five years.

Recommendations were made to continue the work of collaboration and to help to build a vital system to support children and youth in Halton and Peel.

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\(^1\) In January 2015 the Children and Youth Grief Collaborative included Andrea Warnick Consulting Inc, Bereaved Families of Ontario Halton/Peel, Bethell Hospice, Dorothy Ley Hospice, Heart House Hospice, and the Lighthouse Program for Grieving Children
1.2 Literature and Research Findings

There is consensus that there are gaps in research on “children and youth, grief and bereavement” but current research agrees\(^2\) that:

The death of a parent can represent one of the most devastating life experiences for children. It is an experience that disrupts a developmental path. It is also a crisis that families and communities must address in order to help a grieving child cope and develop resilience. Currently, there are few mental health resources available for parentally bereaved children. Literature on bereavement following the death of a parent suggests that children may experience long-term negative psychological consequences from the loss. However, the literature also notes that with appropriate support, access to resources, and opportunities to express their grief and build self-efficacy, grieving children can emerge from the loss of a parent as resilient individuals.

Jami Pfirrman, Professional Dissertation Sept. 2011

1. Parents are encouraged to take an open and honest approach to supporting children and youth prior to an expected death; barriers remain to them doing so.
2. While healthcare providers are well positioned to provide guidance to families around best practices in the area of preparing youth for the death of a parent or sibling, many feel ill-equipped to do so due to lack of training.
3. There is encouraging evidence regarding the efficacy of certain interventions for bereaved children and youth, in both the short and long term.
4. Those who experience multiple bereavements, or bereavement alongside other difficulties, are "at risk" of experiencing negative outcomes later in life, in areas such as education, depression, self-esteem and risk-taking behavior.
5. There is a case for paying particular attention to troubled young people who may have faced significant bereavement earlier in their lives, and to bereaved young people living in disadvantaged circumstances.
6. Service provision everywhere is patchy, current research has gaps, and much of it is based on the findings among relatively small populations.
7. There is a paucity of literature on the needs of bereaved children and youth with developmental disabilities or who live in culturally and linguistically diverse communities.
8. Counseling is just one possible response: a range of services need to be offered, from basic information to in-depth individual and whole family help, provided by both mainstream and specialist organizations.

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\(^2\) This annotated list is adapted from Young people, bereavement and loss: Disruptive transitions? by Jane Ribbens McCarthy with Julie Jessop, published for the Foundation by the National Children's Bureau (ISBN 1 904787 45 2)
1.3 Demographics
Overview of the Region of Peel
Located west of the City of Toronto (Canada’s largest city), the Region of Peel includes the cities of Mississauga, Brampton and Caledon. The Region is one of the largest municipalities in Canada, with a population of 1,296,814, of whom 25 percent or 318,605 are under the age of 19 (2011 Census). Peel has experienced rapid growth, with a 77 percent population increase between 1996 and 2001.

How many children and youth are affected by death?³
International researchers agree there is an absence of baseline data to enable a robust assessment of the scale of bereavement in childhood. There is also a lack of detailed data to help understand the range of experiences by both type of bereavement and socio-demographic characteristics. Estimates of children affected by the death of a parent or sibling range from 4.7 percent in the UK to 20 percent in the US.

Statistics are not available to estimate the numbers of children affected in Halton and Peel. An educated guess is that 8,000 children in the region under the age of 16 have had a parent die. A less reliable estimate is that between 500 and 600 children under 18 are affected every year by the death of a parent.

Project Scope
This project concentrated on Grief and Bereavement support and counseling to children and youth:

- When death is anticipated (due to illness)⁴
- After the death of a family member or close friend

³ Appendix 3 provides a background of international research studies related to numbers of children affected, and the reasoning for this percentage.
⁴ This is often referred to as anticipatory grief, which may be a misnomer, grief is not anticipated, but is felt - the death is anticipated.
In cases of trauma (sudden, unexpected death due to homicide, accident or suicide)

Interviews did not pre-determine a limitation with respect to who died. Service providers, families and youth referred to “close ties”, including parents, siblings, guardians and close friends. Project participants said, in their experience, individuals looked for help with grief and bereavement when a parent or an immediate family member had died.

SECTION TWO – What Services are Provided to Children and Youth?

2.1 Supports to Children and Youth
Grief is a normal response when a death has occurred or is anticipated. Services to support children and youth aim to help families, children and youth cope with a death and become more resilient. Support groups and individual counseling for parents are intended to enhance specific parenting skills. Counseling for children and youth helps those children and youth acquire and practice the skills necessary to cope with grief and loss, skills that can help them throughout their lives.

When children do show a significant negative impact from their experience of bereavement, there is some evidence that specialist interventions and programs can be helpful, especially those which also strengthen the protective factors within a child’s life, for example by providing support to parents as well. (Thomas Coram Research Unit, p.20)

In Halton and Peel – as well as Toronto – a variety of agency and health provider group representatives, and individuals said they offer support to children and youth in diverse settings. All were concerned about the impact of a death or an impending death on a child or youth, and many went out of their ways to support and offer help to children and young people. Nurses take time to lend an ear, and to offer advice and referrals; private therapists reduce or waive fees; agencies listen to parents and help them solve issues, such as transportation; and system navigators search for counseling services for clients.

All of these agencies and professionals believe the system of grief and bereavement supports to children and youth need improvement.

Because so many organizations and agencies are involved supporting children and youth in different ways, it is challenging to understand the nature of the services that offer, and how the services fit into a system. After discussion with service providers, it is apparent that services can be categorized into “formal” and “informal”. Formal services are provided under the direction of a professionally trained individual and/or one who has demonstrated knowledge and expertise in grief and bereavement and children...
and youth. The service is scheduled (at a mutually agreed upon time), and is specific to supporting children and youth in relation to death, grief and bereavement. Formal services can include peer support groups, one-on-one counseling, or family counseling where the counseling is focused on children and youth.

Informal services are provided in the course of supporting children and families in other ways - informal support can be provided by professional or non-professionals and the support doesn’t happen at a pre-scheduled time. Informal support usually occurs in the course of providing some other service.

A table (on page 8) categorizes the different services supporting children and youth. It excludes grief and bereavement support aimed specifically at adults. In this description, if adults are present during counseling (for example, as part of a family), this report assumes the counseling is focused on children and youth. There is evidence that counseling to enhance parenting skills and help parents re-structure a family plays a crucial role in supporting resilience in children. This was also described by parents/guardians in the focus groups who believed they needed to “be there 24/7” for their children, and it was support groups for their parental grief issues that allowed them to support their children.

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5 See literature search for evidence examples, such as Family Bereavement Program Approach to Promoting Resilience Following the Death of a Parent, I. Sandler, S. Wolchik, T. Ayers, J. Tein and L. Luecken, NHS January 2013
## Description of Supports to Children and Youth for Anticipatory Grief and/or Bereavement

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Delivery Method</th>
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<tbody>
<tr>
<td><strong>Formal</strong></td>
<td>Counseling - family together and/or individual child or youth</td>
<td>Phone or face-to-face</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer Support</td>
<td>Group Session or Camp</td>
</tr>
<tr>
<td>Legacy Event, annual (such as anniversary), in person or phone call. This can include peer and family support events.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Informal</strong></td>
<td>Support/counseling to family member about children, and/or to individual child or youth</td>
<td>By phone or face-to-face</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Information</td>
<td>Handouts, online or Library</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>Referral</td>
<td>“Warm” handoff, or simple referral</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>On-line Peer Support</td>
<td>Online, chat-room, resources</td>
</tr>
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See Appendix 1 for a detailed description of each of these supports.
2.2 What Participants Said About Informal Support

Informal support to children and youth is empathetic, and often happens in the moment that it is most needed. It reaches the greatest number of children, and can be remembered by them long into adulthood. Well-informed informal support can offer many parents and guardians the skills they need to successfully support their children in grief. Informal information and referral further connect both children and parents/guardians who need to support children to services they need.

Participants said informal, well-informed support is essential to help families, children and youth who have experienced or are anticipating the death of a close tie. In a short, informal session, however, it can be difficult to offer to children and youth the skills and practices they need to increase coping abilities. It takes focused time to uncover a specific family’s response to death, what the children and youth are thinking, and the extent to which they may have fears or misconceptions about the language people use around death. Coping skills take time and repetition to integrate into a repertoire of practices.

There is little if any research into the effectiveness of informal support. A larger number of children and youth receive this informal “just-in-time” support – it is probable that the majority of children and youth only receive this support.

During interviews with service providers “Informal support and counseling” is identified as a service where care providers need tools. They need to know, “What is the best approach for health care providers to take in the moment?” They also want “. . . standard tools, so that the support to children is individual to their needs but the best advice to help children and youth cope with grief and death.”

A lack of appropriate social support for both the child, and surviving parent and a failure to provide clear and honest information at appropriate time points relevant to the child's level of understanding was perceived to have a negative impact in adulthood with regards to trust, relationships, self-esteem, feeling of self-worth loneliness and isolation and the ability to express feelings. (Journal of the Royal Society of Medicine, p.18)
Description of Current Supports to Children and Youth for Anticipatory Grief and/or Bereavement

**Formal**
- Counseling (family together or individual child and youth), Peer Support Groups and Camps
- Legacy events

**Informal**
- Support and counseling (family together or individual child and youth), on-line peer support, information and referral

Graphic showing that most children and youth access Informal support and fewer access formal counseling and peer support. Research evidence is not available for informal support, there is research evidence showing that formal support links to increases in coping skills and resiliency.
SECTION THREE – What Participants said about Barriers for Families/Guardians and Children Accessing Services in Halton and Peel

Participants identified seven major barriers for families and children to access services in Halton and Peel:

1. Time and Emotional Energy
2. Cost
3. Transportation and Geography
4. When the Death Occurred
5. Stigma
6. Information and Referral
7. Type of Support

Parents, guardians and services providers commented on the interaction of barriers – primarily between cost, time and emotional energy and access to information and referral.

