

*Doctorate in Professional Educational, Child
and Adolescent Psychology*



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**Doctorate in Professional Educational Child and Adolescent
Psychology**

**An exploration of bereavement support provision in
primary schools**

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I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

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Dedication

This thesis is dedicated to my wonderful father, who sadly passed away before seeing me fulfil this dream. Thank you for believing in me more than I could ever believe in myself.

'Believe that a further shore is reachable from here' – Seamus Heaney.

Dr John Costelloe

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Abstract

Child bereavement is associated with a range of negative psychological, academic and long-term outcomes (Parsons, 2011). Many authors argue that schools are well positioned to provide support to bereaved children following their experience of a loss (e.g. Abdelnoor & Hollins, 2004). However, there is little empirical evidence to support this position as there is a significant gap in research exploring Bereavement Support Provision (BSP) in schools.

This research adopts a mixed-methods design to explore BSP in primary schools and school staff's understanding of children's grief. Participants were primary school staff across 14 primary schools in one London Local Authority. Phase 1 ($n=260$) consisted of a questionnaire which aimed to examine current BSP practices in schools and understanding of children's grief. Phase 2 ($n=16$) consisted of semi-structured interviews that were used to explore perspectives of school staff on their experience of supporting a bereaved child.

The findings highlighted that there is no systematic procedure for identifying a bereavement within the school system. BSP is characterised by social and emotional support and other indirect responses, such as a referral to external agencies. Several individual and systemic factors influenced BSP, such as developmental needs, relationships, personal experiences, internal and external communication and support from external agencies. Providing support to a bereaved child had a negative impact on the emotional well-being of staff, which was exacerbated by a lack of systemic support. Support for staff, such as training in bereavement and loss, is needed. Qualitative data revealed that staff have an informed understanding of children's grief, with personal experience of loss enhancing this understanding. In contrast, exploratory quantitative analysis indicated that training, supporting a child bereaved of a sibling and responding to a child's loss by a referral to external agencies are significantly associated with understanding children's grief. The implications these findings have for Educational Psychologists are discussed.

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List of Abbreviations

BCS70	British Cohort Study 1970
BSP	Bereavement Support Provision
BTHD	Bio-ecological Theory of Human Development
CAMHS	Child and Adolescent Mental Health Services
CBN	Child Bereavement Network
CBM	Continuing Bonds Model
CISD	Critical Incident Stress Debriefing
CYP	Children and young people
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DoH	Department of Health
DPM	Dual Process Model
DS1	Data Set 1
DS2	Data Set 2
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychologist
EPS	Educational Psychology Service
LA	Local Authority
PRU	Pupil Referral Unit
SENCO	Special Educational Needs Coordinator
SMT	Senior Management Team
TA	Teaching Assistant

1 Introduction

1.1 Overview of the research

Child bereavement is associated with a range of negative psychological, academic and long-term outcomes (Parsons, 2011). Additional factors, like parental mental health, can mediate or moderate outcomes for bereaved children (Christ & Christ, 2006). The presence of a supportive environment has been found to be a significant predictor contributing to positive coping skills following a bereavement (Wolchik, Coxe, Tein, Sandler, & Ayers, 2009). Research has found that most bereaved children require some emotional support after their experience of a loss and only a small proportion of children require specialist intervention to manage their grief (Akerman & Statham, 2014). Many authors argue that schools are well-placed to provide support to bereaved children (Abdelnoor & Hollins, 2004). However, there is a considerable lack of research in this area and Bereavement Support Provision (BSP) in schools is not yet understood. This study aimed to explore BSP in primary schools and how children's grief is understood by school staff. Consequently, this research aimed to provide insight into practices for supporting bereaved children and highlight implications for the role of Educational Psychologists (EPs) in bereavement and loss in schools.

1.2 Research rationale

No routine data is collected in the UK on bereaved children. Prevalence rates are estimated using mortality statistics, census data and other sources (CBN, 2017a). These estimates suggest that approximately one in 29 school-aged children have experienced the bereavement of a parent or sibling and over 23,600 children are bereaved of a parent each year (CBN, 2017a). The British Cohort Study 1970 (BCS70), a longitudinal study of 11,000 children born in 1970, found that 5% of this sample had experienced the death of a parent or sibling by the age of 16 (Parsons, 2011). This is comparable to 3.5% of five to 16-year-olds in an analysis of survey data from the Office of National Statistics (Fauth, Thompson, & Penny, 2009). However, this statistic may be an underestimate as many of the children in the analysis were still quite young. Interestingly, in a sample of 1,746 adolescents, Harrison and Harrington

(2001) found that over three quarters (78%) had lost at least one of their close relatives or friends.

In UK culture, the topics of death and dying are viewed as 'taboo' subjects that are morbid and harmful to children (Holland, 2016). However, it seems evident from the prevalence statistics that children's exposure to death is more common than one might expect. Both longstanding and recent research has found that most bereaved children experience some negative impact on their psychological well-being following a loss, which may persist and intensify for at least two years (Akerman & Statham, 2014; Worden, 1996). The magnitude of this negative impact is dependent on risk and resiliency factors, with a supportive environment found to be significant in mediating against risk (Wolchik et al., 2009). Many researchers argue for the role of schools in supporting the mental health needs of children and young people (CYP), including vulnerable populations who have been bereaved (Adams, 2014; McGovern & Tracey, 2010). This is in line with the Government development of a national well-being agenda in education, implementing initiatives and policies to support the mental health of CYP in schools (e.g. Department for Children, Schools and Families [DCSF], 2008; Department for Education [DfE], 2016). Furthermore, Ofsted's (2018) current inspection framework identifies responsibilities in primary schools which are related to the mental health and the well-being agenda, requiring inspectors to consider children's 'spiritual, moral, social and cultural development' (p. 40). The recent Green Paper on mental health in schools (Department of Health [DoH]/DfE, 2017) positions schools centrally for early intervention and prevention of mental health difficulties. This paper specifically identifies CYP 'who have experienced trauma (such as bereavement)' as a population who may require additional mental health support (DoH/DfE, 2017, p.22). Indeed, the national review of Child and Adolescent Mental Health Services includes CYP who have been bereaved in their list of vulnerable groups (CAMHS, 2008, p. 116).

Unfortunately, there is a remarkable lack of research on child bereavement in schools. Consequently, the provision of support for bereaved children in this context remains unclear. Some endeavours have been undertaken to address the significant gaps in the literature, but it is evident that this field of research remains very limited and further research is required. In a review of the literature on child bereavement, Ribbens-McCarthy and Jessop (2005) concluded:

There is a serious gap in research which can improve our knowledge and understanding of the needs and experiences of bereaved young people, particularly putting such experiences into social context. Such research needs to be both qualitatively and quantitatively based, using rigorous methods and community-based samples, including people not already in touch with bereavement services, covering a wide range of bereavement experiences and drawing on a range of theoretical perspectives. Such requirements pose a real challenge to the research community (p.4).

An extensive literature search, using the literature search strategy described in Appendix A, revealed that there have been approximately 10 peer-reviewed publications exploring child bereavement in schools in the UK since Ribbens-McCarthy and Jessop's (2005) review. These studies shed more light on attitudes held by school staff around BSP in schools (Potts, 2013), responses of school staff to bereaved children in a secondary context (Lane, Rowland, & Beinart, 2014), the use of picture books to teach children about death (Wiseman, 2013), non-empirical discussions around issues in this area (Adams, 2014; Aynsley-Green, Penny, & Richardson, 2012; Bennett & Dyehouse, 2005; Holland, 2008) and surface level understandings of bereavement practices in schools, such as the existence of school policy, the provision of staff training and the prevalence of bereaved children in schools (Holland & McLennan, 2015; Holland & Wilkinson, 2015; McGovern & Tracey, 2010). BSP within the primary school context remains unexplored, including

how bereaved children are identified and supported, how children's grief is understood and what support is needed for school staff.

It is suggested that complex phenomenon within real-world contexts are best explored using a mixed-methods approach (Robson, 2011). In the UK, there has only been one study that has investigated child bereavement in schools using a mixed-methods approach (Potts, 2013). However, this study had a small sample size ($n=22$) and only one open-ended question as part of the questionnaire to account for the qualitative component. The mixed-methods approach adopted in the current study aimed to address both the content and methodological gaps in the literature. Through integrating both quantitative and qualitative methods, this research provides a detailed description of BSP in primary schools and school staff's understanding of children's grief in one Local Authority (LA).

1.3 Local context of the research

This research took place in one outer London LA where the researcher is on placement as a Trainee EP. In this LA, it is estimated that 100 children are bereaved of a parent each year and that 690 of five to 16 year olds within the LA have been bereaved of a parent or sibling at some point in their childhood (CBN, 2015). There is a bereavement charity within the LA that offers support to children (aged 0 – 19 years) and families following a loss or during the final stages of a family member's terminal illness.

The Educational Psychology Service (EPS) offers Critical Incident Stress Debriefing (CISD) following the loss of a child or staff member within a school community. CISD is a psychological intervention that aims to reduce initial distress and prevent the development of more severe psychological responses through promoting emotional processing, providing psycho-education and identifying at-risk individuals (Aucott & Soni, 2016). The EPS also provides training, individual support and half-termly group supervision to Emotional Literacy Support Assistants (ELSAs). ELSAs are teaching assistants trained

to provide social and emotional support to children in schools, including bereaved children (ELSA, 2017). There are a total of 95 trained ELSAs accessing supervision within the LA and only eight schools do not have an ELSA. However, the deployment of ELSAs varies across the LA depending on the priorities within individual schools. For example, some ELSAs are deployed to support children with social and emotional needs full time and others only carry out ELSA interventions for 30 minutes each week.

1.4 Researcher's positioning

Willig (2013) highlighted the importance of the researcher's values, interests, experiences and beliefs in shaping research. This research arose from my personal interest in the social, emotional and mental health needs of children, which began in my role as a primary school teacher in a mainstream setting and developed significantly when I taught in a Pupil Referral Unit (PRU) in inner London. Working in the PRU brought to light the considerable impact of grief and loss on children and the parallel lack of support and understanding for these children in schools. There were particular cases where grief manifested as oppositional behaviour, which led to tensions between professionals around meeting these children's needs within mainstream settings. Additionally, supporting children with significant mental health needs had an impact on the emotional well-being of the staff in the school. Personally, I experienced a sharp role conflict between my duty to educate and the children's need for emotional support and understanding.

In relation to my own experiences of grief and loss, I have been bereaved of a few significant adults in my life during my school years and more recently as a young adult. My father passed away in September 2016 after a terminal illness that lasted over 11 years. The support I received in school during this time was dependent on the initiative of individual teachers and was hindered by a cultural silence around death. Reflecting on this experience led to an interest in opening discussions around grief and potentially developing support systems for bereaved children in schools.

1.5 Definition of terms

The term bereavement refers to the state of having lost something or someone, whereas the term grief refers to the internalized reaction to a loss (Corr, Nabe, & Corr, 2006; Goldman, 2014). The term mourning refers to the outward expression of grief, which is believed to be highly influenced by one's culture (Bowlby, 1973). For example, a funeral is a traditional mourning ritual that is sanctioned culturally in many Western countries. A critical incident is a “sudden and unexpected incident or sequence of events which causes trauma within a school community and which overwhelms the normal coping mechanisms of that school” (DfE, 2018, para. 3.). A routine, or non-critical, bereavement is a bereavement that may not affect the school community, but is likely to have an impact on a child's emotional well-being, such as the loss of a close family member or friend. School-based BSP (James, 2015) is an aspect of the pastoral care provided to children who have been bereaved that is specifically related to their loss. As this research took place in primary schools, it focuses on bereaved children between the ages of four and 12 years old. However, in the review of the literature, the terms childhood grief and bereavement may refer to CYP under the age of 18 years old unless specified otherwise.

2 Literature review

The method applied, databases accessed and key terms used in the literature search for the current study can be found in Appendix A.

In approaching an in-depth understanding of BSP within the wider context of research on mental health and bereavement, this review will explore the literature through the lens of Bronfenbrenner's Bio-ecological Theory (2005). This literature review will outline the foundation of this theory and the wider literature relevant to children's grief and BSP.

2.1 Bronfenbrenner's Bio-ecological Theory of Human Development

In Bronfenbrenner's (1979) publication, he described a theoretical perspective which suggested that child development is affected by a series of interconnected systems within their wider environment. Categorised into levels of external influence, Bronfenbrenner (1979) labelled these topological systems as the microsystem, mesosystem, exosystem and macrosystem. The microsystem is the most proximal system, comprised of the child, family and prominent social structures, such as the school and the community. The mesosystem refers to the interactions that take place between the different components of the microsystem, such as the interactions between the child's family and their school. The exosystem encompasses influences the child is not directly involved with, but affect the context of microsystem and mesosystem, such as professionals that work in consultation with school staff. The macrosystem consists of the institutional systems and ideologies of a culture or subculture, such as Government policies. In a later development of his work, Bronfenbrenner added the dimension of time to account for the impact of changes that may occur due to events or experiences across an individual's lifetime, known as the chronosystem (Bronfenbrenner, 1986).

Bronfenbrenner's theory adapted and changed considerably from his original publication in 1979 until his final publication in 2006 (Rosa & Tudge, 2013).

Whilst much of Bronfenbrenner's earlier work placed emphasis on context, his later development of the theory was referred to as the "Bio-ecological Theory of Human Development" (BTHD) to highlight the interplay between individuals and their environment and the active role an individual plays in their own development (Bronfenbrenner, 2005). The BTHD gives prominence to proximal processes, which are reciprocal interactions that occur regularly in the immediate environment, such as bi-directional interactions between a child and their teacher within the mesosystem. Previous research has highlighted that the concept of proximal processes is essential in explaining developmental outcomes, however authors continue to express concerns that the concept has not been fully developed (Griffore & Phenice, 2016). A basic definition of the concept of proximal is a clear reference to a near context or relationship (Bronfenbrenner & Morris, 1998; Bronfenbrenner & Morris, 2006). Yet, the boundary between proximal and distal environments has not been formally distinguished (Griffore & Phenice, 2016). As such, previous studies have defined this boundary in different ways, like in relation to causality or to the position of these processes within the ecological model (Rosa & Tudge, 2013). Some studies in school settings (e.g. Hong & Espelage, 2012; Leonard, 2011) have understood the concept of proximal processes as interactions that endure over time within the mesosystem, emphasising the importance of relationships within this layer of the ecological model. It is this within this definition that the concept of proximal processes is understood and applied in the current research.

The BTHD also includes the Process-Person-Context-Time model, which postulates that the influence of proximal processes on development is dependent on the person, the context in which the process occurs, and the specific time periods in which the processes arise (Bronfenbrenner, 2005). The BTHD describes three types of person characteristics that have an influence on proximal processes, which are referred to as "force", "resource" or "demand" characteristics. According to Rosa and Tudge (2013), force characteristics are those that initiate, sustain or disrupt proximal processes, such as responsiveness or distractibility. Resource characteristics are those

that influence an individual's ability to engage in proximal processes effectively, such as knowledge or skills. Lastly, demand characteristics are those that are easily observable and that can invite or discourage interactions, such as age, gender or temperament.

Bronfenbrenner's theory is widely adopted as a framework for EP practice and as a model to guide hypotheses and analyses in research on child development (e.g. Benson & Beuhler, 2012; Farrant & Zubrick, 2012). Within EP practice, previous studies have noted that the application of the BTHD allows practitioners to consider how interrelations within the wider context contribute to a child's development (Vivash, 2015). However, some authors have expressed concerns around the fidelity of how the model is being applied in research, citing over simplification and misuse of the model as common flaws (Darling, 2007). Tudge, Mokrova, Hatfield and Karnik (2009) carried out a theoretical review of 25 papers published between 2001 and 2009 that were based on Bronfenbrenner's theory and found that 21 of these papers relied on outdated conceptual understandings of the theory. The same method was applied in a later study, which found that only two out of 20 studies appropriately described, tested and evaluated the core concepts of Bronfenbrenner's theory (Tudge et al., 2016). The criticisms of the theory present in the literature argue that there is a lack of consideration given to individual influences on development, such as personal resilience (Christensen, 2010) and biological or cognitive influences (Dixon & Lerner, 1988). However, as noted by Rosa and Tudge (2013), Bronfenbrenner recognized these limitations and identified the need to reassess his original descriptions of the theory (Bronfenbrenner, 1989).

The BTHD positions the school as potentially significant in supporting pupils who have been bereaved due to its centrality in relation to the child's immediate environment and the reciprocal interactions that take place over time. Two previous studies exploring school responses to bereaved children in the UK argued that Bronfenbrenner's theory places the bereaved child within

an interconnected network of potential support at a time when the family may be experiencing their own grief (Holland & McLennan, 2015; Holland & Wilkinson, 2015). However, like many of the studies criticized in previous theoretical reviews, the authors described the theory in the literature review, but failed to consider it in any other aspect of the research (Tudge et al., 2016). For example, the theory is not mentioned in the interpretation of the findings, discussion or implications for EP practice (Holland & McLennan, 2015; Holland & Wilkinson, 2015). Extensive literature searches revealed that no other substantive studies have adopted the BTHD when researching BSP in schools. However, some studies have effectively applied the BTHD as a framework when carrying out research in schools, such as to understand school-community partnerships (Leonard, 2011) and to review bullying and peer victimization in schools (Hong & Espelage, 2012). A particular strength of these studies is the explicit description of the application of the theory, which Tudge et al. (2009) argued is necessary for research adopting the BTHD to avoid conceptual incoherence.