3.1 Time and Emotional Energy
Parents/guardians and support service providers pointed out that low emotional energy and time constraints are barriers to accessing services. When anticipating a death, much of the family energy is directed to supporting the dying individual, with little left for the children. After a death, those affected are left cope with their own grief and the changed family dynamics, and have little remaining energy to seek out hard-to-find services. Surviving individuals likely have a myriad of practical decisions to make, such as funeral arrangements and financial decisions, while still shocked by the death; one parent described their life for months after a death as a “a fog”.

Time and emotional energy are barriers illustrated by one mother who unexpectedly survived a life threatening illness. She described trying to understand medical information during the illness, chemotherapy and radiation, coping with the logistics of appointments and hospitalization, all while understanding the importance of the children getting formal support to face her approaching death, but being overwhelmed by barriers and unable to access and organize the support.
3.2 Cost
If parents/guardians do not have access to employer-provided programs through Employee Assistance Programs (EAPs) they may not be able to afford private services. Fully one-third of paid employees in Ontario do not have employer-provided benefits and those with employer-provided benefits may not have family or individual therapy as part of the benefit package. Lower-paid employees have lower levels of employer-provided health benefit coverage than those with higher earnings. 6 Consequently, those who are least able to afford private therapy have least access to EAPs.

Cost is a barrier in particular in cases of prolonged illness (draining the family resources) or if the person who died was the sole or primary breadwinner. Most parents, children and youth depend on “free” (i.e. publicly funded) services provided by hospitals, schools or non-profit community services. (Some funeral homes also provide services to adults).

For families able to afford therapy, there are at least nine counselors who said they specialize in grief and bereavement for children and youth in Halton and Peel, and many more in Toronto.

3.3 Transportation and Geography (See page 5, Map of Peel and Surrounding Municipalities)
Transport of children and youth to counseling sessions or peer groups was difficult for families to arrange, most particularly for those families without access to private transportation.

There are a greater number of formal grief and bereavement services available in Toronto than in Halton and Peel but travel to Toronto is an obstacle due to distance and traffic congestion. Traffic is a particular barrier because children access services during commuter hours: after school and before bedtime. Community and hospital services surveyed in Toronto have no current Halton Peel residents on their client lists for grief and bereavement services (although The Hospital for Sick Kids was caring for a number of Halton and children with life limiting illness, who have siblings.) Parents/guardians stated they were unwilling to drive to Toronto for

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6 Low Wages, No Benefits, Expanding Access To Health Benefits for Low Income Ontarians, February 2015, The Wellesley Institute
extended sessions, although they were willing to drive to Toronto with their children to attend legacy events. (For a definition of Legacy Events, see Appendix 1.)

There also was a north/south barrier (although not as strongly identified as the “drive into Toronto”). It is more difficult for parents to drive to and from the extreme north and south edges of Halton and Peel (for instance, from Caledon to Oakville.)

3.4 When the Death Occurred
Parents/Guardians and agencies identified timing of the death as a factor in accessing services: school social workers are not available over the summer months and, due to funding constraints, some agencies close for two months of the year.

3.5 Stigma
For both formal and informal services, some service providers identified the stigma associated with mental health issues as a barrier for parents accessing formal counseling service. Within some families or among some friends, there is little empathy for the need for additional help. The reported sentiment expressed by those impatient with grieving and bereaved families and children was described as, “Why can’t you just get over it?”

Acknowledging the need for mental health support can be difficult for parents. Some service providers and parents did not identify grief as a mental health issue and were unsure about the implications of the identification. Parents and guardians said they felt more comfortable accessing specific grief and bereavement support, rather than mental health support.

The atmosphere of peer groups (where participants can share their experiences of a death) can help parents/guardians and children deal with stigma. For example, a 2014 survey at The Lighthouse Program for Grieving Children (Lighthouse) found every child, teen and adult surveyed would recommend Lighthouse to another person who has had someone die. Some parents and teens indicated their belief that the peer group experience improved if volunteers had “been through the same thing”.

3.6 Information and Referral
Parents and guardians were unable to easily find information about grief and bereavement support for children and youth. Although parents and guardians may think their children need some kind of support, public awareness about the need for and existence of

7 An agency for peer support groups program located in Oakville
support for children and teens is low. The general public is unaware of the nature and benefits of support and counseling available to children and youth on the death of a parent.

Parents and guardians looked to a variety of sources, including relatives and friends, to help them find information. Parents who connected with agencies could be referred to grief and bereavement services, but only if the referring agency was aware of those services. During one focus group, a parent expressed strong regret at being unaware of resources described by a second parent and used by that second parent’s children.

The ability to “take in” information before or after a death can also differ from parent to parent – one parent read every word in a file of information provided to her by a funeral home, and found support services for her children there. Another mother, 10 years later, still knows where the file she tossed under a cabinet, unread, is located. This second parent connected with services for her children only after she received telephone calls from Bereaved Families of Ontario - Halton/Peel (Bereaved Families of Ontario – H/P).

The timing of information and referral can be important to parents/guardians. Too soon after a death can lead to a feeling of being overwhelmed with information. The Office of the Coroner of Ontario identified that, in most cases, parents/guardians need at least four to five days after death before they are able to grasp the information.

There are only a few services specifically focused on grief and bereavement designed explicitly for children and youth in Halton and Peel. At the same time, there are many electronic information sources. These sources have inconsistent or dated content, which can cause confusion and be a barrier to accessing services. Grieving, busy parents/guardians who call one number to access a program, only to find it has been discontinued, or the service description differs from what they were told during referral, have little energy left to continue the hunt.

3.7 Type of Support
Parents/guardians of younger children were quite clear that peer support should be age-related, and that support should be related to death (rather than combined with loss due to divorce or separation.) For instance, they said it is hard for a child affected by a
death to hear another child comment about poor visitation rights of a father (when, for the first child, visits are no longer an option). Teens also mentioned the need for age-appropriate peer support groups.

Parents/guardians struggled to verbalize their need for “whole family” grief and bereavement support. They know their own response to death is critical to how their children respond. They also know the importance of being able to talk with their children in open and honest terms about the death, but they said they lacked the tools, information and skills to do so effectively.

3.8 Negative Impacts Associated with Multiple Barriers
The low energy associated with death, results in parents/guardians being even more unlikely to access services that are not easy to find during the best of times. Emotionally overwhelmed, they are uncertain of which services they need and where to find them and, even after finding them, uncertain how to deal with issues such as potential costs, transportation issues, or the family stigma attached to seeking the services.

A mother who unexpectedly survived a life-limiting illness described, as part of “giving up” everything at the end of her life, “giving-up” the search for services to support her children: something very important, but because of barriers, left undone.

SECTION FOUR - What Service Providers said about Barriers to Providing Service in Halton and Peel
Participants identified seven barriers to the provision of grief and bereavement services to children and youth in Halton and Peel:

1. Funding
2. Facilities
3. Fragmented vs. integrated Services
4. Information and Referral
5. Outreach
6. Staff – Education and Knowledge
7. Access to Research and Evidence

A child’s adjustment to the death of a parent is greatly influenced by the surviving parent’s ability to attend to his or her own grief-related needs, to create and sustain a consistent and nurturing environment, and to encourage the child to express distressing or conflicting thoughts, feelings, and fantasies about the loss. (OMEGA – Journal of death & Dying, p.23)
There are interactions among these barriers – for instance, low funding results in few or no outreach activities which, in turn, result in an un-served population (especially where there are social, language or cultural barriers).

4.1 Funding
Service providers in Halton, Peel and Toronto identified funding as a primary barrier to providing and/or enhancing services to children and youth. Well over 80 percent of funding for grief and bereavement services for children and youth comes from charitable donations from individuals, foundations or companies.

Many families are unable to pay for services. Publicly or otherwise-funded support is their only option.

The Victims Assistance Program (described on page 18) provides some public funding for counseling of teens and children where the death results from a crime. But even this funding is insufficient for effective counseling, according to service providers.

Larger organizations (such as schools or hospitals) use global operating budgets to finance grief and bereavement services.

The Ontario Ministry of Health and Long-Term Care, through Local Health Integrated Networks, provide some funding for Caregiver Support (which includes adult bereavement support) to hospices providing community and/or residential services. This funding, however, is not provided to all hospices, but depends on the financial history of the hospice or local priorities set by the LHIN. Caregiver Support funds are primarily spent to help adult caregivers cope with stress, behavioural and mental health issues. Where there is evident and urgent need, some resources are allocated to support child and youth family members; two local hospices, for example, employ an art therapist (Hospice Dufferin and Dorothy Ley Hospice) for this purpose.

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8 LHIN – Caregiver Support – Support and Counselling Service - The service provides therapeutic counseling to a caregiver and family member who has an emotional, severe stress, behavioural or mental health problem that is impeding their ability to provide care and support for their client. The service is provided to caregivers and family members either in a group or individual sessions on a time limited basis either by, or under the direction of a professionally trained individual and/or one who has demonstrated knowledge and expertise in the client’s area of need for support/counseling. The support/counseling is time limited and goal directed in meeting the caregivers’ social and emotional needs.

9 Hospices in Ontario provide community in-home visiting and home-like residential settings for people at the end of their lives, who cannot remain at home. Some hospice provide only community services, some only residential services, many provide both.
There is no single organization accountable for funding children’s grief and bereavement services: programs for children are funded by the many different school boards, as well as municipal and provincial initiatives; palliative care services are supported by the Ministry of Health and Long Term Care and Local Health Integrated Networks (through hospital, hospice and family health team funding); victim assistance rests with the Attorney General (for Victim Support funding). The consequence of this multitude and complexity of potential funding sources is that service providers find it next-to-impossible to advocate for public funding.

As well, many funding sources are one-time (for example, Ontario Trillium funding), even though base-budget funding (that continues annually) is essential for agencies to maintain services.

Interview participants who understand the system of funding for health services noted that one-on-one counseling and peer support groups for children could be viewed as mental health initiatives though the Central West and Mississauga Halton LHINs. A strong relationship with a children’s agency whose primary concern is mental health, to build understanding and support, would help advance this potential funding avenue. Opportunities to identify transfer payment agencies for children’s mental health services would be advantageous for Halton and Peel. Discussions with the children’s mental health agency should include a complete understanding of the implications of LHIN funding, including reporting requirements and contract obligations with the LHIN and the transfer payment organization.

An unintended consequence of the fragmentation of funding is that the level of support to children and youth can depend on the cause of death. Services to support cancer-related causes of death have developed in response to growing need (cancer represents 29% of all deaths in Ontario). For instance, in Ontario (and Calgary), Wellspring is a non-profit organization offering psychological, emotional, social, spiritual and informational support to individuals and families living with cancer. Similar services don’t exist to support children where a family member is dying of a life-limiting illness other than cancer.
Victims Assistance Program
The Victims Assistance Program offers immediate and culturally appropriate short-term counseling to help reduce the impact of the crime:

- In cases where publicly funded counseling services are not available on a timely basis due to wait lists or distance, payments for private counseling/traditional healing will be covered up to a maximum of $1,000 for approximately 10 sessions.
- Options for group counseling/healing circles and accommodations for victims with disabilities are also available.

A victim may be eligible for up to $250 for transportation costs to attend counseling, where he/she lives in an area where public or accessible transit is not available or is extremely limited.

Although there is also access to funding on behalf of child or youth (ages16+) thought the Criminal Injuries Board funding, including applying for interim awards, there was a consensus among the interviewees that funding was difficult to obtain, required a measure of pro bono work (or work where the counselor does not charge a fee) on the part of the professional providing counseling, and even then, is inadequate to address the needs of children and youth affected by homicide.

4.2 Facilities
Peer support programs need facilities that are accessible, large enough to provide separate teen, child and parental groups, and which have enough room for toys, art and craft supplies and cleanup space. Neither Lighthouse nor Bereaved Families of Ontario – H/P have adequate facilities. Lighthouse has outgrown its present location and is about to embark on a capital campaign for more suitable space in Oakville. Bereaved Families of Ontario – H/P does not have sufficient space to run concurrent parent/child support groups, nor adequate space for crafts and cleanup. Consequently a number of support groups meet in free space provided by Evergreen (a seniors residence) at Eglinton and Mavis.
4.3 Fragmented Versus Integrated Services
In Halton and Peel, until recently, the various grief and bereavement services for children and youth operated independently of each other, each addressing perceived needs in a growing population base. Children’s and palliative care agencies connect and share information, but informally.

Service providers whose core business is to provide grief and bereavement service to children and youth have their own, independent catchment areas; some serve only specific sub-populations (such as where parental death is related to cancer). While at least 10 agencies provide broader mental health services to children and youth, they provide counseling for grief and bereavement only in the course of counseling for other mental health issues. Generally, those hospitals, hospices and mental health agencies that provide services primarily to adults incidentally provide some grief and bereavement services to children and youth.

Assessing service utilization in Peel is made more difficult by the region’s proximity to Toronto: do parents/guardians and children and youth access the various informal and formal supports available in Toronto? This project has determined Peel residents rarely do, beyond annual legacy events.

The Children and Youth Grief Collaborative is addressing the fragmentation of services in Halton and Peel. Service providers have recognized the issue, and taken the initiative to understand services and gaps in a region where services and catchment areas are rapidly changing. Health Systems Solutions Inc. facilitated the development of a vision, mission and values for the collaborative. The collaboration is beginning a process of achieving collective impact - establishing clear and shared goals for change and Identifying principles to guide joint work together.

4.4 Information and Referral
Of those community groups and agencies interviewed for this project, approximately 70 either provide or have the potential to provide information and referral. Not all referrals were accurate: some were to agencies that did not provide formal grief and bereavement services; others were to agencies that did not serve the catchment area.

The most common, accurate grief and bereavement referrals were made to:
\begin{itemize}
  \item Lighthouse
  \item Bereaved Families of Ontario – H/P
  \item Peel Children’s Centre
\end{itemize}
• Max and Beatrice Wolfe Children's Centre (Now the Dr. Jay Children's Grief Program)

Families with the means to pay were referred to private therapist and counselors.

Even when agencies refer accurately, they said they want more complete and accurate information about the services to which they refer.

Health and social service agencies with a high degree of connection with palliative care (hospitals, hospices) are aware of, understand and often refer families and children and youth to Lighthouse and Bereaved Families of Ontario – H/P. Representatives from agencies with a high degree of connection to children (such as children’s mental health agencies, schools) know of and refer families to these two services as well, but some do not have as much detail about the services as they would like and/or are uncertain if their staff is aware of and consistently refer to these services. These agencies and services see the advantage of a regular (such as an annual) “educational outreach” session to train and re-train their staff.

Agencies with a high degree of connection to children use Internet referral sites to search for and navigate their clients to services. Service providers use at least 17 sites for information on and referral to services across Halton and Peel. Inconsistency of information across these sites means the experience can be “hit or miss” for some agencies and their staff looking for grief and bereavement services for children and youth, especially if they have a lower connection to palliative care services.

**Direct Links to Halton/Peel Directories (as of March 2015)**

http://www.kidshelpphone.ca/ResourcesAroundMe/
http://www.mississaugahaltonhealthline.ca/
http://www.centralwesthealthline.ca/index.aspx
http://www.mhpcn.ca/Patients_And_Families/contacts.htm
http://www.cwpcn.ca/patients-and-families/service-directory
http://services.findhelp.ca/oVSS/#results:m=TOPICS&q=S1&a=Peel%20Region&l=en
http://www.sickkids.ca/ProgramsandServices/Palliative-and-Bereavement-Care/Services/Support-and-counselling/index.html
http://www.centralwesthealthline.ca/healthlibrary_docs/ChildrenandYouthResources.pdf
http://www.chpca.net/family-caregivers/directory-of-services.aspx
http://www.211ontario.ca/
http://www.hpco.ca/search/
Information and referral for children and youth is “off-the-radar” of many health and social services with lighter connection to mental health services and/or palliative care. Physicians, hospitals without a palliative care specialty, cultural agencies, funeral homes, faith organizations and some children’s mental health agencies do not consistently refer children and youth to grief and bereavement services. This results in poor equity of access across populations and communities in services for children in grief and bereavement in Peel.

Even when palliative care services are somewhat systematized (for example in the maps of service provision and charted care paths for patients) in the array of service and referral pathways for end-of-life services, the assessments and processes do not expressly ask about children and youth, and there is no arrow leading to formal grief and bereavement services for children and youth.

### 4.5 Systematic Referral

When parents/guardians and people with close ties are dying or have died, it is not always apparent that there are children and youth who need grief and bereavement services, and referral is not made routinely:

- Children and youth may not often visit hospital, and be noticed by professionals for referral. They may be at school, or parents/guardians may not want children to experience the hospital environment.
- In cases where the individual dies suddenly in hospital, children and youth are unlikely to be connected with grief and bereavement services because there are other priority considerations for professionals at the time of death.
- Physicians may not know about children and youth who are connected to someone who is

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11 An example would be the Palliative Care Client Journey: Maps and Issues
dying or has died. They do not routinely ask about and refer children to grief and bereavement services. (Family Health Teams and physicians providing services in the home are more likely to see children and offer referrals than those who provide services in an office.)

- Parents go to residential hospices for end-of life services, and staff there are likely to see children and refer to grief and bereavement services, but the number of parents dying in hospice is relatively small compared to the overall number of parents who die. (Hospice Community Volunteer Visiting volunteers are more likely to see children in the home, but may not have education on grief and bereavement services for children.)
- Schools are a likely place for children and youth to be identified, and can provide counselling. The identification and referral of students who have experienced the death of a close tie is not routine for all guidance counsellors, social workers and teachers. Schools (and counsellors) do not see students over the summer.
- Help-line supports and counselling are helpful for children and youth, but referral to local services for grief and bereavement is not routine.
- Funeral Homes are very likely to see and identify children and youth connected to the death of a parent/guardian and or sibling. Only some routinely refer.
- The Coroners Office of Ontario is a good place to identify some children and youth connected to the death of a parent/guardian and/or sibling.
- Police services and victim response teams have a good system identifying where children and youth are connected to a death as a result of a crime or suicide. Referral is routine.

### 4.6 Outreach
Participant demand can be driven by publicity and outreach activities. The costs associated with outreach activities, however, draw resources from direct services. Outreach and publicity activities by the main service providers are limited by budgets and a lack of a common vision among all health service providers about support for children and youth.