In the current research, the BTHD is applied to understand how bereaved children are supported in primary schools. This study does not intend to empirically test Bronfenbrenner's theory, but use it as a conceptual framework to consider practices and provision within the wider context. As such, in this literature review, studies relating to children's grief and BSP have been clustered within the different interrelated systems of the BTHD to provide a coherent analysis of the current context of provision for bereaved children in primary schools.

2.2 Microsystemic influences on BSP

Arguably, adopting a bio-ecological approach to examining BSP in primary schools places bereaved children at the centre of the microsystem. Microsystemic influences on BSP relate to the person characteristics defined within the BTHD that influence the proximal processes that subsequently take place within the mesosystem.

2.2.1 The experience of grief in children

2.2.1.1 Theories and models of children's grief

It is important to acknowledge that research is shaped by sets of assumptions, viewed through various theoretical frameworks and subject to individual and collective beliefs of society. Beginning with one of the first descriptions of death, dying and bereavement in Sigmund Freud's (1917) seminal text, "On Murder, Mourning and Melancholia", the grief process has been explored through a range of theories and models which has framed our understanding of how it is experienced by bereaved individuals. Most theories of grief are predominantly based on the experience of grief in adults (e.g. Kübler-Ross, 1973). However, the Dual Process Model (DPM; Schut & Stroebe, 1999) and the Continuing Bonds Model (CBM; Klass, Silverman & Nickman, 1996) are two theories that are relevant to the current study as they have been applied to the experience of grief in children.

Dual Process Model

The DPM suggests that bereaved individuals oscillate between two coping orientations when adapting to bereavement, categorized as loss orientation and restoration orientation (Schut & Stroebe, 1999). Loss orientation is the active expression of grief related to the death. In contrast, the restoration orientation relates to behaviours linked with secondary losses as a result of the death, such as lifestyle adjustments and new identity formation. Schut and Stroebe (1999) argued that both orientations are necessary for coping with grief, but engagement with each is dependent on a variety of individual, circumstantial and cultural factors. It is thought that restoration oriented behaviours increase in frequency over time, reflecting the bereaved individual's ability to move forward and re-invest in the future. It must be noted that, like other theories of grief, the DPM was developed based on the experiences of adults bereaved of a partner. However, Schut and Stroebe (1999) successfully applied the DPM to children's shifts between engagement, play and mourning following the loss of a loved one.

Continuing Bonds Model

Klass, Silverman and Nickman (1996) suggested that bereaved individuals establish a “continuing bond” with the deceased, working through a process of adaptation and negotiating the meaning of their loss through connections with the loved one who has died (Klass, Silverman, & Nickman, 1996). Whilst death is permanent and irreversible, the process of grief is viewed as flexible and fluid (Klass et al., 1996). Additionally, culture is considered to have a powerful influence on continuing relationships with the deceased. For example, Wingard and Lester (2001) described how the Aboriginal people use story-telling to remember and honour those who have died. The CBM has been used to explore attachments between children and a parent with a terminal illness (Saldinger, Cain & Porterfield, 2003) and sibling bereavement (Packman, Horsley, Davies & Kramer, 2006). Researchers have explored ways in which children maintain links with loved ones that they have lost, like considering whether their deceased parent or sibling would approve of their behaviour or through memories, objects and photographs (Christ, 2000; Worden, 1996). There are few critiques of the CBM present in the literature, yet it is important to note that the nature of the bond being continued has not been specified. For example, whether the bond is memory seeking or dependent.

2.2.1.2 Children’s ability to grieve

There is a historical debate in the literature surrounding children’s ability to mourn, with conflicting views based on theoretical and conceptual understandings of grief. For example, some Freudian theorists claim that a child’s capacity to mourn is dependent on their ability to perceive the separate, independent existence of the other. Freud (1960) maintained that object constancy is a necessary developmental condition for mourning. Alternatively, Nagera (1970) believed that only children with a mature awareness of the finality of death can mourn. In contrast, Bowlby (1980) argued that very young children can feel emotions, sense separation and experience grief. Despite these conflicting views around mourning, both Freud (1959) and Bowlby (1980) agreed that young children experience grief reactions, such as feelings of sadness, rage and longing following a loss. Webb (2010) contends that the

question of children's ability to grieve is more useful as the response is indisputable.

Bowlby's (1969; 1973; 1980) attachment theory provides a useful framework to understand the psychological processes of attachment, loss and grief in young children. Bowlby and his colleagues (e.g. Ainsworth & Bell, 1970) explored the consequences of early separation of a child from its mother. Through his observations, Bowlby (1969) suggested that children experience separation anxiety and grief when separated from their primary caregiver, with perceptible differences in behaviour depending on the nature of the relationship between parent and child. As bereavement is an irreversible form of separation, some authors have suggested that this is a special case of separation anxiety that can lead to strong feelings of anger and aggression (Holmes, 2014). In addition, Bowlby (1969) argued for the importance of the relationship between the child and the surviving caregiver, an assertion which has been maintained in modern studies of children's grief (Saldinger, Porterfield, & Cain, 2004).

2.2.1.3 Children's cognitive understanding of death

While there is a general agreement in the literature that children as young as six months old can experience grief, it is believed that understanding of the core concepts of death typically develops between the mental ages of seven and 10 (Speece & Brent, 1984, Webb, 2010). These concepts are universality, irreversibility, non-functionality and causality of death (Speece & Brent, 1984). However, it is important to note that particular cultural beliefs and life experiences can result in a developed understanding of these concepts at an earlier age, such as the loss of a close family member or a pet (Kaufman & Kaufman, 2006).

The current view of the development of children's cognitive understanding of death is heavily influenced by Nagy's (1948) seminal research on death-related concepts with 378 children between three and 10 years of age.

Through analysing drawings, writings and verbal elaborations, Nagy (1948) identified three major developmental stages of children's cognitive understanding of death. Webb (2010) mapped these stages on to Piaget's (1954) theory of cognitive development. The following is a brief synopsis of the developmental stages as described by Webb (2010):

Stage one (two to seven-years-old). The first developmental stage of children's understanding of death identified by Nagy (1948) is associated with Piaget's (1954) preoperational stage of cognitive development. At this stage, children are egocentric and engage in magical thinking. These children find it difficult to distinguish between their thoughts and actions, often believing that their negative emotions led to the death of a loved one. Typically, children have not developed an understanding of the permanence of death and assume that death is a reversible or temporary state, believing that their loved one will return (Webb, 2010).

Stage two (seven to 11-years-old). Nagy's (1948) second developmental stage corresponds with Piaget's (1954) concrete operational stage of cognitive development. Reduced egocentricity and further developed language and reasoning skills lead to a realisation that death is irreversible. However, these children often deny the inevitability of death, believing only those who are old and sick will die (Webb, 2010).

Stage three (12-years-old and above). The third developmental stage in Nagy's (1948) framework aligns with Piaget's formal operational stage. Children at this stage can engage in complex and abstract thinking and gain a developed and realistic understanding of mortality and death as a natural process (Webb, 2010).

These developmental theories are helpful in providing a framework to conceptualise children's understanding of death. However, examination of

Nagy's (1948) study highlighted a range of methodological issues, such as varying assessment methods and a failure to consider individual, environmental and cultural factors. In addition, it must be noted that linear theories connected with age are limited as they do not count for various factors that impact on development, such as previous experience of a loss (Corr, 2010). This linear model assumes that knowledge is one-directional from adult to child, rather than a bi-directional process (Paul, 2015). These limitations may have a negative impact on adult support for bereaved children, potentially presuming that a child may lack valuable insight into the grieving process.

2.2.1.4 Manifestation of grief in children

Grief is a natural response to a loss that is experienced in unique ways (Bain, 2003). The Harvard Child Bereavement Study found that most children who are bereaved experience some negative impact on their psychological well-being, which may continue to intensify for at least two years following the death (Worden, 1996). Like adults, children often experience shock, sadness, anger and longing after a loss (Christ & Christ, 2006). However, due to children's limited verbal skills and cognitive capacity, there are distinct differences between the grief experiences of adults and children (Thompson & Payne, 2000; Webb, 2010). For example, studies relating to bereavement in adults have found that the experience of an unexpected death is related to more negative outcomes in comparison to an expected death (Stroebe, Abakoumkin, Stroebe, & Schut, 2012). However, studies have shown that an expected death does not mediate negative outcomes in children due to their limited understanding of the finality of death (Christ & Christ, 2006) and additional stressors during the terminal phase of the illness, such as reduced parental capacity (Saldinger, Cain, Kalter, & Lohnes, 1999). Similar to Webb (2010), several authors have used Piaget's (1954) developmental theory to describe the manifestation of grief in children (e.g. Christ, 2000; Christ & Christ, 2006; Goldman, 2014).

The manifestation of grief in children is impacted by their cognitive understanding of death. As children in the preoperational stage believe that death is reversible, they often grieve intermittently, quickly resuming to normal activities after experiencing overwhelming pockets of grief (Wiseman, 2013). Young children often express their grief through play, drawings and bodily expressions, rather than verbal language (Bugge, Darbyshire, Rokholt, Haugstvedt, & Helseth, 2013; Christ, 2000). Children in the concrete operational stage often display anger rather than sadness, due to their fears around death and belief that death can be avoided (Goldman, 2014; Webb, 2010). In contrast, children in the formal operational stage oscillate between behaving in an adult manner and regressing in behaviour. Webb (2010) cautions that these children often appear to be managing the loss well, when in fact they are continuing to experience intermittent and intense feelings of loss that may be unrecognized. Like the stages described in relation to children's cognitive understanding of death, the limitations of viewing development as a linear, staged process must be acknowledged. Regardless of developmental stage, grief in children can be prolonged and tends to fluctuate over time and children will revisit their grief as they develop and experience transitions (Aynsley-Green, Penny, & Richardson, 2012; Christ, 2000). Researchers have highlighted that the complicated way in which grief manifests in childhood can result in symptoms of grief being unnoticed, misinterpreted or denied (Akerman & Statham, 2014; Webb, 2010).

2.2.2 Outcomes for bereaved children

Employing predominantly quantitative methodologies, a variety of studies have aimed to examine the psychological, academic and long-term outcomes of child bereavement.

2.2.2.1 *Psychological outcomes*

Existing studies have shown that children experience a range of emotional and behavioural responses to grief, such as increased emotionality and depressive symptoms (Brent, Melhem, Donohue & Walker, 2009), lower self-esteem and

greater external locus of control (Haine, Wolchik, Sandler, Millsap & Ayers, 2006), anxiety, withdrawal, irrational fears, anger outbursts and developmental regression (Dowdney, 2000), conduct problems (Draper & Hancock, 2011), and somatisation (Servaty & Hayslip, 2001). Although the majority of research on child bereavement focuses on the negative impact of a loss, there is a growing body of literature that highlights some of the positive changes that can also occur (Brewer & Sparkes, 2011). For example, Wolchik et al. (2009) carried out a six-year longitudinal study of 50 adolescents who had experienced parental bereavement in childhood and found that intrapersonal and interpersonal coping processes were significant predictors of post traumatic growth. These significant processes included person characteristics, such as active coping, and proximal processes, such as support from parents. For bereaved children, grief support from an adult, school or community service in the months immediately following a loss has been shown to be influential in shifting the balance from vulnerability to resilience (Wolchik et al., 2009).

2.2.2.2 Academic outcomes

The research on academic outcomes is limited due to an overreliance on retrospective recall of child functioning prior to the death and a notable lack of studies exploring the relationship between child bereavement and academic outcomes (Akerman & Statham, 2014). However, there is evidence to suggest that bereaved children are more absent from school than their non-bereaved peers and that their school performance deteriorates following a loss (Dyregrov, 2004). In Abdelnoor and Hollins' (2004) comparison of GCSE examination results for students in the UK who had been bereaved and controls matched for school, age, gender and ethnicity, bereavement in childhood was associated with significant underachievement, with a more marked effect on parentally bereaved children in comparison to sibling bereaved children. However, participants and controls were not matched for cognitive ability or socio-economic status in this study, which is problematic given the correlation between these two factors and academic achievement found in previous studies (Larson, Shirley, Nelson, Olson, & Halfon, 2015).

2.2.2.3 Long-term outcomes

Drawing conclusions about the long-term impact of child bereavement is difficult due to the number of extraneous variables that need to be controlled. At present, existing studies (e.g. Akerman & Statham, 2014; Christ & Christ, 2006) cite the Harvard Child Bereavement study (Worden, 1996) as the only adequate longitudinal research in this area. Worden (1996) found clinically significant mental health difficulties in bereaved children in comparison to their non-bereaved peers two years after the death of a parent. Research exploring the mental health of adults who had been bereaved in childhood have found raised levels of depression (Parsons, 2011; Mack, 2001) and suicide attempts (Wilcox et al., 2010). Analysis of data from the BCS70 found that parental bereavement before the age of 16 had a negative impact on depressive symptoms ($p=.001$), educational levels ($p=.001$) and employment rates ($p=.003$) by age 30 (Parsons, 2011). However, despite the elevated risk of negative outcomes for bereaved children, many children adapt well and do not experience serious problems, often due to a supportive environment (Haine et al., 2006). It is important to note that most children experience some negative impact on their emotional well-being and require a measure of support after their experience of a loss, but only a small proportion of children require specialist input to manage their grief (Akerman & Statham, 2014; Holland, 2016).

There are several limitations of the studies on bereavement outcomes. Due to the sensitive nature of the topic and the difficulties with recruitment, the sampling designs employed limit the external validity of many studies. For example, many participants have been recruited directly from support groups and community agencies (e.g. Brewer & Sparkes, 2011; Haine et al., 2006; Lin, Sandler, Ayers, Luecken, 2004; Wolchik et al., 2009). Furthermore, as participants are often selected after a bereavement has occurred, it is very difficult to obtain a baseline measure with which to compare post-bereavement outcomes. Additionally, there is a large variance between studies in the negative outcomes experienced by bereaved children. For example, Lin et al. (2004) reported clinical level symptoms in 56% of their sample of 179 bereaved

children. In contrast, Stokes' (2009) evaluation of resilience in bereaved children referred to a nationwide bereavement charity judged 15% of these children as highly vulnerable to negative outcomes. As such, rather than a specific focus on outcomes, several researchers have attempted to illuminate which risk and resilience factors influence negative outcomes for children following a loss (Dopp & Cain, 2012; Williams & Lawrence Aber, 2016).

2.2.3 Microsystemic factors that influence children's grief

At the microsystemic level, person characteristics related to risk and resiliency have been identified. For example, force characteristics like coping style (Haine, Ayers, Sandler, Wolchik, & Weyer, 2003) and resource characteristics like previous mental health issues and prior experience of loss (Cerniglia, Cimino, Ballarotto, & Monniello, 2014). However, a discussion of all the various microsystemic factors is beyond the scope of this literature review. For this reason, as identified by a previous systematic review (Akerman & Statham, 2014), the most frequently cited microsystemic factors within the research will be considered in depth; the demand characteristics of age and gender, and the force characteristic of responsiveness to initiatives by peers.

2.2.3.1 Age

Previous research has aimed to link chronological age and influences on children's grief with different vulnerabilities that emerge at various phases of development (Kalter et al., 2003). Adolescents, for example, are a particularly vulnerable group to develop complicated grief as they face many additional stressors, such as identity formation and a search for independence (Balk, Zaengle, & Corr, 2011; Erikson, 1950; Nelson & Nelson, 2010). In contrast, younger children who are developing attachment relationships, dependent on their caregiver and limited to mainly non-verbal expressions of grief are exceptionally vulnerable (Bowlby, 1973). In fact, Abdelnoor and Hollins (2004) found more severe psychological consequences in individuals who had lost a parent in the first three years of life.

2.2.3.2 *Gender*

In terms of gender, the majority of studies have found no significant differences in outcomes between males and females (e.g. Draper & Hancock, 2011; Gray, Weller, Fristad, & Weller, 2011; Haine et al., 2006). One UK study found that boys bereaved of fathers and girls bereaved of mothers are at increased risk for negative outcomes (Abdelnoor & Hollins, 2004). However, there are notable gender differences in grief reactions identified in the research. For instance, boys may exhibit some more externalized difficulties, such as behaviour problems, whilst girls tend to experience more internalized difficulties (Dowdney, 2000; Draper & Hancock, 2011).

2.2.3.3 *Peer social network*

The positive impact of a strong peer social network is evidenced throughout the literature (Brewer & Sparkes, 2011; Holland, 2001). As proximal processes within the family are affected by grief, reliance on support from peers is much greater in bereaved children (Dopp & Cain, 2012). However, despite positive associations between grief reactions and peer relationships, the bereavement itself can have a negative impact on force characteristics, such as initiating and responding to interactions with peers. Existing studies have demonstrated that bereaved children often feel different from their peers following the experience, worrying about their relationships and becoming more susceptible to bullying (Cross & Harrison, 2002; Servaty & Hayslip, 2001). Rather than seeking support from existing friends, bereaved children often express preference for the support of peers who have experienced similar losses (Metel & Barnes, 2011).

2.3 Mesosystemic influences on BSP

Mesosystemic influences relate to the proximal processes that occur within the various microsystems surrounding the child, such as the family and the school. When considering proximal processes within the mesosystem, it is important to note that a supportive environment has been found to be a significant

protective factor for bereaved children (Akerman & Statham, 2014; Wolchik et al., 2009).