Services that rely heavily on volunteers may run into difficulties when volunteers can’t continue (as they get new interests, become ill or just stop volunteering). The organization stops providing service until new volunteers are trained, or new funding is found. This causes a cyclical problem for service providers – no clients lead to no-demand, no demand leads to no outreach, no outreach means no clients. One service provider has likened the issue as “turning a large ship...once you have lost the service it takes a long time to turn the ship back on course...”
4.7 Staff - Education and Knowledge

Education and Knowledge - Formal Support

Community support services providers underlined the need for training in providing counseling and support to children and youth. Parents/guardians and teens talked about the need to receive information from a professional with both grief and bereavement experience as well as experience counseling children and youth. Agencies employing professionals and private counselors cited formal qualifications such as

- Masters and or Bachelor of Social Work
- Child Life Studies
- Psychology degree in counseling
- Masters in Education
- Masters in Thanatology

Art Therapy is felt to be an important qualification for some services, and was mentioned most often by residential and community hospice.

Information on grief and bereavement from the Dougy Center in Portland, Oregon was identified as important training, particularly by Lighthouse. (http://www.dougy.org) Lighthouse follows the service model pioneered by the Dougy Center.

Agencies and health care professionals stated the most important credential for all services offering professional counseling and/or professionally-led peer support groups is one that provides evidence of a strong understanding of children and youth, but that this credential must be combined with a number of years of experience in grief and bereavement counseling. Possessing the ability to connect well and establish quick rapport with children and youth is also recognized as important. An academic background that includes child life development was considered crucial, and formal support service providers emphasized the need for a number of years experience in talking to children and youth about dying, death, grief and bereavement. Community service providers said there are few individuals who have expertise with children and youth as well as grief, palliative care and bereavement.

In Halton and Peel, there are children’s mental health services (such as Peel Children’s Centre, RAPPOLT and ROCK) offering one-on-one counseling in drop-in centres, youth treatment centres and schools, as well as counseling/support by telephone. Professionals
have excellent qualifications to support children and youth, but agencies identified that staff do not have training and/or experience specific to grief and bereavement (it is not a mental health issue they encounter often).

Schools in Peel, Halton and Dufferin are similar in that their staff have excellent credentials and experience in educational and social issues but less formal training or experience specific to grief and bereavement. Schools have identified suicide intervention as a priority issue and are offering special training to help staff understand suicide. Bereaved Families of Ontario – H/P also partners with the Catholic School Board to provide some groups in schools.

**Staff, Training and Credentials – Informal Support**
Those providing "informal support" to children do so either directly (teachers, family physicians, nurses or social workers) or indirectly through parents (oncology nurses and other health care providers, social workers and chaplains). While far more families come into contact with informal than formal support services, most of the individuals providing these services lack specific training on grief and bereavement for children and youth, even when they encounter the issue frequently. In the informal support environment, individuals with training in children’s grief and bereavement have achieved the training independently, since it is not a requirement of employment.

Even for those individuals, training opportunities are rare. There is a lack of training opportunities for those who are well positioned to provide informal support. Service providers identified “…in**formal support and counseling**” as an area where care providers need tools and education. They need to know, “What is the best approach for health care providers to take in the moment?” They also ask, “Could there be standard tools, so that the support to children is individual to their needs but the best evidence-based advice to help children and youth cope with grief and death?”

**Training and Credentials for Volunteer Led groups**
It is not immediately clear if volunteer-led groups should fall into the “formal” category. These peer groups are provided in a structured program, regularly scheduled, age-appropriate and bring together in facilitated discussion and activities, children and youth with similar experiences.

The classification of the volunteer-led peer groups into formal or informal depends on the quantity and quality of the oversight provided to the volunteers. Oversight is provided by a professionally trained individual and/or an individual who has demonstrated
knowledge and expertise in supporting children and youth in relation to death, grief and bereavement. For the purposes of this project, if volunteers have constant access to oversight, it is classified as “formal”.

Volunteer-led peer support program cited volunteer training from
- Glenn and Roslyn Crichton, The Coping Centre, Cambridge Ontario,
- Dr. Bill Webster, The Centre for the Grief Journey.
- Dr. Alan D. Wolfelt
- The Dougy Center
- Rainbows Canada

These programs do not necessarily provide “certification”, but organizations or individuals can attend who are interested in learning further about a model, or providing grief and bereavement support.

BFO - H/P are in the first year of a partnering program to work with agencies interested in providing support to children and youth. BFO - H/P trains, mentors and works closely with the new organization to ensure high quality services. Partnering agencies to date have included schools in the Catholic School Board, the Bramalea Health Clinic, and planned projects are underway in Halton Hills and Georgetown.

4.8 Access to Research and Evidence
Gaps exist internationally in evidence related to services for children and youth in grief and bereavement. For instance, there are limited studies of children who have not accessed services, and very limited evidence on the socio-economic costs of bereavement in childhood and the cost-effectiveness of providing services.

The literature search commissioned by the Children and Youth Grief Collaborative as part of this project provides evidence about the efficacy of certain interventions for bereaved children and young people, both in the short and long terms. Counseling is only one possible response: services need to offer a range of responses, from basic information to in-depth individual help, whole family help, provided by both mainstream and specialist organizations to be potentially available to all.
This access to research and education has already helped to guide the Collaborative to create their vision and begin to formulate a strategy.

SECTION FIVE – Gaps in Services to Children and Youth for Grief and Bereavement

Interactions between barriers for families obtaining services and barriers for agencies providing services have resulted in gaps in services:

5.1 Too few children being supported by formal services
Interview participants reinforced the research by indicating that formal counseling and formal peer-to-peer support groups help children in both increasing their ability to cope and future resilience. They also identified that there are not enough formal services to reach children in Halton and Peel who are affected by the death of a parent/guardian.

It’s very difficult to answer with any confidence, the question, “How many children have experienced the death of a parent or main caregiver?” The numbers are not available.

The actual number of children and youth accessing services is also difficult to determine, since data are collected differently by different agencies, while the number of families and children accessing private services are not collected. For Peer Support Groups – somewhere between 300 and 335 children and youth (and their families for children and youth) accessed a peer support group in 2015.

5.2 Limited Range of Formal Services
There are no newcomers peer support groups. Participants in the project who provide services to newcomers (including education) spoke of a gap in access to grief and bereavement services, and further described this as a trend. Children and youth who come to Peel from other countries may have more experiences of death; they certainly have more experiences of loss (ranging from people such as friends and relatives to places such as home and school). Research indicates that children who experience multiple bereavements or bereavement alongside other life challenges are at risk of experiencing negative outcomes (in areas such as education, depression, self-esteem and risk-taking behavior) later in life.
5.3 Grief in Anticipation of Death

One agency offers peer groups to children and caregivers of those living with cancer (Wellspring Birmingham Gilgan House Cancer Support Centre - Halton/Peel). During the course of the group, patients may die, and the related children and youth complete the group with their peers. The focus of the group is coping with the effects of the life limiting illness, including grief and bereavement.

Currently, there are no peer support groups for children where death is anticipated, where the death is not cancer-related. The number of families who can overcome barriers to make their way to services may to be too small to create a peer support group.

Because so few children and families self-identify, individual and family counseling and expressive art therapy (through hospice) may be the most common service responses to families, children and youth who are grieving in anticipation of the death of a parent/guarding or close tie. For most families who are unable to afford grief and bereavement counseling, and the death is not cancer-related, there are currently no services. Wellspring Chinguacousy - Support Centre for Cancer Patients & Caregivers – Brampton offers one-to-one formal counseling to children and youth whose parent/guardian is dying cancer.

If the anticipated death is of a sibling, Credit Valley and The Hospital for Sick Kids can help.

After April 2015, Heart House Hospice will be offering individual counseling for children and youth in the Region of Peel (Mississauga and Brampton) through the HUUG (Help Us Understand Grief) Program with up to 4 pre-death sessions and up to 2 visits post-death.

Bereaved Families of Ontario - H/P and Heart House Hospice, as part of the Collaborative, are creating a resource manual for all agencies detailing activities and support that can be offered to children to help when they are grieving in the anticipation of a death.
SECTION SIX – What Services are Available in Peel (For more detail on Services available in Peel, See Appendix 4.)

There are two agencies providing peer support group agencies for grief and bereavement (Lighthouse and Bereaved Families of Ontario - H/P) and an agency providing peer support where a cancer-related death is anticipated. (Wellspring).

Expressive Art Therapy is available to children of families who access services at Dorothy Ley Hospice (there are not many children and youth seen at the hospice.)

Private services are available to families who can afford individual counseling. For families without the financial means, when a cancer-related death is anticipated, children can access three to four sessions (Wellspring) and when the death results from a crime, limited funding is available for up to 10 sessions.

Bereaved Families of Ontario – H/P offers volunteer support (one-on-one) for disenfranchised youth in partnership with Associated Youth Services (a mental health and social justice agency) and Peel Youth Village (a home for homeless or marginally housed youth.) Bereaved Families of Ontario – H/P also partners with the Catholic School Board to provide groups in schools where needed.

After April 2015, Heart House Hospice will be offering individual counseling for children and youth with up to 4 pre-death sessions and up to 2 visits post-death, in Mississauga and Brampton. The program is also available to children and youth who experience the unexpected or sudden death of a close tie.
Map showing Grief and Bereavement Services for Children and Youth in Peel and Surrounding Area
## Summary of Supports to Children and Youth for Grief and/or Bereavement in Halton Peel

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>In Halton/Peel:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal</strong></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td>Private paid counseling and therapy, Wellspring for anticipated death related to cancer, Trillium Health Centre (Credit Valley site) for death of siblings, new program at Heart House Hospice (April 2015) for children and youth in Mississauga and Brampton. Expressive Arts Therapy – Dorothy Ley Hospice and Hospice Dufferin</td>
</tr>
<tr>
<td>Peer Support</td>
<td>Lighthouse, Bereaved Families of Ontario – H/P, Wellspring Birmingham Gilgan House Cancer Support Centre for anticipated death due to cancer, Camps: Camp Erin, Season Centre for Grieving Children</td>
</tr>
<tr>
<td>Legacy Event</td>
<td>Hospitals, Hospices, Wellspring, Lighthouse, Bereaved Families of Ontario – H/P</td>
</tr>
<tr>
<td><strong>Informal</strong></td>
<td></td>
</tr>
<tr>
<td>Support/counseling to family member about children, and/or to individual child or youth</td>
<td>Hospitals, schools, Family Health Teams, children’s mental health services, CCACs, hospices, victim services, funeral homes, multi cultural agencies, physicians, nurses, social workers</td>
</tr>
<tr>
<td>Information</td>
<td></td>
</tr>
<tr>
<td>Referral</td>
<td></td>
</tr>
<tr>
<td>On-line Peer Support</td>
<td>Lighthouse has the capacity to begin a more formal on-line peer support program</td>
</tr>
</tbody>
</table>
SECTION SEVEN – Recommendations for the Children and Youth Grief Collaborative

7.1 Adopt a Model of Support to Children and Youth

The Children and Youth Grief Collaborative is adopting a version of the following Vision/Mission and Values:

VISION (DRAFT Version March 18/15)

Our vision is that every child and youth has honest, well-informed information and support when someone close to them is going to die, or someone has died.

Mission

Our mission is to advocate for conversations, access to services and education to support children and youth when someone close to them is going to die, or someone has died.

Values

• Each child is unique and has an individual response to death.
• There should be a broad range of grief support (formal and informal) available to all children and youth.
• Support aims to give children and youth coping skills and increase their resilience to face life events.
• Support should be culturally informed.
• Accurate language is especially important in talking to young people; proper words should be used.
• Communities need capacity to support children and youth: education and access to evidence, tools and services.
• Families, children and youth need effective and prompt information and referral.

To enhance this mission statement, a model of support to children and youth is proposed for adoption by the Children and Youth Grief Collaborative (on page 33). This model describes a system of referral from informal support services to formal counseling, where the aim and intent of support and counseling is to help children to cope with the death of a close tie, and to acquire and practices and skills to cope with grief and loss. These skills promote reliance, which will help them throughout their lives.
In the new model, it is proposed all families with children and youth (including those led by an unrelated guardian) will be informed about how to access and the benefits of a range of formal support for grief and bereavement. All families, children and youth will be referred, and supports identified for them to attend. Referrals will be consistent across all points of access for children. Information will be provided so that families can decide to access services at a time most acceptable to them. The decision about whether to attend will be made by the family (children and youth and guardian(s)).

Informal supports are essential to the model – the entire system of acute care (acute oncology wards/clinics and Emergency Departments) palliative services and children’s services will provide accurate, comprehensive, consistent and age-appropriate information to children and youth (and their families), using evidence-informed just-in-time support. The core components of information and referral will include speaking honestly and openly with children about death and how and where to refer all children and youth.

In this proposed model, a decagon (10-sided) shape replaces the traditional triangle used in models of palliative care for adults.\(^\text{12}\) The triangle is used to show palliative services are based on need – most patients have lower need for services and few patients (at the apex of the triangle) have the highest need for specialist or tertiary care. In the children’s model it is accepted that death or anticipated death of a parent (or caregiver) represents a difficult life experience for children, and they need help and support to promote their ability to adapt to the situation in a healthy way. Within the population of all children experiencing the death of a parent, there may be some who need more support than others - the evidence suggests the need for a range of services to be potentially available to all, there is also a case for paying particular attention to troubled young people who may have faced significant bereavement or other challenges earlier in their lives, and to bereaved young people living in disadvantaged circumstances. Children who need more services would be identified in the course of formal counseling.

\(^{12}\) An example where a triangle is used is the Model for Integrated Continuum of Care Settings
Proposed Children's Model of Supports Affected by Death of a Parent/Guardian/Close Tie

- Formal
- Counseling (family together or individual child and youth), Peer Support Groups and Camps
- Informal
- Support and counseling (family together or individual child and youth), on-line peer support, information, referral

Proposed model showing all children and youth are referred to formal services for grief and bereavement support.
7.2 Informal Support Services
Informal support systems need to have simple and consistent information about how to offer informal support and counseling, and clear and consistent information about referral.

A part of the work of the Collaborative will be to develop clear and consistent communication for information and referral. One instance of this could be to develop one systematic “minimum description” for the 17 information and referral databases identified in the report and provide this to the database holders regularly (for example, every 6 months). The Children and Youth Grief Collaborative can suggest a category heading for services to the agencies that hold the database (for instance, “Grief and Bereavement Services for Children and Youth”). Although the groups that maintain the databases may continue to provide information about some of the services outside of the Collaborative recommendations the core information identifying service available should be consistent and up-to-date. Another example of a clear and consistent information and referral is to develop a laminated referral card to be given to every professional working in agencies and organizations identified in the decagon.

Another part of the work is to develop and host workshops to provide tools for informal support services. These workshops would help informal service providers provide information in the short time they have with children and youth to discuss death, grief and bereavement, and help then to accurately refer children and youth.

Currently Halton and Peel agencies do parts of this education outreach for their own agencies, it would be more effective for information and referral purposes to develop a joint information session that describes all the services that are available to families, children and youth. Workshop development, educational materials and facilitator fees can be financed by one-time funding, which is easier to obtain from granting bodies than operational funding. Some the workshop information and material is “generic” (i.e. about support to children and youth) and some will only pertain to local services (i.e. about where to refer). It is likely that children’s grief and bereavement services from other parts of Ontario are interested in developing similar workshops. If partnerships could be found development and material costs could be shared. The identification of other regions could take place through Palliative Care Networks or through Hospice Palliative Care Ontario.

The workshops will differ according to audience/stakeholder. One of the most difficult audiences to engage will be physicians, but others (identified in the decagon shape of the model) will present their own unique sets of challenges. The Collaborative should look for advice on creative ways to outreach to these audiences (including potential MainPro accreditation).

The Children and Youth Grief Collaborative is already developing an e-newsletter to inform stakeholders of the work of the collaborative. This will be a vehicle to continue to keep informal all service providers engaged and informed. A number of informal
support services talked about how difficult it was to keep current in the topic, and a newsletter with a wide distribution would help meet this need.

7.3 Telephone Support Service
There was discussion among participants of this study about the advantages of offering specific grief and bereavement services via telephone support or interactive websites. There was a feeling that especially teenagers would be more likely to use these media. An international search of sites and resources, as well as a literature search was prepared as part of this study.

Discussion about this support fell into three distinct categories:
- Telephone Support for Parents, Caregivers and Professionals
- Telephone Support for Children and Youth
- On-line support for children and youth

Several agencies in the United Kingdom Such as Winston’s Wish and Child Bereavement UK) have helplines for parents and professionals looking for advice on the topic of children’s grief. Winston’s Wish answered 3,000 such phone calls in 2012.

At the moment, Halton and Peel do not have the numbers of children and youth accessing grief and bereavement services to warrant the cost of building and maintaining an infrastructure for a telephone response line. Time and funds are better spent partnering with current telephone support services, such as the Kid’s Help Phone. The Kid’s Help Phone has counselors, administration, funding and communications to support the infrastructure of the agency. It is Canada-wide. There is a strong community awareness of the distress nature of the line. All of this creates a strong critical mass of children and youth who benefit from the telephone support line. There is a good opportunity for the Children and Youth Grief Collaborative to work with Kid’s Help Phone to increase their ability to offer evidenced-based, well-informed counseling specific to grief and bereavement. There is also an opportunity to ensure consistent information and referral is available to services in Peel and Halton.

The Children and Youth Grief Collaborative could also provide information and advocate for an Ontario-wide or Canada-wide helpline along the model of Winston’s Wish.
7.4 On-line Support Service
On-line support also needs a “critical mass” of children and youth to be a success. Currently, that “critical mass” of children and youth does not exist in Peel and Halton. If one of the Ontario or Canadian Associations (such as Canadian Virtual Hospice) adopts an on-line support network for children and youth the Children and Youth Grief Collaborative could develop a plan of support (for instance, including the new service in information and referral).

7.4 Peer Support Groups
Peer-support groups make efficient use of scarce professionals, and enable larger number of young people to have access to programs that promote coping skills and resilience. Families pointed out the effectiveness of peer-support groups at reducing stigma.

Two agencies offering peer support, one in Peel and one in Halton seem an adequate number to provide peer support groups for the number of children and youth who are affected by death. Lighthouse can continue to serve those families in the communities in south Peel, Halton, Etobicoke and Hamilton. Bereaved Families of Ontario – H/P can continue to serve families in the northern parts of Mississauga, Caledon and Etobicoke. Bereaved Families of Ontario – H/P can offer peer support in more than one site – tailoring groups to where it is convenient for families (in schools, faith-based organizations and community agencies and hospitals.)

Funding is scarce, and skilled peer-support volunteers rare. Resources can be concentrated in these two agencies for peer support groups.

Both Bereaved Families of Ontario – H/P and Lighthouse need additional funding to provide more groups. As Heart House Hospice develops its HUUG (Help Us Understand Grief) program, increased referrals will place a higher demand on the two agencies. As workshops and communication tools reach more informal service providers, more children and youth will register for peer-to-peer support.

The fragmentation of the funding system is unlikely to change quickly, but information about needs and benefits can be made available more widely. Services providers already know about the need and inadequacy of the system, but they need tools and language to describe what is needed for advocacy at Ontario-wide associations (such as the Ontario Medical Association and Hospice Palliative Care Ontario).

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13 See for example, the excellent on-line program piloted by Hospice Peterborough
Additional sources of base funding for Peer Support can be found through partnerships, especially with Community Health Centres, newcomer organizations and Children’s Mental Health Agencies. Partnerships to apply for base funding and integrate scarce funding are important, and the Children and Youth Grief Collaborative is one of the best ways to promote and achieve those partnerships.