2.3.1 Proximal processes within the home context

Bereavement has an impact on the proximal processes that occur within the home context. Existing studies have noted the importance and value of age-appropriate, open and honest communication with children prior to and following a loss (Christ, 2000; Rauch, Muriel, & Cassem, 2002), as this alleviates anxiety, clarifies misperceptions, enhances coping skills and gives children a voice (Beale, Sivesind, & Bruera, 2004; Melvin & Lukeman, 2000). However, many authors have discussed dysfunctional communication patterns among surviving family members as they struggle with their own grief (Dopp & Cain, 2012; Saldinger et al., 2004). While parents are grieving the loss of a child or spouse, the literature indicates that they can experience a range of grief reactions that hinder communication, such as anger, anxiety, emotional pain and low energy levels (Aho, Tarkka, Astedt-Kurki, & Kaunonen, 2006; Arnold, Gemma, & Cushman, 2005). These reactions limit the capacity of the surviving caregiver to carry out their role at a time where their child is most vulnerable (Saldinger et al., 2004). Poor parental mental health also reduces capacity to attend to a child's needs, with increased rates of depression, anxiety, Post Traumatic Stress Disorder, and suicidal ideation reported by a sample of 140 parents bereaved of a spouse (Melhem, Walker, Moritz, & Brent, 2008). Bereaved children from poorer families are more likely to have a parent with a serious mental illness and to have experienced further stressful events before and after the death, such as spending time in care (Aynsley-Green, Penny, & Richardson, 2012). In fact, the BCS70 analysis found that controlling for socioeconomic disadvantage limited many of the long-term outcomes associated with bereavement in childhood (Parsons, 2011). Therefore, it seems reasonable to assume that maladaptive communication patterns, poor parental caregiving quality, lower levels of parental health and socioeconomic status may have an influence on the proximal processes within the family, which in turn has an impact on the support provided to the bereaved child at home.

2.3.2 Proximal processes within the school context

Although the literature suggests that bereavement has a negative impact on proximal processes within the family, there is a significant gap in the literature on how a child's bereavement has an impact on the interactions that take place in the school context. Due to the difficulties experienced within families following a loss, the arguments for the potential role of schools in grief support are abundant in the literature (e.g. Abdelnoor & Hollins, 2004; Adams, 2014; Christ & Christ, 2006; Dyregrov, 2008; McGovern & Tracey, 2010). This is augmented by the recent shift toward mental health provision in schools in the macrosystem (e.g. DoH/DfE, 2017), with recurring themes emerging within the literature around the proximal processes that occur within the school context. Some examples include the daily interactions between the child and the school, the pre-existing relationships between families and school staff, and the integral part schools play in children's development (Holland, 2016; Holland & Wilkinson, 2015; Potts, 2013). John Holland is an EP and key contributor to the field of bereavement and loss in schools. Summarising his research over 15 years, Holland (2016) found that not only do schools consistently rate the area of bereavement as high priority, but 70% of UK primary schools have at least one recently bereaved child on roll at any time. Research into values and attitudes in schools has shown that school staff believe that support for bereaved children should be part of primary school provision (Auman, 2007; Potts, 2013).

2.3.2.1 Bereavement Support Provision (BSP) in schools

Preliminary qualitative studies with bereaved children have found a significant gap between the expressed need for support and the support provided by schools within the mesosystem (Cranwell, 2007; Dyregrov, 2009; Forward & Garlie, 2003). Holland (2008; 2016) categorized school responses to bereaved children into two key approaches: proactive and reactive. Proactive approaches involve upskilling staff with bereavement training and are informed by bereavement policies with carefully considered procedures for school staff to follow. Proactive approaches may also include preventative, systemic

measures such as the normalization of grief through loss education and explicit teaching of coping skills throughout the curriculum (James, 2015; Rowling, 2003). In contrast, reactive approaches describe support that responds after the bereavement has occurred and is often characterised by the referral of a child to external agencies (Holland, 2016; James, 2015). Many authors advocate for proactive responses as part of BSP in schools (e.g. Akerman & Statham, 2014; Holland, 2016; Rowling, 2003). However, Holland and Wilkinson (2015) compared BSP in schools in North Suffolk and Hull and found that schools in these regions tend to adopt reactive rather than proactive approaches. Furthermore, while there are critical incident policies within LAs to guide professionals in dealing with critical incidents, very few schools have policies for non-critical bereavements (Lowton & Higginson, 2003). Potts' (2013) survey of primary schools in one LA found that only 27% of schools had a bereavement policy in place, which is "particularly concerning as it carries implications of reactions to bereaved children being randomly applied according to the perspective and experience of individual staff members" (p. 6). The lack of policies in schools is reflected in research that has consistently found sporadic, uncoordinated provision that is dependent on the initiative and pastoral awareness of individuals (e.g. Holland, 2016; Lane et al., 2014).

2.3.2.2 Role of the teacher in proximal processes

Research exploring BSP in schools in the UK is limited and most studies have been carried out with teachers. It is argued that teachers are uniquely positioned to support bereaved children due to the frequency of interaction between teacher and child and their pre-existing relationship (Reid & Dixon, 1999). A key finding of Cranwell's (2007) study, which was one of the first UK studies to adopt a child-centred methodology, was the importance of the role of the teacher in BSP expressed by the children themselves. Additionally, in Fauth et al.'s (2009) analysis of data from the Office for National Statistics, parents were asked about support services used for their child who had been bereaved of a family member or friend. Teachers were cited as the most frequently used source of support (23.7%), with other family members and friends (14.9%) and health professionals (9.5%) turned to significantly less by

bereaved children and families (Fauth et al., 2009). However, on top of numerous demands on increased accountability of teachers, there is a level of discomfort within the profession in taking up roles that traditionally lie within the mental health domain (Rothi, Leavey, & Best, 2008). In Reinke, Stormont, Herman, Puri and Goel's (2011) survey into mental health practices in schools, 89% of teachers felt that they had a role in supporting the mental health of children. However, only 34% of these teachers reported that they had the skills necessary to support these children. Participants in this study viewed their role in this area as managing behaviour in the classroom, with external agencies taking responsibility for addressing mental health difficulties. In relation to the literature on child bereavement, it has been assumed that teachers undertake a supportive role in this area (Lowton & Higginson, 2003). However, there is an evident tension in defining the role of the teacher in providing emotional support to bereaved children. Teachers report feeling inadequately prepared to cope with children's grief and express difficulty in defining their role, moving from positions of control and leadership to vulnerability (Kahn, 2013). Considering the centrality of the proximal processes that occur between the teacher and the bereaved child within the BTHD, it seems important to understand and explicitly define the role of teachers in providing support in this area so that adequate support can be provided to school staff as well as children (Lowton & Higginson, 2003). In addition, there is a notable absence of research carried out with other staff members who also have pre-existing relationships and who engage in frequent interactions with bereaved children, such as teaching assistants (TAs).

2.3.2.3 Identifying bereaved children

Currently, there is no central record of children who have been bereaved held within the macrosystem. CBN (2017b) claim that this information is urgently needed to develop a greater understanding of research on bereavement outcomes, plan for service development and ensure that schools are provided with information and support when a child is bereaved. CBN (2017b) argue that bereaved children are "effectively invisible to the Government" (para. 1.), highlighting other types of data that is collected, such as the number of children

affected by divorce. Within the mesosystem, one may assume that a school would be informed of a significant bereavement in a child's life. However, some research has noted that bereavement is sometimes viewed as a family issue or, alternatively, school is viewed as an escape from the reality of the bereavement (Holland, 2008). To date, there is no study exploring how bereaved children are identified within the school system. This is particularly relevant given the positive impact of a supportive environment following a loss and the evidence which suggests that both bereaved children and adults bereaved in childhood have expressed a need for support within the school system (Holland, 2001; Holland, 2016; Rowling & Holland, 2000).

Teachers are increasingly relied upon for problem recognition, early intervention and sources of referral to external agencies (Loades & Mastroyannopoulou, 2010). Many authors suggest that teachers need to be aware of and anticipate the behaviours of a grieving child to identify those who may be struggling to cope with their grief (Bain, 2003; Candelaria, 2013). These authors contend that teachers are well placed for this role as they are the most likely to be informed about the death and may notice behavioural changes displayed by the bereaved child, particularly considering that teachers have rated parental death as a factor that significantly impacts children's functioning at school (Reinke et al., 2011). After carrying out focus groups with school staff, Dyregrov, Endsjo, Idsøe and Dyregrov (2015) concluded that, "teachers could be important gatekeepers by recognising symptoms of complicated grief during the school day" (p. 299). However, understanding the cause of a change in behaviour presents a significant challenge for teachers (Cohen & Mannarino, 2011). In examining the role of teachers in identifying children with mental health difficulties, Loades and Mastroyannopoulou (2010) found that teachers are better able to identify children exhibiting outward behavioural symptoms than those who are experiencing emotional symptoms that are more covert in nature. This means that children experiencing internalizing, emotional symptoms may be overlooked (Holland, 2004). To date, there are no published studies examining teachers' understandings of children's grief or whether they are likely to be

informed of the death, making the argument that teachers are well-placed to identify complicated grief premature.

2.3.2.4 Teacher responses to grieving children

To date, only two studies have explored the response of teachers to grieving children. Research in this area has tended to focus on attitudes to grief and bereavement (e.g. Potts, 2013; Reid & Dixon, 1999) or whole school responses to bereavement, such as the presence of policies or training (e.g. Holland & McLennan, 2015; Holland & Wilkinson, 2015). Lowton and Higginson (2003) aimed to address this gap in the research by carrying out 13 interviews with primary and secondary school teachers in London. They found a variety of societal influences impacted on teachers' management of bereaved students and that time and curriculum pressures were significant obstacles to dealing with grief in the classroom. However, participants in this study supported bereaved children that ranged from three to 19 years old, with very little reference made to the differing responses of teachers depending on the age of the child and the context of the primary and secondary settings. A more recent study by Lane et al. (2014) built on this research by focusing on one developmental age range. Using a grounded theory design, the authors interviewed 12 secondary school teachers who had supported a parentally bereaved adolescent in the past five years. A range of responses were identified, leading to the development of a model that incorporates six central processes to working with bereaved students. Specifically, teachers responded to students with varying degrees of flexibility, openness, support, emotionality, sharing and communication. In terms of integrity and rigour of this study, the authors provide a transparent and coherent explanation of the grounded theory analysis applied. However, both studies employ only qualitative methodologies and have small sample sizes ($n=13$ and $n=12$ respectively). Lowton and Higginson (2003) highlighted a demand for further research that "needs to concentrate on finding the most effective way of supporting routinely bereaved children" (p. 717).

2.3.2.5 Teacher well-being and containment

Emotionality was one of the six central processes involved in responding to the needs of bereaved adolescents in Lane et al.'s (2014) study, whereby participants identified the emotional stress of dealing with grief in the classroom. Participants felt, "an obligation to stay strong, address the bereavement, and provide support even if distressed themselves" (p. 7). Viewing relationships and interactions from a psychoanalytic perspective, Salzberger-Wittenberg, Henry and Osborne (1983) wrote that "teachers, like others in the helping professions, easily become objects of infantile hopes, someone who will magically cure pain, take away frustration, helplessness, despair" (p.28). In fact, psychoanalytic theories, such as Bion's (1962) theory of containment, provide an interesting, additional perspective in which to view the proximal processes in the BTHD, despite the different origins of the two theories. In this instance, teachers' "containing" function involves a level of emotional attentiveness, which supports the children to self-regulate when they are overwhelmed by their experiences. This process requires the teacher to hold and reflect on a child's projections, resulting in a modified response that follows the child's interaction (Kalu, 2002). Evidently, this maps on to the proximal processes within the BTHD as the teacher is modifying their interaction with the child to contain their difficult emotions. However, containing the feelings and anxieties of both the child and oneself can result in compassion fatigue, whereby close interpersonal contact with a suffering person results in stress and emotional exhaustion in the caregiver (Showalter, 2010). In addition, in the context of education, the national drive for academic attainment precludes time for reflecting on a child's projections (Kalu, 2002). Unlike many other professionals working with CYP, teachers are not routinely provided with a space to reflect on the highly emotional aspects of their work (Hulusi & Maggs, 2015). As such, there are many arguments in the literature around the need to establish provision of emotional containment for teachers, such as reflective spaces and personal support (Jackson, 2002; Weare, 2015; Reid, 2002). As noted by Jackson (2002), there is now a growing concern nationally around the low morale of the teaching profession, which is unsurprising given the range of emotional reactions that teachers experience when supporting children with social and emotional needs (Weare, 2015).

Steel (2001) argues that “staff stress is undoubtedly a contributory factor in how pupils’ behaviour is viewed and managed” (p. 95). Bion (1985) highlighted that a sense of emotional security is essential to provide containment for a child, highlighting the bidirectionality of proximal processes that occur between teacher and child. As mentioned previously, individual support and half-termly group supervision is offered to ELSAs from EPs within the exosystem. Therefore, they are given the opportunity to reflect on their experiences, potentially increasing their capacity to “contain” a child’s anxieties and worries. However, ELSAs have not been included in research studies on child bereavement to date.

2.4 Exosystemic influences on BSP

The exosystem is concerned with indirect influences on the bereaved child. As such, the role and contribution of professionals, such as EPs or bereavement charities, are most prominent.

2.4.1 Role of EPs in BSP

Due to longstanding difficulties in defining the EP role (Fallon, Woods, & Rooney, 2010), it is important to provide a clear conceptualisation of this role to understand how it relates to BSP. The DfE (2011a) provided a comprehensive definition of the role of the EP that will be used within this research:

Educational psychologists work with children and young people, and their families, in a variety of settings including schools and homes, and sometimes as part of multi-agency teams. They have competencies in consultation, assessment, case formulation, and intervention related to children’s learning, developmental, behavioural, emotional and mental health needs. Intervention may take place at an organisational level, indirectly through parents and teachers, and/or directly with individuals groups and families. Educational psychologists are also involved in evaluation of interventions, research and project work, management

and leadership of teams, and offer training to other professional groups (p. 5).

In this light, EPs influence proximal processes directly through therapeutic work with a bereaved child, or indirectly through consultation, case formulation, intervention, research and training. In fact, a significant training gap in bereavement and loss in schools has been consistently found in the literature (Holland, 2016). Whilst there is an expectation that schools are responsible for non-critical losses, CISD has become an established part of service delivery for EPS' supporting schools following a crisis (Aucott & Soni, 2016). An examination of bereavement and loss guidance for schools from the researcher's LA revealed two options for Head Teachers in responding to a bereavement, either contact the EPS to activate the critical incident policy in the case of a critical incident or respond using existing resources within the school if it is a non-critical bereavement or if the school does not want a CISD intervention. However, it is unclear how existing resources are used in primary schools to support children bereaved of a family member or friend.

2.4.2 Role of community agencies in BSP

Penny (2010) carried out a UK survey of the type of support received by bereaved children across various LAs. This study found that the main providers of support were hospices, hospitals, CAMHS, critical incident teams and community-based child bereavement services, such as charities. Evidently, the differing functionalities of these providers raises questions about access and availability of support for bereaved children. In relation to community-based bereavement services, access is constrained by an uneven dispersion of services across the UK, funding difficulties and long waiting lists (Akerman & Statham, 2014; CBN, 2017b). The BTHD also raises issues around maintenance of support for bereaved children from bereavement services. For example, with regard to proximal processes within the chronosystem, bereaved children are discharged from bereavement services at the end of the intervention. In contrast, a key element of an ELSA

intervention is regular contact and drop-ins once the sessions have ended, meaning that interactions endure over time (ELSA, 2017). In fact, the DoH's (2011) review of bereavement care services highlighted the need to integrate bereavement issues into mainstream services, such as schools.

Akerman and Statham's (2014) review of the literature on children's grief advocated for a differentiated approach to BSP, with consideration of the child's circumstances, such as their stage of development and the presence of protective factors in their environment. CBN (n.d.) developed a tiered model to illustrate "good" provision for bereaved children (see Figure 2.1). This model is useful in understanding what may be needed at different levels of support. However, there remains a need to understand what individuals and professionals in a child's immediate and indirect environment are responsible for providing this support and whether the systems surrounding the child have the awareness and capacity to support bereaved children (Holland & McLennan, 2015).



Figure 2. 1 CBN's (n.d.) model of “good” provision for bereaved children

2.4.3 Grief interventions

Grief interventions for bereaved CYP are often delivered by mental health professionals within the exosystem, such as EPs, counsellors and clinical psychologists (Currier, Holland, & Neimeyer, 2007). Rosner, Kruse and Hagl (2010) carried out a meta-analysis of grief interventions for CYP and found that these interventions were only effective for CYP suffering from complicated or traumatic grief, in comparison to bereaved CYP without these symptoms. This meta-analysis found only four published studies which reported on the effectiveness of interventions for grief when delivered in a school setting. Reflective of the overall conclusion of the analysis, a trauma or grief focused school based brief psychotherapy intervention was found to be effective, with a weighted average effect size of 0.78 (Rosner et al., 2010). However, as discussed, only a small number of bereaved CYP require specialised intervention to manage their grief. The retrospective ‘Project Iceberg’ study found that most bereaved children desired some light emotional support, such

as a kind word or simple acknowledgement of their loss, without the need for a psychological intervention (Holland, 2001). Therefore, an exploration of the support provided within schools is required, given the lack of research in this area.

2.5 Macrosystemic influences on BSP

Two main macrosystemic influences were identified in the literature on child bereavement; the political climate that drives national and local initiatives and cultural beliefs around death, dying and bereavement.