7.5 Increased Range of Services
There are three suggestions for increasing the range of formal services available in Peel and Halton:

1. Develop a newcomers bereavement program
2. Collect data on individual one-on-one counseling for the Heart House Hospice program, and, if warranted, expand to all of the Peel (and potentially to Halton)
3. Collaborate with Dr. Jay’s Children’s Grief Program, Heart House Hospice program and private counselors to develop a response to the need for supports to children and youth who are anticipating the death of a parent or guardian. Dr. Jay’s have indicated willingness to collaborate with Peel and Halton (although they have significant waitlists)

7.6 Data Collection
The advantages of bereavement support and counseling for children and youth and the case for funding are not clear to all potential funders. The Peel Children’s Collaboration has an opportunity to begin to gather evidence and to build the case.

They could do this by:
• Obtaining agreement from collaborative partners to identify sources and amounts of funding specially related to children and youth for grief and bereavement
• Shifting to a shared outcome-focused delivery and measurement – outcome measures across services should be standardized and incorporate child/youth/family centered and community outcomes. Outcomes should clearly link to developing coping skills and resiliency beyond grief and bereavement
• Creating a shared database of information about services funding and costs and project utilizations
• Tracking utilization and costs relative to value as the model is implemented
• Providing regular reports and communication about the information to a wide audience

Agreeing to common definitions on services will illuminate further limitations in the range of services provided, and may provide suggestions for future activities.
7.7. Next Steps
The Children and Youth Grief Collaborative is developing, innovating and implementing social change in response to a difficult social issue. Innovators are mobilized by a powerful sense that something needs to change. In order to create change, the operational steps can be broken out over shorter time periods:

Short term (next year)
1. Continue to work on building a collaborative (work on models of collaboration)
2. Finalize agreement for Vision/Mission/Values and Model
3. Develop membership of the collaborative
4. Produce and distribute bi-annual newsletter
5. Work with membership to identify sources of funding for direct service providers
6. Apply for funding for development of referral mechanism
7. Apply for funding for development of education for informal caregivers
8. Set up sub groups for data collection. Spend three to six months to a year developing common outcome data definitions and putting database in place
9. Collaborate with Dr. Jay’s Children’s Grief Program, Heart House Hospice project and private counselors to design a program for counseling in anticipation of death.

Medium term (next year plus two)
1. Develop training for informal support service providers, and begin to deliver training
2. Develop partnership with telephone support organization
3. Develop a Communications Plan
4. Produce and distribute bi-annual newsletter
5. Collect data
6. Determine if expansion of Heart House Hospice individual counseling is warranted (expand to all of Halton and Peel)

Long Term (more than 2 years)
1. Produce and distribute bi-annual newsletter
2. Deliver training
3. Develop a Public Education/Advocacy campaign
4. Re-examine potential of on-line and/or telephone support  
5. Evaluate data  
6. Develop new operational plan  
7. Partner to create a newcomers peer-to-peer group.
Appendix 1 Definitions of Services

1. **Formal counseling** is provided under the direction of a professionally trained individual and/or one who has demonstrated knowledge and expertise in supporting children and youth in relation to death, grief and bereavement. The support/counseling includes assessment, planning, implementation, monitoring/evaluation.

The service is scheduled (at a mutually agreed upon time) and is specific to supporting children and youth in relation to death, grief and bereavement.

Formal counseling will probably include access to resources and educational, and may include information and referral services in the course of counseling.

2. **Peer Support** - support groups provided under the direction of a professionally trained individual and/or one who has demonstrated knowledge and expertise in supporting children and youth in relation to death, grief and bereavement that brings together families or children and youth who have had similar experiences in facilitated discussion and activities. Age-appropriate, regularly scheduled peer support sessions provide a structured program.

3. **Legacy event/visit for child or youth** - a once or twice a-year event for a child or youth to commemorate the person who has died. It usually includes activities of remembrance of the person who has died. It could include a card of remembrance sent directly to the child or youth.

4. **Informal support and counseling** is offered on-site or on-line, “just-in-time” offered where the child, youth or a family member is located at the time of the support. No appointments are made, and the support is responsive to immediate expressed (or sometimes unexpressed, but perceived) need. The support can be offered by professionals and/or non-professionals such as teachers, social workers, nurses or volunteers.

Informal support may include information - where education material is provided to the family, child and youth about a death or impending death, grieving and loss, or where links to education material, such as on-line support. Informal support may also include referral to community services.
5. Information – written, story pictures or on-line material provided to a parent or guardian, or a child or youth. The material is directly related to children and youth.

6. Referral - refer children, youth or their families to a specialist in grief and bereavement for children and youth, such as social work, psychiatry, chaplaincy or a community service. The family referral is specifically to offer services related to a child or youth.

The referral may be to an in-house resource (such as a psychiatrist or chaplain) or to a community service provided where the child and or youth lives, goes to school or even works.

A referral can be made by simply providing the name of a service, or giving a brochure or cared describing the service. This does not help all children and youth navigate the complex system of supports for grief and bereavement. A “warm handoff” where referral is made to a professional or community support service by an introduction (in person or by telephone) and a first appointment made. This type of referral is more likely to be followed up by a family under stress or a youth in need of services.

7. On-line Peer Support – there are a number of international on-line peer support groups for cancer support that follow a chat room format. Most have methods of ensuring that participants can share their experiences in a private and confidential setting. It is harder to locate on-line peer support specifically related to grief and bereavement for children and youth but a potential model is provided by Hospice Peterborough.
Appendix 2 Research

In January, 2015, The Peel Children’s’ Collaborative engaged Health Systems Solutions Inc. to complete a Literature Search and an analysis of grief and bereavement services for children and youth in the Regions of Peel and Halton. The analysis was to look at services where death was anticipated as well as where death had occurred.

Two Literature Searches were undertaken:

- Support Services for Grieving or Bereaved Children: Needs Assessment (focusing on key articles, reports, etc., published between 2010 and 2015.
- Children: Needs Assessment - Helplines, Online Support, Social Media, etc. Supplement to Literature Search

The analysis of grief and bereavement services were undertaken through:

- Three focus groups with parents and youth,
- One group meeting with over thirty providers
- Over 130 telephone interviews with families and service providers

Conversations and focus groups we structured in a similar format to answer questions (provided at the end of this section). All participants were assured of the confidentiality of their replies.

This resulted in close to 200 individual and group conversations about death and services for children and youth in grief and bereavement. Conversations took place with service providers in Peel, Halton and Toronto. Conversations with parents and youth referred to services in Peel and Halton. These conversations were supplemented by electronic survey questionnaires and further research into satisfaction surveys for one local grief and bereavement services.

The resulting information was summarized in this report and in a database of 90 funders, policy organizations and service providers (provided to the Children and Youth Grief Collaborative).

In building a model for children and youth, they should be involved at every stage of planning, development and implementation. However, focus groups were not well attended by parents and youth (telephone calls to and from parents were more effective). A death, or anticipated death of a close tie affects a family and child deeply. Parents, guardians and youth identify many barriers to
participating in any activities. In the anticipation of death, much of the family energy is directed toward supporting the individual with a life limiting illness, with any additional time devoted to emotional and practical support for the siblings or children. After death many families and guardians prioritize "normalizing" activities - making sure that school, sports and recreational activities continue. Surviving parents or guardians cope with their own grief and the changed family dynamics, and have little energy left over to collaborate on improving services. Many children and youth say they don't want to be singled out as different - they perceive advocating for their status as stigmatizing.

For this report, the conversations about death took place with children and youth (8) and parents (25). A larger number of conversations were with people who were involved in informal and formal advice and counseling to families and youth. It is worthwhile to point out the commitment of people to the topic, illustrated by the return rate of telephone calls and messages – of 180 telephone calls, 175 were returned – a 97% return rate.

Questions to guide conversation with children, youth and parents or guardians

   Explain who I am
   Describe what I am doing, and there may not be a discernable result
   There are no wrong answers to questions, and it is a conversation
   Sign in sheet with confidentiality
   Ask everyone to abide by “safe place”

1. What was the life event that brought you to this services?
   (look for pre-death events too.)
2. How did you find your way to this service? How did you hear about it?
   Probes:
       • Were your referred (if so, who)?
       • Did a physician (family doctor) or someone involved in your loved ones care suggest this?
       • Did you hear about this from someone (who?) and then you called to find out more?
       • Did you look on-line or in the phone book or other directories for this or other services? Was that search successful? (ie did you first connect with a kids help line, or other distress line?)
       • How instrumental was a caregiver in referring you to this service? (Parent, grandparent, sibling)
3. Is there anyone you think you should have received a referral from? Is there anyone who didn’t tell you about how to get help, and you think they should have?
4. Did you begin services when you needed to or did you have to wait? Why did you have to wait?
   - Waiting for program to start
   - You weren’t ready – you needed time
   - There were barriers for you, like transportation.
   - The hours/days had to be organized.
4b. If you had to wait, what was the impact on you?
5. What services did you access here? (support group, individual, peer to peer, volunteers, other)
6. What other services that you access help you – services and help that is not here but have given you coping skills or good advice or even just were there for you?
   - Help at school? Teachers or guidance?
   - Family physician?
   - Hospital
   - Funeral home?
   - Church, or faith?
   - Do you ever look on line for help?
   - Phone help?
   - Books?
   - Friends
   - Relatives?
   - Professionals?
   - Social media? (Facebook? Anything else?)
7. Do you know of other services or help that you haven’t connected now but might in the future?
8. If participants experience related to anticipatory grief - explore more fully – did it help, did it help the family - did it help the ding person? How? Were there other services that could help?
9. Is there any thing that you would describe as the most help? What was of most help here?
10. Do you wish there was more here – longer time, more sessions? Different services? More kids? Would you take advantage of more?
11. If you knew of a peer (a child or youth) who was in the same circumstances you are in, what would you recommend to them about services?
12. If you had to go to Toronto for support, would you do so? Is it too hard to get there? Where would you prefer to go in geographic location?
13. If you could have your wish for services and help for yourself and also for other kids who find themselves in the same circumstances, what would you wish for?
14. Is there anything else you’d like to say or share about services in grief and bereavement?

Questions that guide the conversation with Service Providers

1. Do you (or your staff) routinely offer advice/support to children when there is an impending death in the family...describe how you would offer the advices, how do you come to see that the children need advice and support? (Do you set up appointments specifically for this service?) What about post death advice/support?
2. What sort of services do you offer children and youth related to grief & bereavement?
3. Do you track numbers of bereaved children? Do you have an estimate?
4. Are there any signs you (or your staff, or teachers) look for that would show a child was struggling? (Pre death and post death?)
5. How well equipped do you feel you and your staff to prepare parents/children for a death in the family? What sorts of qualifications do they have?
6. Do you refer parents and children to resources like websites or books, or provide fact sheets? (Which ones? Are they good, or are you happy with them?)
7. Do you refer on to other services offering grief and bereavement services? How formal/detailed is that referral? (ie do you suggest the name of organizations, do you describe the services, which person does the referral, do you have a list you give?)
8. Are there gaps in services for referral?
9. Do you have resources available at your work for children and youth experiencing the dying of someone in their life?
10. Is money an issue for people to access services - are there any other barriers?
11. Do you have anything you would like to add to our conversation about children and youth, grief and bereavement?

Survey questions for formal services can be found at https://www.surveymonkey.com/s/2G9HJTW
Appendix 3 Numbers and Statistics

Researchers agree on:
• An absence of baseline data to enable a robust assessment of the scale of bereavement in childhood, and detailed segmentation of this data to understand the range of experiences by type of bereavement and according to various socio-demographic characteristics.
• Significant gaps in sampling children, young people and families who have not accessed services
• Absence of evidence on specialist populations – LGBTTQ, aboriginals, newcomers, kids with disabilities

U.S. Numbers

In the US – “of the 1,006 adults age 25 and over surveyed, more than one in seven (15%) reported losing a parent (11%) or sibling (5%) before turning 20.”

However – the US has higher incidence of firearm related death.

U.K. Numbers

Research suggests that between 4 and 7 per cent (under 16) will lose a parent.

How many children in the current population have been bereaved of a parent?
• By the age of 16, 4.7 per cent or around 1 in 20 young people will have experienced the death of one or both of their parents (Parsons, 2011).
• Around 3.5% of 5-16 year olds have been bereaved of a parent or sibling (Fauth and others, 2012).

In Peel 4.7 under 16s = 8,239

U.K. Numbers

“The limited statistics that are available about children and young people’s experiences of death tell us that 4 to 5 per cent of five- to 16-year-olds have experienced the death of a parent, brother or sister (Green, 2004)”

In Peel 4% to 5% of five to 14 year olds = 7,011 to 8,765

...Research suggests that between 4 and 7 per cent (under 16) will lose a parent...Young people, bereavement and loss: Disruptive transitions? by Jane Riebens McCarthy

Peel Population Under 19

In 2011 there were 318,605 children in youth under 19.
2009 Table: Mortality from All Causes by Age Group Peel, (Available for Peel municipalities and Ontario)

<table>
<thead>
<tr>
<th>2009</th>
<th>Age Group</th>
<th>Number of deaths</th>
<th>Population</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peel</td>
<td>20 to 24</td>
<td>32</td>
<td>93,227</td>
<td>34.3</td>
</tr>
<tr>
<td>Peel</td>
<td>25 to 29</td>
<td>36</td>
<td>95,467</td>
<td>37.7</td>
</tr>
<tr>
<td>Peel</td>
<td>30 to 34</td>
<td>37</td>
<td>96,042</td>
<td>38.5</td>
</tr>
<tr>
<td>Peel</td>
<td>35 to 39</td>
<td>53</td>
<td>99,463</td>
<td>53.3</td>
</tr>
<tr>
<td>Peel</td>
<td>40 to 44</td>
<td>114</td>
<td>109,611</td>
<td>104</td>
</tr>
<tr>
<td>Peel</td>
<td>45 to 49</td>
<td>150</td>
<td>110,319</td>
<td>136</td>
</tr>
<tr>
<td>Peel</td>
<td>50 to 54</td>
<td>209</td>
<td>90,475</td>
<td>231</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>422</td>
<td>604129</td>
<td></td>
</tr>
</tbody>
</table>

Peel Numbers 2009:

Assume – 80% deaths occur in a parent led household and between 1.4 and 1.8 children per household:

In Peel, in 2009:

475 to 600 children and youth affected by death of parent.

In 2008:

725 to 935 children and youth. (There were 650 deaths.)
Sources of Information for Statistics:

2013 Growing Up in Peel – from the Region of Peel

LIVE BIRTHS BY THE NUMBER OF PREVIOUS BIRTHS

http://www.childhoodbereavementnetwork.org.uk/research/key-statistics.aspx


Mental Health of Children and Adolescents in Great Britain. London: HMSO.


U.K. Numbers

Are some groups more likely to be bereaved?

Mortality rates vary by social class and geography, so it follows that children living in disadvantaged areas are more likely to be bereaved. Also, some groups of children may be more likely to experience particular kinds of bereavement: for example mortality rates among disabled young people with complex health needs are higher than among the general population, so young people attending special school are probably more likely to be bereaved of a friend than their peers in mainstream schools.
Appendix 4 Detailed Description of Services and Gaps in Peel

**Peer Support Groups**, specific to children and youth, specific to grief and bereavement, available in Halton Peel.

Two agencies offer grief and bereavement peer support groups for children who have experienced the death of a close tie
- Lighthouse
  Bereaved Families of Ontario – H/P

The support they provide is limited only by the amount of funding available to them; in other words, with additional funding, these two agencies would be able to increase the number of peer support groups.

Lighthouse provides concurrent parental bereavement for parents/guardians, as well as child and teen groups. Lighthouse can also provide separate peer support programs to families, children and youth when the death was sudden or traumatic.

One agency peer support offers anticipatory bereavement group specific to cancer.
- Wellspring Birmingham Gilgan House Cancer Support Centre - Halton/Peel

Although there are none currently, if the numbers of children and youth warrant, there is an opportunity to offer anticipatory bereavement group specific to cancer at:
- Wellspring Chinguacousy - Support Centre for Cancer Patients & Caregivers - Brampton

Previously active peer support groups have closed due to lack of funding, lack of referrals and/or lack of volunteers – Hospice Dufferin, Rainbows and Bramalea Baptist Church (COPING, or Caring for Other People in Grief). A peer support program was piloted in 2014 by Bethell Hospice, for children and youth in grief in bereavement, and is no longer in operation.

As a supplement to peer support groups two organizations offer no-fee “away camps” available to children in youth during the summer: Camp Erin and the Season Centre for Grieving Children (in Barrie). Further away, the Coping Centre in Cambridge offers a fee-based “away camp” with subsidies available.
One-to-One Formal Counseling, specific to children and youth, specific to grief and bereavement, available in Halton Peel

Wellspring Chinguacousy - Support Centre for Cancer Patients & Caregivers – Brampton offers one-to-one formal counseling to children and youth whose parent/caregiver is dying or has died of cancer.

Bereaved Families of Ontario – H/P offers volunteer support (one-on-one) for disenfranchised youth in partnership with Associated Youth Services (a mental health and social justice agency) and Peel Youth Village (a home for homeless or marginally housed youth.)

An innovative new program from Heart House Hospice will open for residents of Peel (Mississauga and Brampton). On April 1st, 2015 Heart House Hospice will launch the HUUG (Help Us Understand Grief) program for children and teens up to age 18, who have a family member with a life-limiting illness. The program will offer in-home visits and carry through to bereavement counseling after death has occurred.

The Dr. Jay Children’s Grief Program, formerly operated as “Max and Beatrice Wolfe Centre” offers one-on-one counseling for children who have attended Camp Erin (regardless of residence) or who live within a part of the City of Toronto. The program is being revised, and the old catchment area may not apply in the future. The redesign gives the Children and Youth Grief Collaborative an opportunity to partner with Dr. Jay’s to develop solutions unique to Halton/Peel.

“Through the Dr. Jay Children’s Grief Program, counselors help support and educate children and their families when a significant person in their life is dying or has died. Their counselors provide guidance on the needs of these bereaved children and young people. They also work directly with children, youth and their families to provide support in their grieving, using creative approaches to help them learn about dying and death. They host special group events to bring together children and families who have had similar experiences, including a weekend-long bereavement camp. (Camp Erin) They can also help you find other programs and services that will offer additional support and information.”

Hospital programs don’t often see children and youth as they may not often visit hospital, and be noticed by professionals for referral. Pediatric programs have more experience of children and death, and a stronger understanding of the benefits of formal services. When a child dies, counseling through hospital programs is available to help siblings cope.
• The Hospital for Sick Kids (in Toronto) has a PACT program that can help family establish goals of care and plan for the future so that difficult decisions need not be made during a crisis. PACT is available to help siblings cope with the changing situation and to address their own unique worries.

• Trillium Health Partners has a similar pediatric program for families whose home base is at Credit Valley and within the LHIN – Oakville, Brampton and Mississauga. They offer support to families, and follow siblings of the dying pediatric patient.