2.5.1 Political landscape and well-being agenda

The political landscape, financial climate and Government policy and legislation have a macrosystemic influence on support for bereaved children. Government policy in the UK reflects a longstanding commitment to supporting the mental health of CYP. The Children's Act 1989 considered the welfare of the child as paramount, stipulating that all children must be kept safe and be protected by effective intervention if at risk of harm. Since 1989, a growth in Government initiatives, guidance and policy documents addressing the mental health of CYP have emerged. The Government Green Paper, "Every Child Matters" (DfE, 2004), was significant in generating awareness around the mental health of CYP. This paper provided a focus for a collaborative, multi-agency approach to the mental health of CYP (DfE, 2004). Subsequent publications have maintained the need for a multi-agency approach (e.g. DCSF, 2008; DfE/DoH, 2015), however, there has been a specific emphasis on early intervention, preventative services and the increased responsibility of schools in this area (DfE, 2016). Many authors have noted a shift in educational policy from the traditional focus on academic outcomes to providing a more holistic education that aims to develop the resilience of CYP (Schonert-Reichl & Weissberg, 2014). Regarding bereaved children, CBN released a campaign entitled "Grief Matters for Children" in 2006, which instigated an Early Day Motion in UK Parliament to discuss the need for an evaluation of bereavement support within LAs and suggested that bereavement training should be an aspect of initial teacher training. The needs

of bereaved children are receiving enhanced consideration and debate, as highlighted by the inclusion of this population in the recent Green Paper on children's mental health in schools (DoH/DfE, 2017). Additionally, a task force was launched in April 2017 in response to significant cuts to bereavement benefits for UK families. This task force has launched a set of six recommendations to inform UK policy which aim to improve the financial and emotional support available to bereaved children, such as training for all teachers on how to support bereaved children (Life Matters Task Force, 2018). It is important to note that despite the increased recognition of bereaved children's needs within the macrosystem, the impact of this within the mesosystem remains unclear.

2.5.2 Cultural discomfort around death

An additional factor influencing BSP at the macrosystemic level is the cultural discomfort in the UK around discussions of death, dying and bereavement (Holland, 2016; McGovern & Barry, 2000). This has an impact on the proximal processes that occur within the mesosystem as school communities are often unsure of what to do or say, which can lead to feelings of isolation and embarrassment for the bereaved child (Holland, 2001). This avoidance is particularly relevant as it has been argued to exacerbate grief reactions in bereaved children (Papadatou, Metallinou, Hatzichristou & Pavlidi, 2002). Cultural discomfort has also led to the use of euphemisms to refer to death and this has been found to cause anxiety and confusion for children (Goldman, 2014; Talwar, 2011). Many authors have argued for the inclusion of lessons on bereavement and loss within the curriculum to normalise grief and develop children's awareness of the support available (Ribbens-McCarthy, 2006). In fact, Jackson and Colwell (2001) found that in a sample of 250 adolescents, 65% felt that death should be discussed as part of the curriculum in primary school. Although these topics are included in the curriculum through non-statutory programmes like Personal, Social and Health Education (DfE, 2011b), surveys of teachers in the UK (Katz, 2001), Greece (Papadatou et al., 2002) and Australia (Rowling, 2003) have demonstrated a reluctance to explore these issues. In fact, one of the recommendations of the task force

mentioned previously is for Personal, Social and Health Education to become statutory, so that all children can learn about bereavement and grief within a safe, supported and age-appropriate curriculum (Life Matters Task Force, 2018).

2.6 Research problem

Previous research has associated child bereavement with a range of negative psychological, academic and long-term outcomes, with the provision of appropriate support within the child's immediate environment found to be a crucial factor contributing to enhanced coping following a loss. Research has found that most bereaved children require some emotional support after their experience of a loss and only a small proportion of children require specialist intervention. Legislative changes, difficulties accessing bereavement services and reduced parental capacity after a bereavement have undeniably placed a growing responsibility on schools to provide support to bereaved children. Additionally, bereaved children have expressed the need for emotional support in schools. While there are a range of arguments for the potential role of schools in this area, research investigating BSP in schools is limited.

A small number of studies have explored practices in schools for supporting bereaved children, with some quantitative studies focusing on the existence of policies and training (e.g. Holland & McLennan, 2015) and other qualitative studies focusing on the responses of teachers to bereaved students following a loss (e.g. Lane et al., 2014). Most studies have focused specifically on teachers, rather than other significant adults, such as TAs who work closely alongside children and ELSAs who provide emotional well-being support to bereaved children within the school context. In addition, there is a notable lack of research in primary schools, where staff members are arguably better positioned to respond.

Existing studies have found that teachers feel inadequately prepared to support bereaved children and expressed concerns about the well-being of

teachers in carrying out BSP (Lane et al., 2014). To date, no study has explored what support is needed for school staff. Furthermore, despite arguments in the literature stating that teachers are well-placed to recognise and identify symptoms of complicated grief, no study has explored how bereaved children are identified within the school context and how school staff understand children's grief.

This study did not aim to explore the effectiveness of BSP practices in primary schools. Instead, it aimed to gain insight into the current practices in this area across one London LA. As research on BSP in schools is limited, this study is exploratory in nature. Using the BTHD as a conceptual framework, this research aimed to examine proximal processes within the mesosystem from the perspective of staff members, with consideration of psychoanalytical theories in understanding these interactions. It is hoped that this exploration will provide insight into how EPs can support and empower schools to carry out BSP for routinely bereaved children in their care. The aims and research questions in the current study are described as follows:

Aim 1: To explore how BSP is carried out in primary schools.

RQ1. How are bereaved children identified in primary schools?

RQ2. How are bereaved children supported in primary schools?

RQ3. What factors influence BSP in primary schools?

RQ4. How are primary school staff supported in carrying out BSP?

Aim 2: To explore how children's grief is understood by primary school staff.

RQ5. How is children's grief understood by primary school staff?

RQ6. What factors have an impact on primary school staff's understanding of children's grief?

3 Methodology

3.1 Design

The current research adopted a mixed-methods design to explore how BSP is carried out in primary schools and how children's grief is understood by primary school staff. A two-phase, mixed-methods design was used, using qualitative data to build on initial quantitative and qualitative results and obtain a more complete understanding of the topic (Creswell, Plano Clark, Gutman, & Hanson, 2003; Jonsen & Jehn, 2009). The participant selection model variant of mixed-methods designs was employed to identify and purposefully select participants for the second phase of this research (Creswell & Plano-Clark, 2007). The approach was sequential; the researcher began data collection in Phase 1 before Phase 2, with initial analysis of the results in Phase 1 guiding the formulation of the research tools in Phase 2. This approach was chosen as it is deemed suitable for exploring a phenomenon in depth and measuring its prevalence (Creswell & Plano-Clark, 2007).

Data was collected and analysed across two phases, with an initial pilot study completed to examine the feasibility of the approach being employed (Leon, Davis, & Kraemer, 2012). In the current study, Phase 1 consisted of a questionnaire which investigated how school staff understand children's grief and how BSP is implemented in primary schools. Phase 2 consisted of semi-structured interviews which explored perspectives of school staff on their experience of supporting a bereaved child. The analysis of the quantitative and qualitative data was conducted separately in this research. As this study adopted the participant selection model, the final inferences are based on the results of both the quantitative and qualitative data, with emphasis on the qualitative component (Creswell & Plano-Clark, 2007). This approach was suitable as both the quantitative and qualitative data aimed to address all research questions (Creswell & Plano-Clark, 2011). Figure 3.1 provides an overview of the research design adopted in this research.

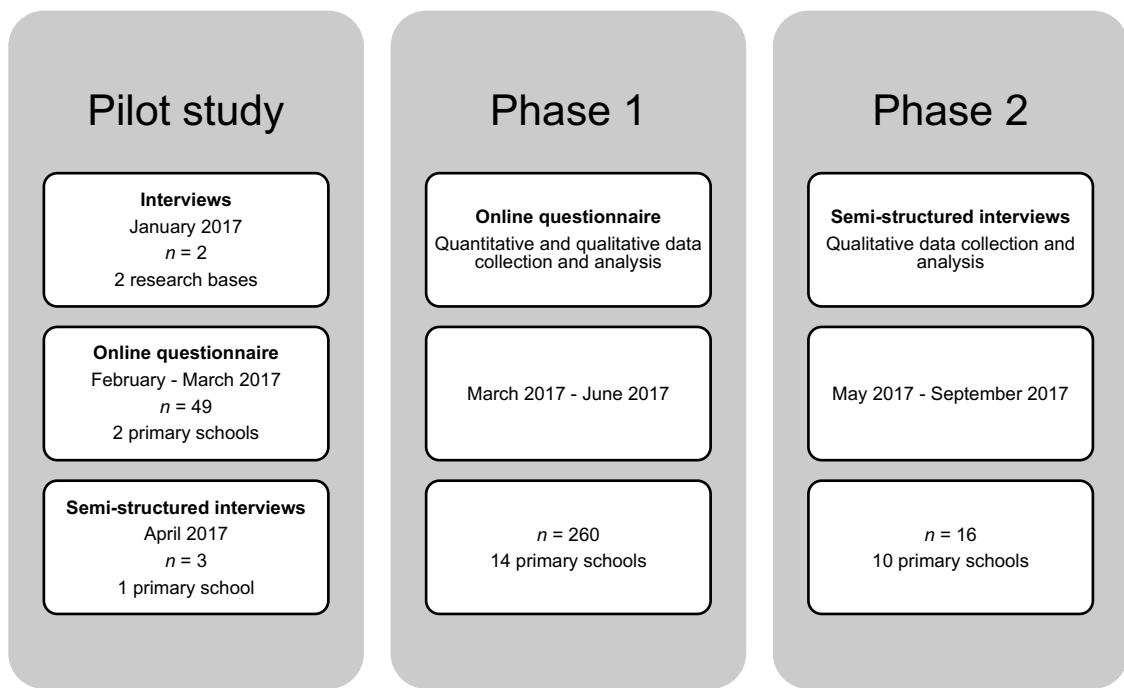


Figure 3.1 Overview of research design

3.1.1 Epistemological perspective

Cohen, Mannion and Morrison (2011) summarise two conceptions of social reality, objective and subjective, which align with ontological assumptions that have direct implications for methods used within research. A positivist or scientific approach to research views reality as external and objective and often employs experimental or quasi-experimental methods to validate a theory. An anti-positivist approach to research, such as an interpretive paradigm, rejects the belief that human behaviour is governed by general, universal laws and views reality as socially constructed by the subjective meanings that individuals use to make sense of their world (Cohen et al., 2011). In quantitative research, issues of validity and reliability are based on the fundamental premises of positivist principles, such as replicability and generalisability. Due to the nature of qualitative research, the notions of validity and reliability are rejected in favour of trustworthiness and transparency, where the processes of analysis and interpretation are made explicit to the reader (Robson, 2011). Many authors argue against the polarisation of social

research into quantitative and qualitative approaches, promoting methodological pragmatism to answer the research questions (Leech & Onwuegbuzie, 2009).

The current, real-world research adopts a pragmatic perspective to answer the research questions. Pragmatic approaches have been adopted in previous doctoral studies examining bereavement and loss due to the complex nature of the phenomena being studied (e.g. Thomas, 2010). Pragmatism rejects traditional dualisms and argues that there are both singular and multiple versions of reality that are open to empirical enquiry (Feilzer, 2010, Johnson & Onwuegbuzie, 2004). It encourages researchers to adopt methods that best meet the purposes of the research, employing research tools that are predicted to best answer what the researcher wants to know (Johnson & Onwuegbuzie, 2004; Teddlie & Tashakkori, 2009). Therefore, a pragmatist perspective is guided by the aims of the research which governs the ontology and methodology (Cohen et al., 2011).

3.1.2 Rationale for using mixed-methods

There were several reasons why the use of mixed-methods was considered appropriate to answer the research questions in the current research. Alongside the embedded acceptance of quantitative and qualitative research methods (Creswell, 2002), there has been an increase in the recognition of mixed-methods research as a valid and useful research approach in social science (Johnson & Onwuegbuzie, 2004). Morgan (2014) argues that a mixed-methods approach is preferable when answering complex, real-world questions. Quantitative approaches objectively measure and quantify behaviour, whilst qualitative approaches present a subjective account of meanings and contexts (Robson, 2011). The positivist, quantitative aspect allows for indications of definable relationships and correlations in the data and the interpretivist, qualitative aspect fills in the complexity or reasoning which may be behind the quantitative conclusions. Epistemologically, it was useful to adopt both an objective and subjective stance at different points in the

research. The questionnaire provided a relatively objective overview of the broader practices and behaviours in relation to BSP and the semi-structured interviews explored the subjective and unique nature of each loss within a real-world research context.

Despite the advocacy for mixed-methods research in this area, there is only one study that has investigated child bereavement in schools using a mixed-methods approach and is subject to the methodological limitations mentioned previously (Potts, 2013). Although it is acknowledged that this study places greater emphasis on the qualitative component, this research includes a synthesis of findings from both quantitative and qualitative methods to obtain a more complete understanding of the topic. Triangulation and complementarity of findings from various methods supported the development of more valid conclusions around BSP in primary schools in this study and also posed many questions that warrant further quantitative and qualitative research in this under researched area.

3.2 Validity and reliability of quantitative data

A number of steps were taken to ensure the integrity and rigour of the quantitative aspect of this research. External validity was supported through the inclusion of a range of primary schools within the LA ($n=14$).

An online questionnaire was developed by the researcher (see Appendix B) as no existing tools focused on understandings of children's grief or BSP practices in primary schools. Czaja and Blair's (2005) four stage guide on questionnaire development was employed in the development of the instrument: design and preliminary planning, pretesting, final survey design and planning, and data collection.

The first stage included specification of the research problem and development of the instrument. This was achieved through an extensive literature search and interviews with two experts in the field of child bereavement. Due to the lack of research in the field, it was agreed that the questionnaire would present both open-ended and closed-ended questions. In developing the instrument, consideration was given to the research questions, existing literature and past questionnaires exploring child bereavement in schools in the USA (e.g. Bain, 2003; Candelaria, 2013) and the UK (e.g. Thomas, 2010). Several scales exist to assess symptoms of complicated grief disorder, such as the Adapted Inventory of Traumatic Grief (Prigerson et al., 1995) and the Inventory for Complicated Grief – Revised for Children (Melhem, Porta, Walker Payne & Brent, 2013). To date, no measure exists to assess how school staff understand children's grief. Previous doctoral theses have developed scales to assess teacher's perceptions of childhood grief (Candelaria, 2013) and teacher's knowledge of grief concepts (Bain, 2003). Both scales were subject to significant limitations, such as low reliability scores (e.g. Cronbach's alpha = .59) and questionable interpretations of factor analyses. For this reason, these scales were not included in the current study. In consultation with two experts in the field of bereavement, an 18-item scale was developed using Hinkin, Tracey & Enz's (1997) guidance on scale construction. It must be noted that although previous scales were not utilised in the development of the current scale, some of the questions included in these studies were used in the questionnaire in this research, such as 'How did you become aware of the death?' (Candelaria, 2013).

The pretesting stage was carried out by means of a pilot study in two primary schools in one London LA. An initial draft of the questionnaire was adapted to provide space for participants to note any ambiguities, suggestions or response options that were not included. The pilot participant group included a proportionate range of school staff ($n=49$). As suggested by Mertens (2015), a percentage (4.9%) of participants completed the questionnaire in the presence of the researcher and were asked to verbalize their thoughts and provide suggestions for questions that were unclear or complex. Feedback

from this pilot study resulted in amendments to the structure of the instrument and phrasing of particular questions to ensure that they were comprehensive and non-ambiguous. For example, the question 'Please indicate which, if any, of the following actions you took when you found out that the student experienced the death of a family member' was changed to 'Please indicate which of the following took place when you found out the child had been bereaved'. Scale items were adjusted to relate only to the manifestation of grief in children, rather than other external factors, such as how adults should support grieving children. In addition, more reverse worded items were included in the scale ($n=7$). A Principal Components Analysis and internal consistency assessment for this scale, as adjusted after the pilot, and based on the full data set of 260 participants, are described in Chapter 4.

3.2.1 Integrity and rigour of qualitative data

Yardley (2000) proposed a set of criteria that were used to guide the integrity and rigour of the qualitative aspect of this research, including sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. As such, the following steps were taken to support the integrity and rigour of the qualitative component of this research:

Pilot study: The semi-structured interview guide was piloted on three primary school teachers, resulting in changes in phrasing and ordering of questions. For example, questions about the influence of personal life experiences were moved from the general questions to the questions relating to the specific case example.

Coding: Coding was a flexible and iterative process. Coding began after the first interview so that emerging insights could be further explored in subsequent interviews. Initial codes were not applied rigidly and the researcher remained open to possibilities when carrying out successive waves of coding.

Reflexivity: Tracy (2010) describes reflexivity as honesty and transparency “with one’s self, one’s research and one’s audience” (p. 57). It is acknowledged that my worldview and positioning may have an impact on my interpretation of the data. As I have experience of bereavement and work as a trainee EP in the LA, it was important to continually assess how my position influenced my engagement with the research topic at theoretical, practice and interactional levels. Through the use of memos and a reflective journal, I aimed to be explicit about the process of interpretation in the current research. My position within the research has been considered in previous chapters (see Section 1.4) and my reflexive stance is continuously raised in context as a series of reflective notes throughout the thesis, as suggested by Willig (2013). Reflexive comments are written in the active voice, rather than the passive voice.

Intra and inter coder checking: Yardley (2000) states that the use of inter coder reliability as a check on the objectivity of a coding scheme is meaningless for researchers who adopt a social constructionist perspective due to their beliefs around the subjectivity of knowledge and interpretation. However, the pragmatist perspective adopted in the current study acknowledges both the objectivity and subjectivity of knowledge and reality. As such, both intra and inter coding checking were adopted to enhance the integrity and rigour of the qualitative analysis. Sections of the data were frequently re-coded as new codes emerged throughout the process. A fellow trainee EP conducting qualitative research coded 5% of the interview transcripts, which facilitated comparisons to be made about the interpretation of the data between the two researchers. Initially, the inter-coder agreement was approximately 75%. The differences observed were discussed and this led to some adjustments in relation to the naming of codes. The trainee EP coded an additional 5% of the transcripts, resulting in a high level of consistency (approximately 85%). Another trainee EP also read sections of the data to check that the final themes and sub-themes were in line with the original data.

Participant checking: The researcher presented the thematic map to 25% ($n=4$) of the participants who took part in semi-structured interviews. Participants gave feedback on whether the themes adequately represented their views and whether the themes made sense. Overall, participants felt that the themes presented were in line with their views. Some themes were renamed, for example, 'Perspectives on Children's Grief' was changed to 'Systemic Influences on Children's Grief'.

3.3 Phase 1: Online questionnaire

The purpose of Phase 1 was to:

- Collect a substantial volume of data from a large sample to obtain initial insight into the prevalence and practices of BSP and understandings of children's grief in the context of primary schools.
- Allow for a degree of anonymity in participant responses due to the sensitive nature of the topic (Robson, 2011).
- Use quantitative participant characteristics to guide purposeful sampling for the qualitative phase, as recommended by Creswell and Plano-Clark (2007) and Denscombe (2008).
- Use initial analysis of quantitative results to support the development of an interview guide for Phase 2.
- Develop initial codes and themes from the qualitative data to expand upon in Phase 2.

3.3.1 Participants

Participants in Phase 1 included 260 primary school staff across 14 primary schools in one London LA. Participants included a variety of teachers, Teaching Assistants, ELSAs, Special Educational Needs Co-ordinators (SENCOs), Pastoral Leads, Deputy Head Teachers, Assistant Head Teachers and Head Teachers. Table 3.1 presents an overview of the roles held by participants in Phase 1.

Table 3.1

Roles held by participants in Phase 1

Role	N	%
Teacher	134	51.5%
Teaching assistant	88	33.8%
ELSA	14	5.4%
SENCO	10	3.8%
Pastoral lead	2	0.8%
Assistant Head Teacher	4	1.5%
Deputy Head Teacher	4	1.5%
Head Teacher	4	1.5%
Total	260	100%

A simple random sampling method was employed to recruit participants in Phase 1 of this research. Participants were required to be a member of staff employed in a primary school within the LA. No other exclusionary factors were set. At the time of sampling, there were 44 primary schools within the LA. The researcher contacted the Head Teachers of all primary schools within the LA via email to outline the purpose of the research and invite their school to participate (see Appendix C). An incentive for participation was provided in the form of a whole school training at the project's completion. If interested in participation, the Head Teacher signed the consent form (see Appendix D) and appointed a key representative within the school to distribute the questionnaire email to school staff. The researcher attended staff meetings at 12 participating schools to present information about the research study, explain what participation would involve and answer questions (see Appendix E). The researcher met with the key representative at the remaining two schools to disseminate this information, which was subsequently shared with staff. School staff interested in participation were identified at this point and received the questionnaire email via the key representative in the school. A follow-up phone call to the key representative was made two weeks after the original dissemination date to clarify any further questions and ensure distribution occurred.

3.3.2 Research tool: Online questionnaire

An online questionnaire was used for the collection of quantitative and qualitative data in Phase 1. This research tool was chosen as it allows data to be collected from a large number of participants and acted as a method of identifying participants to take part in the second phase of the study. Due to the exploratory nature of the study, the questionnaire included both open-ended and closed-ended questions. The instrument was divided into four sections, with participant responses determining which sections would be administered.

The first section aimed to collect data relating to professional experience and school policy. All participants responded to six items relating to their current role within the school, any other relevant roles held previously, experience with bereavement training and presence of school policies. One of the questions presented in this section was drawn from Candelaria's (2013) questionnaire mentioned previously. An example of a question presented in section one is outlined below:

Have you received training in the area of bereavement and loss?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

The second section aimed to collect data relating to understandings of children's grief. All participants rated their perceived understanding of children's grief and confidence in supporting bereaved children. Participants were asked to describe the rationale for their responses on these items. All participants provided responses on the 18-items presented on a 5-point Likert scale ranging from 'Strongly Agree' to 'Strongly Disagree'. Some examples of items presented as part of the scale include:

Item 1. The grieving process is unique for each child.

Item 3. Developmental regression is uncommon in bereaved children.

Item 7. Children are often unaffected by a loss.

Item 8. Children do not grieve deeply.

The third section aimed to collect data relating to participants' experiences with children's grief at school. Participants who indicated that they had experience of supporting a bereaved child in school responded to eight items relating to the relationship of the bereaved child with the deceased person, the age of the child, the identification of the bereavement within the school context, the response of the participant to the bereaved child, the factors affecting this response and a reflection on the support that would have been helpful when carrying out BSP. Two questions presented in this section were drawn from Candelaria's (2013) questionnaire. Participants who indicated that they had no experience of supporting a bereaved child were directed to the fourth section of the questionnaire using a 'skip logic' function. An example of a question presented in section three is outlined below:

Please indicate which of the following took place when you found out that the child had been bereaved (Select all that apply).

- I was unsure what to do
- I did not do anything
- I sought out advice from senior management
- I referred the child for in school social and emotional support
- I referred the child to an external agency
- I provided social and emotional support for the child
- I informed the class about the child's loss
- I reduced the amount of work for the child
- I contacted the child's family
- Other (Please specify)

The final section was a participant debriefing. Participants with experience of supporting a bereaved child were presented with an option to take part in the interview stage. Over half of the participants (61%, $n=159$) reported having supported a bereaved child in their current role and 23.8% ($n=38$) indicated that they would like to take part in an interview. All participants were provided with a space to record any final comments and were debriefed appropriately with signposts and resources.

3.3.3 Procedure

3.3.3.1 Data collection

As discussed, staff interested in participation received a link to the questionnaire via email from the key representative in the school. This email also included an information sheet (see Appendix F). After reading the information sheet and the opening page of the questionnaire, participants gave their consent by clicking the 'Yes, begin the questionnaire' icon. All participants completed the first two sections of the questionnaire. The third section of the questionnaire required participants to indicate if they had direct experience of supporting a bereaved child. Those who indicated that they had direct experience were directed to subsequent questionnaire items that were included in the analysis of BSP in school. Participants with experience of supporting a bereaved child were offered the opportunity to take part in the second phase of the research. Those who indicated that they did not have direct experience were directed to the debrief section of the study. Participants were thanked for their time and provided with a resources page should they wish to increase their knowledge on the topic.

3.3.3.2 Data analysis

The data obtained in Phase 1 included quantitative and qualitative components. Quantitative data was entered into the IBM SPSS (Version 22) statistics program for analysis. A p-value of less than .05 was used to consider statistical significance for all quantitative analyses. Descriptive data from closed-ended items were obtained and reported in terms of frequencies across

variables of the study. The 18-item composite index was subject to a Principal Components Analysis. This analysis was chosen to understand the structure of the variables within the composite index and identify the components that account for the variance in the original variables (Field, 2009). A multiple regression analysis was conducted to explore the predictive power of key factors on the composite index. Multiple regression was chosen due to the ability of this statistical test to explore the relationship between several independent predictor variables and one dependent variable (Field, 2009). As stepwise methods of multiple regression are recommended for exploratory model building, the backward stepwise method was selected due to the lack of theoretical reason for the inclusion or exclusion of specific predictors, the importance of only selecting essential predictors and the suppressor effects associated with forward stepwise methods (Field, 2009). Qualitative data was transferred from SurveyMonkey into a Microsoft Word document and subsequently uploaded to NVivo (Version 11) for coding and identification of themes. Qualitative data was analysed using Braun and Clarke's (2006) thematic analysis (see Section 3.5.3.2).

3.4 Integrating Phase 1 and Phase 2

The two phases of this research were not independent of each other. As the mixed-methods design used in the current study was sequential, the data collected from Phase 2 was intended to build on the data collected in Phase 1. As suggested by Creswell and Plano-Clark (2007), initial analysis of the data from Phase 1 influenced data collection and analysis in Phase 2. Some of the unanticipated findings from Phase 1 warranted further exploration in Phase 2. For example, participants in Phase 1 highlighted the significance of their own personal life experiences when supporting a bereaved child. Therefore, the interview guide used for the semi-structured interviews in Phase 2 included a question about the influence of personal traits and life experiences on BSP. In addition, initial codes and themes that emerged from the qualitative data in Phase 1 were applied during the analysis of the qualitative data in Phase 2 for coherence.

3.5 Phase 2: Semi-structured interview

The purpose of Phase 2 was to:

- Expand on the quantitative data with a rich and detailed insight into participant perspectives of supporting bereaved children in schools.
- Triangulate and supplement the themes generated from the qualitative data in Phase 1, whilst also broadening the analysis to search for further themes.

3.5.1 Participants

Participants in Phase 2 included 16 primary school staff across 10 primary schools in the LA, of which nine participants were employed in the same three schools (five in School A, two in School B and two in School C). All participants had experience of supporting a child bereaved of a parent, sibling or peer in the past five years. Participants included a variety of teachers, ELSAs, SENCOs, a Pastoral Lead and Assistant Head Teachers. Table 3.2 represents an overview of the roles held by participants in Phase 2.

Table 3.2

Roles held by participants in Phase 2

Role	N	%
Teacher	8	50%
ELSA	3	18.8%
SENCO	2	12.5%
Pastoral lead	1	6.25%
Assistant Head Teacher	2	12.5%
Total	16	100%

Purposive sampling was employed through the participant selection model of mixed-methods designs due to the nature of the topic being researched. Participants were selected based on their role with the aim of obtaining a variety of perspectives within the school system. On completion of the online questionnaire in Phase 1, participants who indicated that they had experience

of supporting a bereaved child were presented with an option to take part in the interview stage of the research.

3.5.2 Research tool: Semi-structured interview

Semi-structured interviews were chosen as a research method to explore the perspectives of participants who had direct experience of supporting a bereaved child. This research method was chosen as it promotes the exploration of the individual feelings and experiences of participants (Robson, 2011). Additionally, the semi-structured interview addresses the key topics to be discussed, but also allows a degree of flexibility in accommodating unpredicted discussion points (Boyce & Neale, 2006). Given the unique nature of the grief process and the lack of research on BSP in schools, it was important to adopt a research tool that ensured the areas to be addressed were at the core of the interview process, but without the constraints of a fixed or rigid format. As suggested by Rubin and Rubin (2012), the general structure of the interview guide began with general questions, moved on to key questions that may be sensitive or difficult to answer and ended with less provocative questions. The interview guide consisted of a mixture of question types and aimed to gather information in the following areas (see Appendix G):

- Training in bereavement and loss.
- Perceptions of how grief manifests in children.
- Prevalence of prior experiences of supporting bereaved children.
- A specific case example of support provided to a bereaved child, including the identification of the bereavement, the response provided and what factors influenced this response.
- Support that is needed when carrying out BSP.
- Learning from the experience.

3.5.3 Procedure

3.5.3.1 Data collection

Participants who had completed the online questionnaire in Phase 1 of this research and who had expressed interest in taking part in Phase 2 were

contacted via email. Participants were sent a copy of the information sheet and consent form (see Appendix H), which briefly outlined the aims of the research and the participation requirements. Interviews were conducted at a time and place that were convenient for the participant. The information sheet was read through once more at the interview and any questions were discussed. Once consent was agreed, the participant signed the consent form. Participants were debriefed at the end of the interview. As this research explores a sensitive topic, appropriate signposts were provided as part of the debriefing (see Appendix I).

The interviews lasted between 38 and 64 minutes, with an average length of 49 minutes. A digital recorder was used to record the discussions that took place during the interviews. The audio files were transferred to an encrypted folder on a computer. All recorded data were transcribed verbatim.

3.5.3.2 Data analysis

An inductive and iterative thematic analysis was conducted on the qualitative data collected from the open-ended questions in Phase 1 and the semi-structured interviews in Phase 2. This method of analysis was chosen to interpret the qualitative data as it enabled a description of the subjective experiences and perspectives of the participants across the data set (Pistrang & Barker, 2010). Grounded theory (Glaser & Strauss, 1967) was considered as a possible alternative approach for analysis as it similarly extracts themes which are grounded in the data. However, this was rejected as the research aimed to provide a descriptive account rather than derive a theory to explain participant experiences.

Although the analysis aimed to be data-driven and inductive in nature, it is acknowledged that the researcher's epistemology and positioning in relation to the topic being studied will have impacted on the process. The use of

reflexive approaches, for example a reflective journal and memos, allowed the researcher to make the interpretation process transparent (Willig, 2013).

The thematic analysis followed the six stages outlined by Braun and Clarke (2006)

1. *Familiarisation of the data*: Transcribing, reading and noting initial ideas.
2. *Generating initial codes*: Coding the data.
3. *Searching for themes*: Collating codes into potential themes.
4. *Reviewing themes*: Inspection of themes to ensure they are representative of the coded extracts and generating a thematic map.
5. *Defining and naming themes*: Refining each theme and generating clear definitions and names.
6. *Writing the report*.

One of the criticisms of Braun and Clarke's (2006) approach to thematic analysis is that it can lead to a descriptive analysis rather than a reflexive analysis that transparently draws out intentions, interactions and psychological theory. For this reason, the researcher built on the stages outlined by Braun and Clarke (2006) through exploring psychological theories found in the data and noting them in memos, supervision and in the reflective journal. For example, after successive waves of iterative coding, the researcher mapped superior codes on to the BTHD during stage three of this analysis (see Appendix J). It is of note that some themes that emerged were particularly relevant to the BTHD and were labelled accordingly, such as 'Proximal Processes Influencing BSP'. The researcher also compared the codes developed in Phase 1 to the codes emerging in Phase 2 to examine complementarity and dissimilarity. An example of a coded transcript can be found in Appendix K.

3.6 Ethical considerations

The current study was carried out in line with the ethical considerations outlined by the British Psychological Society Code of Human Research Ethics and the British Psychological Society Code of Ethics and Conduct. Ethical approval was sought and gained through the Research Ethical Approval Board at UCL Institute of Education (see Appendix L). Particular consideration was given to the set of ethical principles for conducting research with human participants outlined in the Code of Human Research Ethics (British Psychological Society, 2010). Information regarding how the current study met these standards can be found in Table 3.3.

Table 3.3

Overview of ethical standards met

Ethical Standard	Summary of how it was Addressed
Informed consent	<ul style="list-style-type: none">• Researcher attended staff meetings to provide information and answer questions.• Opt-in procedures for sampling were applied.• Information about the research was provided in accessible language on information sheet and consent form.
Confidentiality	<ul style="list-style-type: none">• Information provided by or about participants was kept confidential.• The research was conducted in accordance with the Data Protection Act 1998; data was anonymised, coded and stored in an encrypted file on a password protected computer.
Right to Withdraw	<ul style="list-style-type: none">• Participants were informed that they had the right to withdraw from the study at any time.
Protection from Risk	<ul style="list-style-type: none">• Sensitive nature of topic was outlined.• Participants with personal experience of bereavement in the past two years were advised to not take part in the interview stage.
Debriefing	<ul style="list-style-type: none">• Appropriate signposts, contact details and resources included on the debriefing sheet.• Accessible summaries of the findings distributed.• Participating schools will receive training on bereavement, which includes the findings from this study.

4 Findings

This chapter presents the results from the analyses of the quantitative and qualitative data. The findings will be presented in three main sections. The first section will address the quantitative findings from Phase 1. The second section will address the qualitative findings from Phase 1. The third section will present the qualitative findings from Phase 2.

4.1 Phase 1: Quantitative findings

4.1.1 Description of the data

A total of 260 participants across 14 schools took part in Phase 1 of this research. Participants reported having 'Less than two years' experience in their current role (18.1%, $n=47$) to 'More than 10 years' experience in their current role (29.2%, $n=76$). Most participants ($n=207$, 79.6%) had not received training in bereavement and loss and 20.4% ($n=53$) had received training. 18.5% ($n=48$) of participants indicated that bereavement and loss is addressed in their school policies, with 10.8% ($n=28$) indicating that it is not addressed and 70.8% ($n=184$) reported that they do not know. Over half of the participants (61.2%, $n=159$) reported having supported a bereaved child in their current role. The age of the bereaved child ranged from 4 to 11 years, with a mean age of 7.61 (SD=2.07). 49.7% ($n=79$) reported that the most recently bereaved child in their care was deceased of a parent, followed by 25.2% ($n=40$) who were bereaved of a grandparent (see Table 4.1).

Table 4.1

Child's relationship with deceased

Relationship	N (%)
Parent	79 (49.7%)
Grandparent	40 (25.2%)
Sibling	18 (11.3%)
Friend or classmate	13 (8.2%)
Significant other	9 (5.7%)

The following sections will discuss the data in relation to the research questions. Further details on the presentation of questions can be found in Appendix B.

4.1.2 RQ1. How are bereaved children identified in primary schools?

Six closed items were presented to participants to explore how bereaved children are identified in primary schools. Table 4.2 summarises participant responses to these items.

Table 4.2

Identification of bereavement

Response	N	%
Another staff member informed me	69	43.4%
The child's family informed me	58	36.5%
The bereaved child informed me	37	23.3%
I noticed a change in the child's behaviour	16	10.1%
The event was in the media	16	10.1%
The child's friend informed me	2	1.3%

One closed item was presented to participants to explore the potential for unidentified bereavements in schools. 45% ($n=117$) of participants indicated that they may not be aware of children's bereavements. 27.7% ($n=72$) indicated that they believed that they would be aware and 27.3% ($n=71$) indicated that they did not know.