Hospices have the ability to provide one-to-one formal counseling services to children and youth through a variety of mechanisms. For instance, Dorothy Ley Hospice and Hospice Dufferin provide one-on-one support work though an Art Therapist. Heart House Hospice and Bethell Hospice can provide children and youth access to a counselor who normally works with people at the end of their lives, neither hospice currently offers a formal one-to-one counseling program for children and youth. The program is also available to children and youth who experience the unexpected or sudden death of a close tie.

Private therapists with offices inside and outside Halton Peel boundaries are available to offer one-to-one formal counseling if the family can pay, or if there is Victim Assistance. Two therapists were interviewed as part of the project, and seven other private therapists were referred to during conversations.

Formal Counseling and support in Faith Based Communities was investigated in conversations about grief and bereavement, but it was a challenge to pin down what counseling is offered and how much is evidenced-informed. Faith based communities are a source of support to some families and children, and warrant further discussion as potential sources for a fuller, evidence-informed review of services, as well as potential information and referral resources.

For example, the Master at the West End Buddhist Temple and Meditation Centre said the Centre offers one-on-one counseling to children and families (of any faith) to help understand the universal principal and reality of life, and to cope with loss. The temple has a number of youth groups that address topics of grief and bereavement if the questions arise during those groups. The Master expressed interested in partnering with the Children and Youth Grief Collaborative in future education programs.

One-to-One Mental Health Counseling, specific to children and youth, available in Halton/Peel

Publicly funded one-on-one mental health counseling services for children and youth have high profile in the community and excellent outreach activities.
School board participants said one-on-one counseling services are available in schools to children and youth, delivered by experienced child development social workers as part of their responsibility to support students’ social-emotional development, well-being and other aspects of youth development.

Almost invariably, in schools and mental health services, the availability of grief and bereavement services were described as:

“Grief and bereavement counseling is offered, if it comes up, during the course of counseling related to other mental health issues.”

Some schools and children’s mental health agencies provide information and refer clients to services specific to children and youth, grief and bereavement, if they are aware of what services are available.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization main role</th>
<th>Geography</th>
<th>C/Y subgroup</th>
<th>Organization Role in Children’s Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peel Children’s Centres</td>
<td>Treatment services for children, teenagers, and families who are having serious issues with relationships, feelings, or behaviours. Treat young people under the age of 18 who live in the Region of Peel in Ontario, Canada. Also Maritime provinces residential treatment programs located in Moncton, New Brunswick.</td>
<td>Peel</td>
<td>Mental Health</td>
<td>Tangerine Walk-In Counselling is a free service for children, youth and families who live in Peel Region. Tangerine offers a unique single-session approach to counselling. The service takes about 2 hours. The first hour is spent with the counsellor talking about what is important to the client that day. Then the counsellor takes a break to consult with colleagues who provide another viewpoint. The counsellor then provides the client with both verbal and written feedback. Provided in partnership, by Associated Youth Services of Peel, Peel Children’s Centre, and Rapport Youth &amp; Family Services.</td>
</tr>
</tbody>
</table>
| **Associated Youth Services of Peel** | **AYSP is a dynamic team of optimistic and compassionate professionals and volunteers dedicated to helping children, youth and families manage mental health and/or justice issues in order to realize their potential and encourage their contribution to community.** | Peel | **Mental Health** | A number of youth (up to 18) programs, including in-home work with mental health/behavioural issue as well as youth justice program. Also offer LGBT groups.

May see children and youth at walk in sessions (run with Peel Children's Centre and RAPPORT) or at The Brief Therapy Counselling Program, which offers counselling to youth and families for up to 8 sessions, over a three month period, and is for those families or youth who feel they would benefit from additional goal directed counselling. Counselling is provided at the agency or in a community setting.

This year (2015) AYSP is partnering with Bereaved Families of Ontario. |
| **Catholic Family Services Peel Dufferin** | **Multi-service counselling agency that has been providing services in the Region of Peel since 1981. Mandate is to strengthen families and help stop family violence.** | Peel/Dufferin | **Religious Affiliation - Catholic** | Groups for children 0 to 12 and mothers related to family violence and healing. One-on-one counselling up to 16. Therapeutic work in this context. Might refer on to specialist grief and bereavement.

Also run session in both school boards on related issues such as bullying and violence, or with "at risk" girls. |
| **Rapport Youth & Family Services** | **Rapport Youth & Family Services is a non-profit social service organization that provides counselling and related support services to youth in Peel Region. Rapport is staffed by professionally trained social workers, counsellors, and youth workers who provide a range of services for young people between the ages of 12 and 20 who are experiencing personal, social or family problems.** | Peel | **Mental Health** | Groups focus on areas of anger management, stress management, self-esteem, relationships, and parent-teen conflict.

Youth, school counsellors, principals, teachers, parents and other community and family members can make referrals to groups.

See also Tangerine walk-in counselling under Peel Children's Centre. |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
<th>Region</th>
<th>Sector</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROCK Reach Out Centre for Kids</td>
<td>ROCK’s holistic approach to the continuum of mental health care involves our multi-disciplinary expertise. Reach Out Centre for Kids is a training centre for graduate level students in a variety of disciplines including clinical psychology, occupational therapy, social work, and family therapy.</td>
<td>Halton</td>
<td>Mental Health</td>
<td>No specific programs re grief and bereavement</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Provides services such as emergency shelter, food, clothing, &amp; counselling to women (over 16) in need.</td>
<td>Peel</td>
<td>Abuse</td>
<td>Provides services such as emergency shelter, food, clothing, &amp; counselling to women (over 16) in need. Counselling would be provided regarding grief and bereavement, if in came up in the context of abuse.</td>
</tr>
<tr>
<td>Muslim Community Services and Brampton Multicultural Community Centre (BMC)</td>
<td>Muslim Community Services is a group of diverse professionals dedicated to enhancing newcomer community engagement. A non-profit organization to serve and work with newcomers to facilitate their settlement and integration into Canada. Offer a wide range of services and learning opportunities to connect newcomers to a better future in the ever-changing Canadian society. Mandate: To enhance the capacity of newcomers to participate more effectively in our communities.</td>
<td>Peel</td>
<td>Culture</td>
<td>MCS offers LINK classes and Violence against women classes/groups. BMC offers a wide variety of programs including 2 youth leadership groups for children ages 14 to 20. They also have a March break camp. Grief and bereavement is not an issue they have explored, or that has come up.</td>
</tr>
</tbody>
</table>
Multicultural Inter-Agency Group of Peel (MIAG)

Non-profit charitable community organization that strives to address community needs and identify gaps in service delivery, and to ensure the active participation of diverse communities including women, youth, seniors and persons with disabilities in the society.

Integrates creative responses to existing and emerging ethno-cultural communities’ needs by applying effective outreach, leadership training and skills development programs.

MIAG - counselling services to diverse families. We offer culturally sensitive Adult and Youth, Couples and Family counselling services. Services include: assessment, evaluation, brief intervention, ongoing support, family support and court mandated services. (Also part of TANGERINE - above)

Services are offered in Individual, Group and Family sessions.

Grief and bereavement would be addressed as in came up in the context of other counselling.

Punjabi Community Health Services

Punjabi Community Health Services is a health, social and settlement services organization serving the diverse community in the GTA.

No specific programs re grief and bereavement

Information and Referral

Specific to children and Youth, specific to grief and bereavement available in Halton/Peel

There were about 70 groups and agencies in Toronto, Peel and Halton who either provided information and referral, or had the potential to provide information and accurate referral.

On-Line or Telephone Support

Specific to children and Youth, available in Halton/Peel

The Kid’s Help Phone is the main telephone support service cited. Kid’s Help Phone is a Canada-wide bilingual telephone and on-line counseling service for youth. The service is free, anonymous and confidential. Professional counselors are available by telephone to help young people with concerns. There is also a searchable database of on-line resources.

HealthSystemsSolutions

April, 2015
The availability of grief and bereavement telephone counseling and support services were described as: “grief and bereavement counseling is offered, if it comes up, during the course of telephone counseling related to other distress issues.”

(The Toronto Distress Centre provides telephone support, to those experiencing emotional distress or in need of crisis intervention and suicide prevention.)

Support specific to Children and Youth, Victims Support for death due to Homicide/Suicide

In Halton, the Halton Regional Police Service Victim Services Unit is comprised of specially trained volunteers who provide emotional support and community referrals to victims of crime and tragedy throughout Halton. Victim Services Crisis Response Team volunteers are equipped to respond to crisis situations and are available upon request by a Halton Regional Police Service officer 24-hours-a-day, seven days-a-week.

In Peel, Victim Services of Peel provides immediate Crisis Line assistance to people across Brampton and Mississauga who have been victimized by crime or tragic circumstances. Most referrals come from the Peel Regional Police. Beyond providing immediate crisis intervention, Victim Services of Peel offers healing through counseling and advocacy through an array of services that empower people and prevent re-victimization through education and support. Children would be referred to Bereaved Families of Ontario – H/P.

Lighthouse and Bereaved Families of Ontario – H/P provide separate peer support programs when the death is sudden or traumatic. When numbers of clients at one agency are too low to support a group, the agency refers families affected by a sudden or traumatic death to the other agency, so that a peer group of sufficient numbers can be formed.

In Toronto, the Toronto Distress Centre provides 365-day, 24-hour telephone support to those experiencing emotional distress or in need of crisis intervention and suicide prevention. While the Toronto Distress Centre also provides face-to-face support and counseling to people dealing with the effects of suicide and homicide, the transportation barrier restricts families in Halton and Peel from accessing these services.