In summary, bereaved children are mainly identified through another staff member or the child's family. Almost half of the participants indicated that they may be unaware of bereaved children in their school.

4.1.3 RQ2. How are bereaved children supported in primary schools?

Nine closed items were presented to participants to explore how bereaved children are supported in primary schools. Table 4.3 summarises participant responses on these items.

Table 4.3

Response to bereaved child

Response	N	%
I provided social and emotional support for the child	125	78.6%
I sought out advice from senior management	74	46.5%
I referred the child for in school social and emotional support	45	28.3%
I reduced the amount of work for the child	40	25.2%
I contacted the bereaved child's family	40	25.2%
I was unsure what to do	38	23.9%
I referred the child to an external agency for support	29	18.2%
I informed the class about the child's loss	28	17.6%
I did not do anything	6	3.8%

In summary, most participants provided social and emotional support to the bereaved child.

4.1.4 RQ3. What factors influence bereavement support provision in primary schools?

A three item Likert scale was presented to participants to explore their perceived confidence in supporting a bereaved child. 65.4% ($n=170$) indicated that they were 'slightly confident' in supporting a bereaved child and 26.2% ($n=68$) indicated that they were 'not confident'. 8.5% ($n=22$) indicated that they were 'highly confident'.

Eleven closed items were presented to participants to explore what factors influenced the support provided to the bereaved child. Table 4.4 summarises participant responses on these items.

Table 4.4

Factors influencing BSP

Response	N	%
Lack of communication between senior management and staff	82	51.6%
Personal life experiences	80	50.3%
Open communication between school and home	68	42.8%
Presence of a supportive school ethos	68	42.8%
Developmental stage of the child	65	40.9%
Circumstances of the death	64	40.3%
Time constraints within your role	54	34%
Prior experience of working with bereaved children	31	19.5%
Bereavement training	18	11.3%
Child's religious beliefs	10	6.3%
Guidance from school policies	8	5%

In summary, a number of factors had an influence on BSP. Approximately half of participants felt that personal life experiences and lack of communication between senior management and staff had an influence on BSP.

4.1.5 RQ5. How is children's grief understood by primary school staff?

A four item Likert scale was presented to participants to explore their perceived understanding of children's grief. 69.6% ($n=181$) of participants indicated that they had some understanding of children's grief and 22.3% ($n=58$) indicated that they had a good understanding. 6.5% ($n=17$) indicated that they had no understanding and 1.5% ($n=4$) indicated that they had complete understanding.

The 18 items of the composite index were subject to a Principal Components Analysis (PCA). Prior to performing PCA, the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of mainly coefficients of .3 and above. The Kaiser-Meyer-Olkin value was .73, exceeding the recommended value of .6 (Kaiser, 1974) and Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance ($p < .0005$), supporting the factorability of the correlation matrix. Six components had eigenvalues over Kaiser's criterion of 1 and in combination explained 59.4% of the variance (see Table 4.5).

Table 4.5

Total variance explained

Component	Total	% of Variance	Cumulative %
1	3.522	19.565	19.565
2	2.319	12.883	32.449
3	1.442	8.012	40.461
4	1.295	7.194	47.655
5	1.095	6.082	53.737
6	1.012	5.624	59.361

Visual inspection of the scree plot (see Appendix M) indicated that two components should be retained (Cattell, 1966). In addition, a two-component solution met the interpretability criterion. Therefore, two components were retained.

The two component solution explained 32.3% of the total variance. A Direct Oblimin rotation was employed to aid interpretability. The rotated solution revealed the presence of a simple structure (Thurstone, 1947), with both components showing a number of strong loadings and all variables loading substantially on only one component. Table 4.6 shows the factor loadings after rotation.

Table 4.6

Pattern and structure matrix for PCA

Item	Pattern coefficients		Structure coefficients		Communalities
	<u>Component 1</u>	<u>Component 2</u>	<u>Component 1</u>	<u>Component 2</u>	
12	.713	.283	.676	-.015	.519
5	.700	-.136	.664	-.160	.475
14	.620	.032	.626	.139	.393
11	.591	-.367	.587	.394	.409
15	.535	.302	.559	.369	.433
6	.527	.031	.532	.122	.284
7	.510	.281	.528	-.265	.389
2	.353	.081	.392	.322	.141
13	.347	.262	.367	.142	.220
16	.240	.048	.248	.089	.064
8	.078	.661	.192	.675	.461
17	.119	.619	.226	.639	.423
10	-.248	.602	-.145	.559	.372
4	.020	.571	.118	.574	.330
18	.189	.550	-.284	.583	.374
3	.035	.495	.120	.501	.252
9	-0.78	.425	-.005	.411	.175
1	.220	.245	.263	.283	.127

The researchers evaluated the items that clustered on the same components to assess a theoretical pattern. This evaluation highlighted that component 1 represented non-reversed scored items on the composite index and component 2 represented reverse scored items. As such, the interpretation of items that cluster on the same components suggest that component 1 represents understandings about children's grief and component 2 represents misconceptions about children's grief. There was a low positive correlation between the two factors ($r = .17$). Whilst this correlation suggests that the two components could be used as separate scales, the two components are not

conceptually distinct. Both components represents how children's grief is understood, with one component being composed of reverse scored items and the other non-reverse scored items. Therefore, it was decided to retain the components as one composite index that represents understanding of children's grief.

The results of the PCA indicated that 4 items did not load on either component and as such did not contribute to the variance on the index. As such, these 4 items were removed from the scale. Table 4.7 represents the four items that were removed from the scale at this stage of the analysis.

Table 4.7

Items removed from composite index following PCA

Stage of Action	Items
Analysis	
PCA	Removed

1. The grieving process is unique for each child
2. Risk factors (e.g. low socioeconomic status) make children more vulnerable to negative outcomes following a loss
13. Like adults, children experience powerful and consistent grief that gradually subsides over time
16. Environmental triggers can cause children to re-experience their grief

Internal consistency for the composite index indicated an overall Cronbach's alpha of .67. Analysis of reliability revealed that the removal of a further three items from the scale would increase the internal consistency of the index. The item-total statistics table this removal would result in a Cronbach's alpha of .71, which is considered an acceptable value for reliability of a scale (Field, 2009). Table 4.8 represents the three items that were removed following reliability analysis.

Table 4.8

Items removed from composite index following reliability analysis

Stage of Action	Items
Reliability analysis	Removed 9. Bereaved children are more likely to exhibit externalising behaviours (e.g. anger outbursts) than internalising behaviours (e.g. anxiety, worry) 10. Children who experienced an expected death will adjust better than those who experienced an unexpected death 11. Young children grieve in short intense spurts

Table 4.9 represents a summary of the items that were retained for further analysis.

Table 4.9

Items retained within composite index

Stage of Action	Items
Analysis	
Final composite index	<p>Retained</p> <p>3. Developmental regression is uncommon in bereaved children</p> <p>4. Children are often unaffected by a loss</p> <p>5. A child's developmental stage has an impact on their expression of grief</p> <p>6. Complicated or prolonged grief in childhood can lead to emotional problems later in life</p> <p>7. Young children express their grief through behaviour and play</p> <p>8. Children do not grieve deeply</p> <p>12. There are distinct differences between experiences of adults and children</p> <p>14. A strong predictor of a bereaved child's outcome is the stability of his or her environment after the death</p> <p>15. Bereaved children benefit from age appropriate and honest communication about the circumstances of the death</p> <p>17. Between the ages of 4 and 7, children are too developmentally immature to grieve</p> <p>18. Between the ages of 8 and 12, children are too developmentally immature to grieve</p>

The descriptive statistics for the items on the composite index are presented in Table 4.10.

Table 4.10

Descriptive statistics for final composite index

Item	N	Mean	Std. Deviation
3. Developmental regression is uncommon in bereaved children	260	3.73	.88
4. Children are often unaffected by a loss	260	3.82	.95
5. A child's developmental stage has an impact on their expression of grief	260	3.90	.82
6. Complicated or prolonged grief in childhood can lead to emotional problems later in life	260	4.42	.76
7. Young children express their grief through behaviour and play	260	4.12	.67
8. Children do not grieve deeply	260	4.07	.88
12. There are distinct differences between experiences of adults and children	260	3.30	.98
14. A strong predictor of a bereaved child's outcome is the stability of his or her environment after the death	260	3.91	.78
15. Bereaved children benefit from age appropriate and honest communication about the circumstances of the death	260	4.20	.66
17. Between the ages of 4 and 7, children are too developmentally immature to grieve	260	3.82	.802
18. Between the ages of 8 and 12, children are too developmentally immature to grieve	260	4.07	.705

The distribution of the final composite index is presented in Appendix N.

As discussed, seven of the original 18 items were excluded from further statistical analysis. It is acknowledged that interpretation of individual Likert items is not a robust method of analysis, however, it still provides interesting insight into participant understandings of children's grief. Overall, participants rated the most agreement with the statement 'The grieving process is unique for each child' ($M = 4.6$, $SD = .74$) and the least agreement with the statement 'Children do not grieve deeply' ($M = 4.1$, $SD = .87$).

4.1.6 RQ6. What factors have an impact on primary school staff's understandings of children's grief?

A multiple regression analysis was conducted to explore the predictive power of key factors on the composite index: role, length of time in role, training, perceived understanding of children's grief, perceived confidence in supporting bereaved children, experience of supporting a bereaved child, age of bereaved child, bereaved child's relationship with the deceased, response to bereaved child and factors influencing response to bereaved child. As discussed, the backward stepwise method of multiple regression was employed due to the exploratory nature of the study, the lack of theoretical reasoning for inclusion or exclusion of particular criteria, the importance of only selecting essential predictors and the suppressor effects associated with forward stepwise methods (Field, 2009).

4.1.6.1 Assumption testing

An inspection of partial regression plots and a plot of studentized residuals against predicted values indicated that the data were normally distributed and there was a linear relationship between independent and dependent variables, thus satisfying the assumptions of normality and linearity. In addition, visual inspection of a plot of studentized residuals versus unstandardized predicted values indicated that the data points were most evenly clustered around zero. As such, the assumption of homoscedasticity was met. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.982. There was no evidence of multicollinearity, as assessed by tolerance values

greater than 0.1. There were no studentized deleted residuals greater than ± 3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1.

4.1.6.2 Multiple regression analysis

A significant model emerged from the multiple regression analysis ($\text{AdjR}^2 = .16$, $F(4, 154) = 8.35$, $p < .000$). The results of the regression indicated that the model accounts for 16% of the variance in participants' understanding of children's grief. Table 4.11 shows the outcome relating to the final model of the multiple regression analysis.

Table 4. 11

Summary of multiple regression analysis

Predictor Variable	B	Std.	β	T	Sig.
	Error				
(Constant)	42.255	1.646		25.674	.000
Response: Referral to an external agency	2.308	.863	.200	2.674	.008
Training	3.832	.766	.376	5.001	.000
Child's relationship with deceased: Parent	1.312	.702	.147	1.868	.064
Child's relationship with deceased: Sibling	2.994	1.101	.213	2.720	.007

Note: B = unstandardized regression coefficient; β = standardized coefficient.

Comparison of the effect size (β values, Table 4.11) indicates that training ($\beta=.376$) had the best predictive value for the composite index, followed by supporting a child who was bereaved of a sibling ($\beta=.213$), referring a child to an external agency for support ($\beta=.200$) and supporting a child who was bereaved of a parent ($\beta=.147$). The partial effect of each variable in isolation, when the effect of all other variable was controlled for, was significant for

training, referring a child to an external agency and supporting a child bereaved of a sibling. This suggests that having received training in bereavement and loss, responding to a bereaved child through referring them to an external agency and supporting a child bereaved of a sibling is significantly associated with understanding children's grief as represented by the composite index.

In summary, receiving training, supporting a child who was bereaved of a sibling and responding to a bereaved child through a referral to an external agency were significantly associated with understanding children's grief. Supporting a child who was bereaved of a parent added to the model but was not significant. While definitive conclusions cannot be reached in this exploratory analysis, one hypothesis may be that there is a relationship between the intensity of the grief reaction in the school context and understanding children's grief. It may be that the loss of a close family member results in a more intense grief reaction, which leads to the response of a referral to an external agency.

4.2 Phase 1: Qualitative findings

Qualitative data from the open-ended questions on the questionnaire were analysed using thematic analysis in two separate groups: participants without experience of supporting a bereaved child (Data Set 1; DS1) and participants with experience of supporting a bereaved child (Data Set 2; DS2). Two key themes and four subthemes emerged in both data sets, with an additional two subthemes emerging in DS2. These themes were named Bereavement Support Provision and Staff Support and Training. Themes relating to DS2 are shaded in grey in the visual representation of themes, such as in the thematic map (see Figure 4.2).

It is important to note that not all participants responded to the open-ended questions. As such, DS1 and DS2 are based on the responses of 67 and 124

participants respectively (73.5% of overall participants). The frequency of subthemes and individual codes across the two data sets are presented.

Participants have been assigned identification codes which include their role (e.g. Teacher), an assigned number (e.g.1) and their relative data set (e.g. DS1): Teacher1, DS1.

The following sections present the key findings of each theme, including examples of quotations from the two data sets and highlighting the important differences between them.

4.2.1 Theme 1: Bereavement Support Provision

This theme captures how bereaved children are understood and supported in primary schools. The subthemes include: Understandings of Children's Grief, BSP in Practice, Proximal Processes influencing BSP and Macrosystemic Responsibility for BSP in Schools.

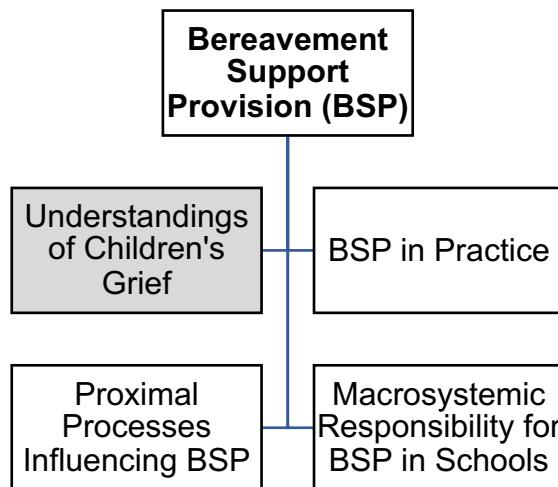


Table 4.12 presents a breakdown of the subthemes and codes across the two data sets for BSP.

Table 4.12

Subthemes and codes for Theme 1 (Phase 1)

Theme 1: Bereavement Support Provision (BSP)	DS1 (n=67)	DS2 (n=124)
Subtheme 1: Understandings of Children's Grief	-	61(101)
Expression of grief	-	22(28)
Behavioural change	-	17(17)
Grief is unique	-	44(47)
Resurfacing of grief	-	9(9)
Subtheme 2: BSP in Practice	9(9)	43(92)
Social and emotional support	9(9)	21(30)
Practical activities	-	19(19)
Referral for external support	-	10(10)
Reducing work expectations	-	16(16)
Research on child bereavement	-	17(17)
Subtheme 3: Proximal Processes Influencing BSP	30(41)	74(153)
Child's developmental needs	3(3)	33(36)
Relationship with child	3(3)	27(27)
Personal life experiences	20(20)	51(63)
Personal traits: Positive	-	27(27)
Personal traits: Negative	15(15)	-
Subtheme 3: Macrosystemic Responsibility for BSP in Schools	11(18)	62(85)
Responsibility for bereavement support	7(7)	32(32)
Mental health in schools	7(7)	24(28)
Death in the curriculum	4(4)	10(10)
Need for integrated services	-	19(19)

Note: a(b), a = number of participants, b = frequency of code.

4.2.1.1 *Understandings of Children's Grief*

This subtheme emerged from DS2 and relates to participants' understandings of children's grief. 44 participants felt that grief can be expressed in different ways depending on the child and the circumstance. 15 participants wrote about changes in behaviour (e.g. *"It does affect the child emotionally – this is evident through changes in behaviour, like difficulties sleeping"* TA40, DS2) and two

participants wrote that they did not observe the child expressing their grief in school (e.g. *“The child did not express her grief in class, although her mother told me that she cried every night” Teacher114, DS2*).

Nine participants felt that grief in children can resurface over time, emphasising the importance of information sharing within the school environment and viewing children's behaviour as communication.

I think we need to realise that the grief remains and can resurface at a later stage – not just the next year but perhaps two years or more later, with new teachers who are unaware that the child's behaviour may be linked to previous events. Unusual behaviour in a child is their way of trying to communicate with us, we just need to understand how to decode that (ELSA9, DS2).

In summary, participants from DS2 felt that expressions of grief differ between individual children. It was noted that children's grief can resurface over time.

Reflective Note 1

It was interesting to me that this subtheme only emerged from the data relating to participants who had experience of supporting a bereaved child, particularly because both DS1 and DS2 connected their personal experiences of bereavement with their understandings of children's grief within the 'Proximal Processes Influencing BSP' subtheme. Perhaps lack of experience did not facilitate reflection on how grief is experienced by children in the school context. This led me to think about how EPs might carry out training for this population. For example, including opportunities to consider how grief might present in the classroom.

The finding that expression of grief is dependent on the individual child and circumstance spurred me to consider this in relation to the BTHD. Clearly, the circumstance relates to the systems surrounding the child and the proximal processes occurring within them. I wondered what person characteristics had an impact on a child's expression of grief. Possibly force characteristics like aggression, resource characteristics like prior experience of a death, or demand characteristics like an agitated temperament.

4.2.1.2 BSP in Practice

This sub-theme relates to how BSP is carried out in schools and emerged from both data sets. As participants in DS1 did not have experience of supporting a bereaved child, nine participants described the type of support they would provide in this situation, such as social and emotional support like a space to talk or showing empathy.

I would be able to ask the child if they would like to talk and be understanding if their behaviour was inconsistent due to grief (TA74, DS1).

DS2 also wrote about providing social and emotional support ($n=21$). However, these participants elaborated further on how this support was carried out, describing activities that they completed with a bereaved child and reflecting on how this supported the child to process their grief.

All we can do in a school is offer the child, when ready, a safe place to talk and ask questions. A lovely way to help a child when they are grieving is to help them make a memory box. This is something that they can look at whenever they feel the need and also to add things to. I find this idea not only helps them while they are grieving but also later on days when they feel the loss of a loved one (ELSA2, DS2).

10 participants from DS2 also wrote about providing initial support, whilst also knowing “how to refer to more specialist, therapeutic services” (AssistantHead4, DS2). DS2 discussed about being “flexible with work expectations” (Teacher63, DS2) and carrying out research to better understand how to support a bereaved child.

Due to the number of children who have lost a parent or have a terminally ill parent this year, I have researched coping with bereavement for children to help my understanding (SENCO2, DS2).

In summary, both data sets discussed the provision of social and emotional support to bereaved children. DS2 also discussed activities completed with bereaved children, knowing how and when to refer for specialist support, adjusting work expectations and carrying out research.

4.2.1.3 Proximal Processes Influencing BSP

This subtheme relates to the proximal processes that impact BSP and emerged from both data sets. Processes that were common to both data sets were consideration of the child's developmental needs, the relationship between the participant and the child and the participants' life experiences. Personal life experiences generated different proximal processes between the two data sets, with 20 participants from DS1 explaining that personal experience of grief might allow for a better understanding of how a child feels and 51 participants from DS2 reflecting on how their personal experiences influenced how they provided support to a bereaved child.

I feel that I perhaps have more of an understanding of what a child can go through after experiencing a bereavement as I myself suffered the loss of a parent towards the end of my school years, so I feel like I may have greater insight into how they feel and how grief can manifest itself (Teacher51, DS1).

I lost my father aged 4 years and remember the hurt. When I supported a bereaved child in my class, I found myself relating to how I felt then and thinking about what I would have wanted my teacher to do (TA63, DS2).

15 participants in DS1 felt that their confidence was impacted by a lack of experience.

I haven't had any direct experience with a bereaved child and haven't received any relevant training, therefore I am not confident in how best to support a child (TA85, DS1).

27 participants in DS2 wrote about their own personal traits influencing proximal processes when supporting a bereaved child, such as being “empathetic” (Teacher35, DS2), “reassuring” (Teacher101, DS2), “supportive” (Teacher6, DS2) and having “an ability to listen” (TA52, DS2).

In summary, both data sets discussed proximal processes that influenced how support was provided to bereaved children, such as the child’s developmental needs and the relationship between the participant and the child. Personal life experiences prompted differing proximal processes, with DS1 discussing these hypothetically and DS2 reflectively. DS1 lacked confidence in providing support, whilst DS2 named personal traits that influenced how they provided support.

4.2.1.4 Macrosystemic Responsibility for BSP in Schools

This subtheme relates to the responsibility at a macrosystemic level to integrate BSP into the education system. 39 participants from both data sets felt that schools should be providing support for bereaved children.

I think this is an area where there is certainly a huge scope for the development of some support systems to be implemented and introduced into the education system. I know that when I was in school

there were no support services available to me and it is something that I feel would have really helped me at the time (Teacher51, DS1)

36 participants from both data sets discussed issues at a macrosystemic level in relation to bereavement and loss, such as the increased responsibility for mental health support in schools, cultural discomfort around death and including death in the curriculum.

This research is much needed and so important, with so many mental health cuts, schools are being asked to support in so many ways and we must ensure that staff are aware and trained (Pastoral1, DS2).

As a country we need to be more open about talking about death. This topic needs to be addressed in schools (TA75, DS1).

DS2 expressed a need for a joined up approach between services ($n=19$). These participants felt that the lack of communication between services and uncertainty around the role of school had negative consequences for bereaved children.

The failure to communicate the child's loss was due to the high turn over of staff after the child was bereaved and the lack of communication between the local council, social services and the school regarding support. This may be an area where the school policy is undermined by the lack of integrated services and the schools inability to understand its role in relation to child bereavement. There is a need for a framework of integrated services from the wider community within a whole school approach (Teacher3, DS2).

In summary, both data sets felt that schools should provide support to bereaved children and highlighted issues within the macrosystem that hinder this support. DS2 discussed a need for a joined up approach between services and schools.

4.2.2 Theme 2: Staff support and training

This theme captures the lack of support felt by participants when carrying out BSP and the support that is needed for staff in schools. The subthemes include: Lack of Support and What Support is Needed?

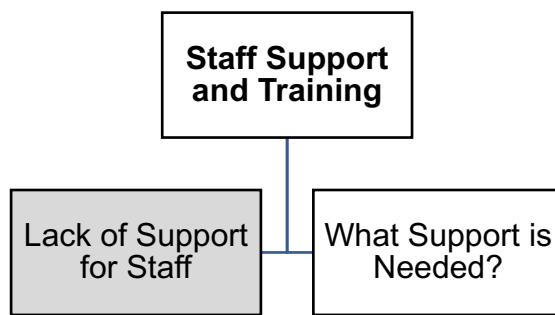


Table 4.13 presents a breakdown of the subthemes and codes across the two data sets for Staff Support and Training.

Table 4.13

Subthemes and codes for Theme 2 (Phase 1)

Theme 2: Staff Support and Training	DS1 (n=67)	DS2 (n=124)
Subtheme 1: Lack of Support for Staff	-	59(113)
Feeling unsupported	-	42(46)
Uncertain of what to do	-	15(15)
Gut instinct		11(14)
Fear of upsetting child	-	25(25)
Emotional difficulties/impact	-	13(13)
Subtheme 2: What Support is Needed?	20(24)	109(202)
Resources	13(13)	20(20)
External agencies	7(7)	34(41)
Experience of colleagues	4(4)	44(44)
Training	-	88(97)

Note: a(b), a = number of participants, b = frequency of code.

4.2.2.1 Lack of Support for Staff

This subtheme relates to the lack of support felt by participants when carrying out their role in BSP and emerged from DS2. 42 participants wrote about feeling unsupported in carrying out their role.

I would have been grateful for support of any kind as there was nothing in place (Teacher83, DS2).

15 participants expressed not having the “*tools or strategies to address and support a child grieving*” (Teacher39, DS2). Consequently, participants expressed uncertainty around appropriate responses, relying on “*intuition*” (AssistantHead1, DS2) and “*gut instinct*” (DeputyHead, DS2).

25 participants discussed feeling worried about upsetting the bereaved child by saying or doing the wrong thing.

I would be worried that I may cause more pain or hurt for the child"
(Teacher2, DS2).

13 participants wrote about emotional difficulties when supporting bereaved children.

I find dealing with grief in general quite difficult and very emotional (TA6, DS2).

In summary, participants in DS2 reported feeling unsupported and uncertain when supporting a bereaved child. Participants expressed concern around upsetting the child and discussed emotional difficulties that can emerge.

4.2.2.2 What Support is Needed?

This subtheme relates to the support needed for staff in facilitating BSP and emerged from both data sets. 79 participants expressed the need for resources, external agencies and experienced staff members.

Relevant books or stories to share (Teacher120, DS1).

There should be an educational or child psychologist working within a school (AssistantHead1, DS2).

It would have been helpful to have had trained staff available to support (DeputyHead4, DS2).

An overwhelming majority of participants in DS2 cited training as a support that was necessary to carry out BSP ($n=88$).

Training around how to effectively communicate with bereaved children and knowing any possible signs and triggers which may affect the child's behaviour (TA80, DS2).

In summary, participants expressed the need for various types of support needed to carry out BSP, such as resources, external agencies, experienced colleagues and, most notably, training.

4.2.3 Phase 1: Thematic map

Presented below is a visual representation of the themes emerging from the qualitative data in Phase 1 (see Figure 4.1).

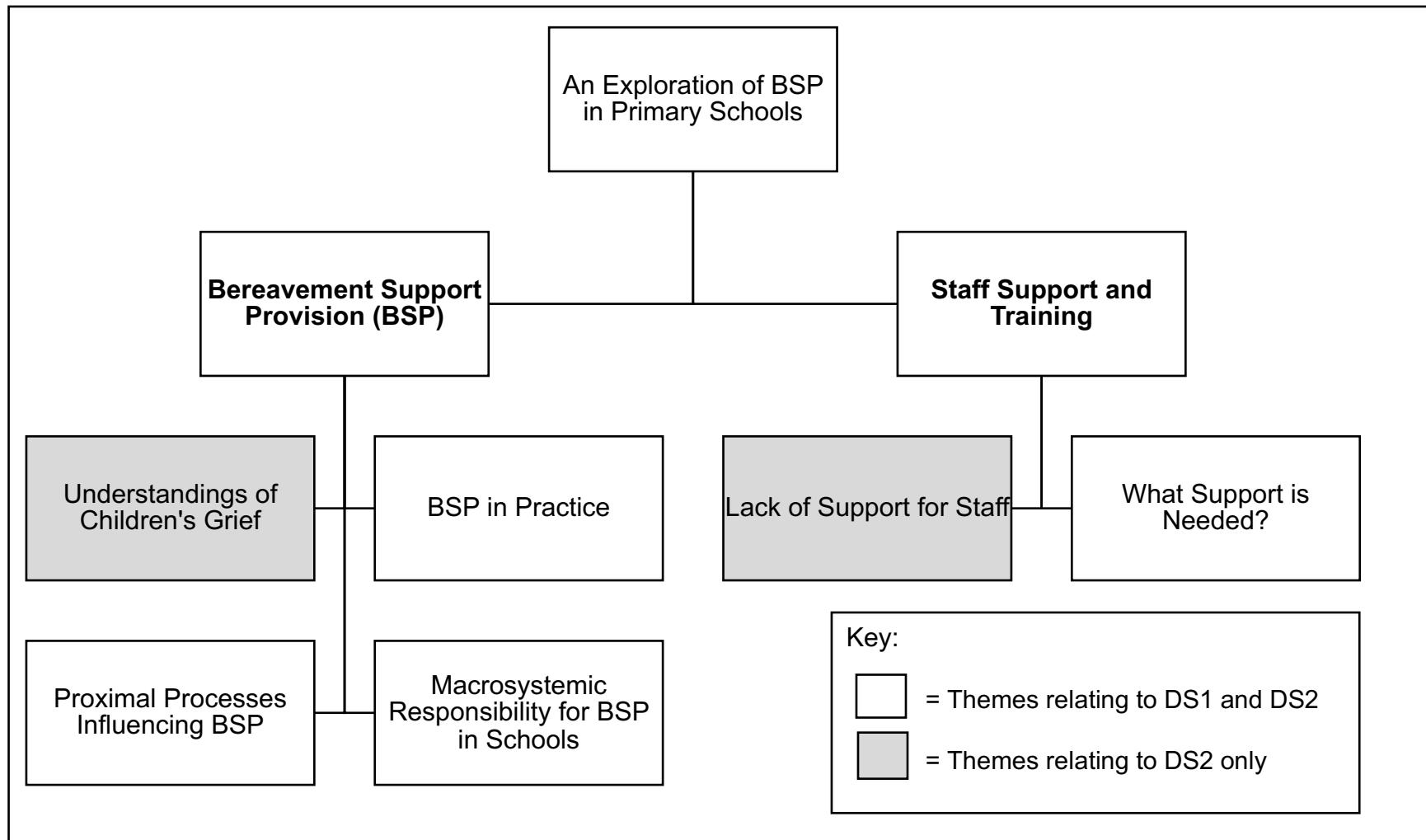


Figure 4. 1 Thematic map of qualitative analysis in Phase 1

4.3 Summary of Phase 1 findings

In summary, descriptive statistics revealed that over half of participants (61.2%) had experience of supporting a bereaved child and most participants (79.6%) did not have training in bereavement and loss. Children's bereavements were mainly identified through other staff members (43.4%), followed by the child's family (36.5%). Almost half of participants (45%) indicated the possibility of unidentified bereavements in the school context. Most participants (78.6%) who had experience of supporting a bereaved child provided social and emotional support to that child. The most influential factors on BSP indicated by participants was lack of communication between senior management and staff (51.6%) and personal life experiences (50.3%). A multiple regression analysis indicated that having received training in bereavement and loss, supporting a child bereaved of a sibling and responding to a bereaved child through referring them to an external agency are significantly positively associated with understanding children's grief.

Some of the key findings of the qualitative data include the provision of social and emotional support for bereaved children, the influence of personal life experiences on proximal processes in BSP and the responsibility for BSP in schools. Additionally, there were reports of feeling unsupported within the school context and a high frequency of participants cited training as a specific support needed for staff.

Evidently, there are noticeable links between the quantitative and qualitative data. For example, the gap in training reflected in the descriptive statistics (79.6%) also emerged within the qualitative data ($n=88$). Additionally, a high frequency of participants with and without experience of supporting a bereaved child ($n=71$) discussed the influence of personal life experiences on BSP, while quantitative data revealed that 50.3% of participants indicated that personal life experiences had an impact on BSP.

4.4 Phase 2: Qualitative findings

Qualitative data from the semi-structured interviews were analysed using thematic analysis. 331 codes emerged through this analysis, which grouped into 56 superior codes. These codes formed 11 subthemes and four themes. These themes were named: Understanding Children's Grief, Bereavement Support Provision, Perceptions of Proximal Processes in BSP and Emotional Impact of BSP on School Staff.

Similar to the presentation of the qualitative data in Phase 1, a frequency analysis has been presented for each subtheme and superior code. Themes in Phase 2 that are related to themes presented in Phase 1 will be outlined in the initial description of each theme.

Participant identification codes for Phase 2 have been adapted for clarity. Codes in Phase 2 include the participant's role (e.g. Teacher) and an assigned letter (e.g. A): Teacher-A. As this mixed-methods study employed the participant selection model of research designs, participants who took part in Phase 2 also took part in Phase 1. The corresponding identification codes for participants across the two Phases can be found in Appendix O.

The following sections highlight the key findings from each theme.

4.4.1 Theme 1: Understanding Children's Grief

This theme captures how children's grief is understood by primary school staff. The subthemes include: Children's Expression of Grief and Systemic Influences on Children's Grief. This theme expands on the subtheme Understandings of Children's Grief relevant to DS2 in Phase 1 of this research.

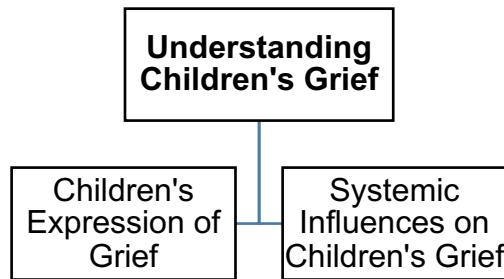


Table 4.14 presents a breakdown of the subthemes and codes across the data set for Understanding Children's Grief.

Table 4.14

Subthemes and codes for Theme 1

Theme 1: Understanding Children's Grief

	Participants (n=16)
Subtheme 1: Children's Expression of Grief	16(191)
Grief is unique	13(20)
Expression of grief: External	14(39)
Expression of grief: Internal	10(24)
Expression of grief: Intermittent	8(16)
Trigger for grief	11(23)
Resurfacing over time	9(17)
Linking behaviour to grief	8(13)
Adults as role models for grief	7(8)
Grief in adults versus children	15(31)
Subtheme 2: Systemic Influences on Children's Grief	16(108)
Influences: Mesosystem/Exosystem	12(42)
Influences: All systems	10(20)
Death is difficult to talk about	8(16)
Cultural and linguistic influences/barriers	15(30)

Note: a(b), a = number of participants, b = frequency of code.

4.4.1.1 Children's Expression of Grief

This subtheme relates to participant perceptions of how children express their grief. Grief was viewed as a unique process, characterised by external or internal behaviours, such as “*very emotional and upset*” (Teacher-C), “*very quiet, withdrawn*” (ELSA-B), “*clingier*” (AssistantHead-A), “*violent*” (Teacher-B), “*aggressive*” (SENCO-A), and “*attention seeking*” (SENCO-B).

Children's grief manifests in a variety of ways. There are the children who don't mention it at all and they are really quiet in class. Some children's behaviour changes completely. They might be disruptive. Some children are visibly upset or crying, the more traditional grief (Pastoral-A).

Eight participants observed short, intermittent bursts of grief in younger children.

In moments it clicks into his head, but then honestly a minute later, I gave him a hug and that's it, he's skipping off to lunch again. He experiences grief momentarily and then it's gone (Teacher-I).

Several triggers for children's grief were discussed by participants, such as curriculum topics, birthdays, anniversaries and Mother or Father's Day.

Because of the topics we cover, we watched a movie that involves suicide. Kids wouldn't necessarily know it but of course with her experience she would, and so it brought up a few different things for her and she felt quite out of place (Teacher-G).

Participants also felt that grief may resurface for children over time. Eight participants expressed concern around BSP in these circumstances due to difficulties linking behaviour to grief.

I don't think we would have put the thought into how their behaviour might be fully related to the death. A new bereavement, yes, but not maybe a year or two later (Teacher-G).

Participants discussed differences between grief in children and adults. Adults were perceived as “better communicators” (Teacher-A) as children can “find it a bit more difficult to verbalise their feelings” (Teacher-E). It was felt that children’s difficulties in understanding the concept of death meant that they “seem to get over it much more quickly” (Teacher-G). Seven participants felt that adults should act as role models for children to express their grief.

I learned that it's OK to be upset with the children. It's good, because then they know it's acceptable (AssistantHeadB).

In summary, participants viewed grief in children as a unique process expressed through external, internal and intermittent behaviours. Participants discussed environmental triggers and developmental triggers for grief, including the difficulties in linking behaviour to grief when it resurfaces over time. Distinct differences between grief in adults and children were identified.

Reflective Note 2

I was surprised by participants' in-depth understanding of children's grief. I noticed strong links to theory within this subtheme, such as the intermittent grief described by participants which map onto previous descriptions of the manifestation of grief in young children (e.g. Wiseman, 2013) and the loss and restoration orientations of the DPM described by Schut and Stroebe (1999).

I reflected on how my experience of grief may have been perceived within my own mesosystem. As my experiences occurred in adolescence and beyond, I compared some of the developmental differences between my position and the description of children's grief provided by the participants. For example, as resource characteristics relate to abilities, experience and knowledge, I felt that the development of these characteristics allowed me to engage in less dependent proximal processes within my own mesosystem. I was also able to identify strongly with the notion of environmental and developmental triggers that have prompted my own grief reactions in the past, even as a young adult. Envisaging the difficulties a bereaved child may experience in a new class with a teacher who is unaware of their loss, I considered the impact of poor information sharing on proximal processes between the teacher and the child.

4.4.1.2 Systemic Influences on Children's Grief

This subtheme relates to mesosystemic, exosystemic and macrosystemic influences on children's grief. 12 participants discussed additional factors and secondary losses within the mesosystem and exosystem that had a negative impact on the microsystem. For example, financial difficulties, having to relocate home for safety reasons, being excluded and poor parental mental health.

((Talking about the bereaved child's Mum who had lost her son)) And she had lost the reason to exist, to wake up every morning, and her relationship with him just seemed to deteriorate because he demanded her attention now, but in a completely different way, in an emotional way. She knew how to support ((name of child who died)) physically, but he never demanded anything of her emotionally. Whereas ((name of bereaved child)) required a completely different type of parenting. The relationship between the parents broke down, and he struggled

through Year 1. Once he got to Year 2, the ADHD really flared up, and he had to leave the school, which breaks my heart because I feel like we sort of failed (Teacher-H).

Within the macrosystem, death was perceived to be a “tricky subject” (ELSA-B) within British culture, which augmented difficulties in supporting bereaved children from different cultures and backgrounds.

Everybody talks about being an integrated society. However, people try and avoid bereavement as it's uncomfortable, so you shy away from asking questions of other cultures because you're afraid of upsetting or insulting them. But I think we need to be educated more (ELSA-C).

10 participants discussed factors that seemed to transverse the systems of the BTHD. These tended to occur in exceptionally difficult circumstances, such as the child entering the care system following the loss of a parent and the death being high profile (e.g. a murder or a terrorist attack).

His Grandparents passed away during a violent incident that was well known in the media and it was difficult because at the time there were lots of news reports and paper headlines surrounding the attack, so it was hard to escape from it (Teacher-D).

In summary, participants discussed negative influences on children's grief within the interrelated systems of the BTHD.

Reflective Note 3

As a researcher, I noticed strong emotional reactions in myself in response to some of the interviews. In particular, Teacher-H's description of the bereaved child who had lost his younger brother and been excluded a year later. Her feelings of 'failure' resonated powerfully with my own position as an ex-teacher in a PRU. The notion of failure extends beyond Teacher-H's interactions with the bereaved child. It continues across the interrelated systems of the BTHD, where there is a lack of preventative strategies and support for children experiencing difficult circumstances at each level of the model. For example, the dominant views of society and discourse around children who have been excluded within the macrosystem, which often place emphasis on within child factors (medical model) rather than the interaction between the child and their environment (Watling, 2004).

4.4.2 Theme 2: Bereavement Support Provision (BSP)

This theme captures how bereaved children are identified and supported in primary schools. The subthemes include: Perspectives on role of School in BSP, BSP in Practice and Identifying Bereaved Children. This theme expands on some of the subthemes in Phase 1 of this research, such as BSP in Practice and Macrosystemic Responsibility for BSP in Schools.

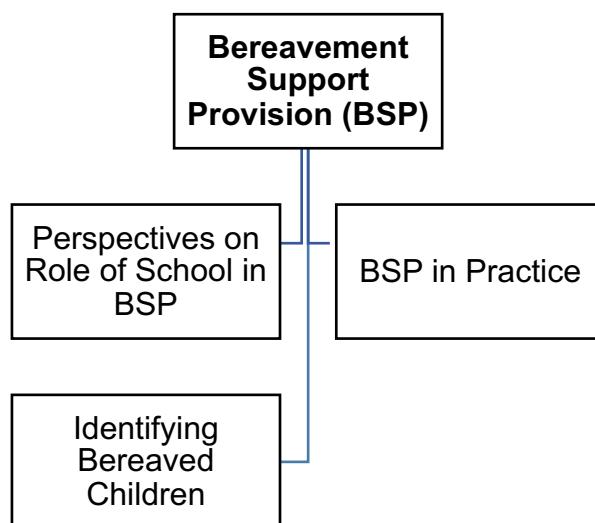


Table 4.15 presents a breakdown of the subthemes and codes across the data set for BSP.

Table 4.15

Subthemes and codes for Theme 2

Theme 2: Bereavement Support Provision

	Participants (n=16)
Subtheme 1: Perspectives on Role of School in BSP	14(83)
Responsibility for BSP in school	14(19)
Surviving family's ability to cope	12(36)
Maintaining normality	11(28)
Subtheme 2: BSP in Practice	16(233)
Direct: Social and emotional support	16(99)
Direct: Practical activities	10(22)
Direct: Therapy	4(10)
Indirect: Research	9(14)
Indirect: Referral	9(16)
Indirect: Information sharing	11(32)
Systemic role and response	14(40)
Subtheme 3: Identifying Bereaved Children	16(152)
Identification of bereavement	16(33)
Potential for unidentified bereavements	15(28)
Impact of unidentified bereavements	9(18)
Identification: Communication between home and school	14(43)
Identification: Barriers to communication	15(30)

Note: a(b), a = number of participants, b = frequency of code.

4.4.2.1 Perspectives on Role of School in BSP

This subtheme relates to participants' beliefs that schools have a role in supporting bereaved children. 14 participants felt that schools have "a huge role" (SENCO-B) in BSP, viewing it as an aspect of pastoral care.

The pastoral care is a really important part of our job. The child won't be able to learn if they haven't dealt with how they are feeling (Teacher-G).

12 participants felt that the difficulties experienced by families following a loss augments the role of schools to provide support, or "refer them to a service that can process their grief" (Teacher-H).

I just think that support is so needed, so so needed. Because a lot of parents won't outreach for resources outside of the family home, and I think it's so important for schools to offer that support or to be able to refer, because otherwise they might not have anybody (ELSA-A).

The role of school was viewed by eleven participants as a haven of normality where children could find comfort in structure and routine when other aspects of their life are chaotic.

I would see myself as more of a break, to maintain some normality for them through the routines and distracting them almost (Teacher-H).

In summary, participants felt that schools have a role in BSP and that maintaining normality for the bereaved child is a key aspect of that role.

Reflective Note 4

An interesting aspect of this subtheme is the absence of an alternative view around the role of schools in providing support to bereaved children. I remained cognisant of my personal belief that schools have a role in BSP and noted that the beliefs of the participants reflect the way that I feel. I wondered about the influence of social desirability bias on participant responses. Or, alternatively, whether the motivation of participants to take part in this research is reflected in the perspectives portrayed within this subtheme.

4.4.2.2 BSP in Practice

This subtheme relates to the support provided to bereaved children, explained in terms of direct and indirect support. All participants discussed the provision of social and emotional support to bereaved children. This was described as proximal processes that were adapted to ensure an empathetic response to the bereaved child, such as “*taking the time to listen, to talk to children, to reassure them*” (Teacher-E), “*a lot of nurture and extra cuddles*” (SENCO-B) and “*we planted some seeds and wrote her notes together*” (Teacher-C). Participants discussed giving additional time and space for the child.

I used to give up a lot of sort of playtimes and lunchtimes, just to listen to her if she needed to (SENCO-A).

Participants in a therapeutic role ($n=4$) discussed the types of approaches they used, such as play-based and art-based approaches, talking therapy, therapeutic stories and psycho-education.

He had ongoing weekly therapy, probably about 6 months of work. We made a memory book. He found it really difficult to access his emotions at first, so we spent a long time doing art, games and play-based approaches around feelings and emotions... Then I did a bit of psycho-education around the link between thoughts, feelings and behaviour (Pastoral-A).

Indirect support included researching child bereavement, making a referral and making other staff members aware of the child’s loss.

I informed the rest of the staff so they were aware and put up his picture, so they knew to tread a bit carefully and give him a little bit of TLC if he needed it (Teacher-I).

Participants who held senior roles ($n=4$) considered how their role differed in comparison to other staff members. One participant described her position in a systemic way.

That's how it's different, deploying the right people, having more of a say in what support we put in and a role in evaluating that support (SENCO-A).

Reflecting on a critical incident where the whole school had been affected, one participant expressed her role as threefold: “*Supporting staff, supporting children and supporting parents*” (AssistantHead-B).

In summary, participants provided direct and indirect support to bereaved children. Participants in senior roles viewed their position as more systemic.

Reflective Note 5

I was truly taken aback by the level of support being provided to bereaved children by the participants. Although this presented a contrasting picture to my own experiences in school, it aligned entirely with my perspective as a teacher in the PRU. I wondered whether this was reflective of the shift in responsibility of schools to support children's mental health, or if my values and beliefs correlate with participants who are motivated to take part in this research.

4.4.2.3 Identifying Bereaved Children

This subtheme relates to how bereaved children are identified in primary schools. Bereaved children were identified in a variety of ways, through relatives, staff, the media or the child.

He just came up to me and said 'Mum's dead' and we didn't know because we hadn't any information from parents (SENCO-B).

There were contrasting views around the potential for bereaved children to remain unidentified. 11 participants felt that there are unidentified bereavements, but three participants felt that the positive communication between home and the primary school context negates the possibility of the information not being shared.

The thing I'd say about primary school is that the teachers here pride themselves in communicating with parents, so I'd hope parents would communicate if there has been a bereavement that the child has been through (AssistantHead-B).

Factors that were believed to have an impact on whether the school was informed included cultural beliefs, linguistic barriers and the child's relationship with the deceased.

With some cultures, it's the trust thing. They might not want to share because they don't view school as a support system (ELSA-B).

When it's a parent, I can't think of a time we've not known. When it's an extended family member, I'd say we know most of the time, but not always (AssistantHead-A).

Nine participants felt that there may be negative consequences if a school is not aware of a child's bereavement.

It will have a detrimental effect because they'll start playing up and if the school don't know why, the consequences could be harsher (ELSA-A).

In summary, bereaved children are identified in a variety of ways in schools. There were mixed views around the potential for unidentified bereavements, with some barriers and facilitators in the interrelated systems surrounding the child. Negative consequences for unidentified bereavements were acknowledged.

4.4.3 Theme 3: Perceptions of Proximal Processes in BSP

This theme captures the interactions that occur in BSP because of differing aspects that relate to the child's position within the BTHD. The subthemes include: Child's Developmental Needs, Attuned Relationships, and Cultural and Systemic Factors. This theme expands on the subtheme Proximal Processes Influencing BSP in Phase 1 of this research.

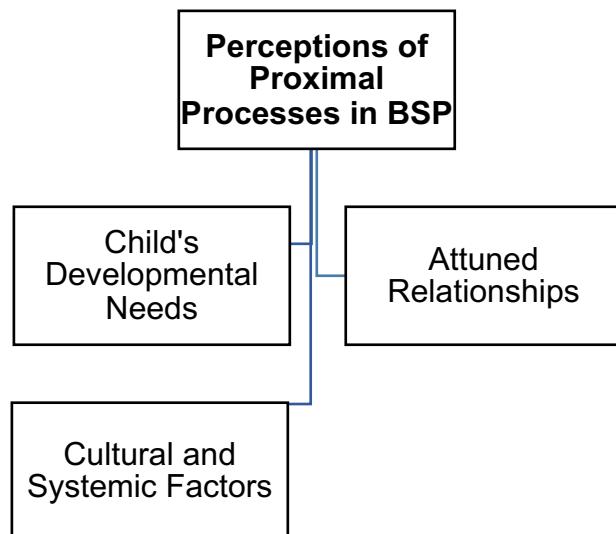


Table 4.16 presents a breakdown of the subthemes and codes across the data set for Perceptions of Proximal Processes in BSP.

Table 4.16

*Subthemes and codes for Theme 3***Theme 3: Perceptions of Proximal Processes in BSP**

	Participants (n=16)
Subtheme 1: Child's Developmental Needs	16(186)
Child-led support	16(89)
Child's developmental needs	13(42)
Circumstances of the death	14(37)
Child's relationship with the deceased	8(18)
Subtheme 2: Attuned Relationships	16(126)
Relationship with bereaved child	13(19)
Prior experience of supporting bereaved children	8(17)
Personal experiences of loss	16(43)
Being a parent	6(20)
Personal traits	14(27)
Subtheme 3: Cultural and Systemic Factors	
Importance of information sharing (internal)	16(59)
Importance of information sharing (external)	15(58)
Relationship between home and school	15(77)
Role of SMT in information sharing and support	9(19)
Support from external agencies	14(65)

Note: a(b), a = number of participants, b = frequency of code.

4.4.3.1 Child's Developmental Needs

This subtheme relates to the influence of the child's developmental needs on the proximal processes in BSP. All participants provided support based on the child's preferences and the needs that they presented with. One participant explained the need for proximal processes to be adapted based on the child's needs.

Go where the child leads you. Don't go in with a fixed idea of what activity you will do, because you don't know how they're going to walk through the door. They may have had a nightmare that night and that's what they're coming into school with. Be flexible (ELSA-C).

The age of the child had an influence on some of the proximal processes within the mesosystem.

With the older ones, they've found writing and pictures quite nice. I guess it's a bit trickier with younger children because you don't know their level of understanding about what happens when people die, and whether they have experienced that before, even through a pet (SENCO-B).

14 participants felt that the circumstances of the death had an influence on their perceived ability to support the child. For example, if it was a close family member or if the death was deemed to be traumatic for the child, such as murder or suicide.

When it's an expected bereavement, their granny has been ill for a while, I feel more prepared for that. We've had a couple of suicides and with that I have definitely felt slightly out of my depth at times (ELSA-C).

In summary, the child's developmental needs, such as age or specific circumstance, had an influence on proximal processes in BSP in primary schools.

Reflective Note 6

It seems clear that this subtheme not only relates to proximal processes, but also specifically to person characteristics within the BTHD (e.g. the demand characteristic of age). As both a researcher and practitioner psychologist, I felt that the integration of the skills required for both of these roles allowed for a deeper interpretation of how the child's developmental needs influence the interactions that occur as part of the support provided in school. In my position as a researcher, I was able to analyse and interpret the data in the context of the theoretical model that frames this research. However, my skills as an EP allowed me to also reflect on the formulation of interventions based on the child's developmental needs and individual person characteristics. In this way, I believe that my dual role allows me to identify how this research can influence both theory and practice.

It is of note that the adaptation of support based on the child's age and stage of the development outlined by participants is reflective of the literature around children's grief (e.g. Webb, 2010). I feel that this is a particularly positive finding as the aim of co-constructing interventions with schools and families is to develop a shared understanding and an action plan that strives for best outcomes for the individual child. In this subtheme, participants have demonstrated an understanding that is in line with current theoretical understandings, whilst also acknowledging the need for adaptation and flexibility based on the child's presenting needs.

4.4.3.2 Attuned Relationships

This subtheme relates to the influence of attuned relationships on proximal processes in BSP. 13 participants felt that an attuned, trusting relationship is key to BSP.

I think building up trust is even more important when they've gone through that pain. It is important with every child, but I think with bereaved children even more because that perception has been shattered (Teacher-B).

Participants discussed aspects of themselves that contributed to attuned relationships, such as prior experience of supporting a bereaved child ($n=8$) or

being a parent ($n=6$). All participants related their own experiences of loss to greater empathy and understanding for the bereaved child's grief.

Life experiences definitely come into it, because I think that I've had enough death in my own family to realise how unique grief is for each individual person and my support for bereaved children is based on that understanding (ELSA-C).

Several person characteristics were also perceived to contribute to attuned relationships and subsequent proximal processes, such as “*flexible... calm and understanding*” (Teacher-A), “*a good communicator*” (Teacher-G) and “*a good listener... really patient*” (SENCO-A).

In summary, it was felt that attuned relationships were influential on proximal processes and considered highly important in BSP. Several life experiences and person characteristics were believed to contribute to attuned relationships.

4.4.3.3 Cultural and Systemic Factors

This subtheme relates to the cultural and systemic factors that have an impact on the proximal processes that occur in the mesosystem when supporting bereaved children. The culture and ethos of the school regarding communication, both internally and externally, was considered to be influential on proximal processes. Internally, seven participants felt that information needs to be shared with staff members to engage in positive proximal processes.

All staff should be aware of what is going on. You never know if you're going to be in a class or outside and you tell that child off for doing something silly, when he's doing it because something has happened (ELSA-A).

Externally, 15 participants discussed the importance of communication with families, which was viewed as a bi-directional process. One participant highlighted the contrasting support provided to families depending on their level of engagement with the school.

The Head Teacher was clearly reaching out the family and she would have done much more if they wanted the support. She just, bless her, was not emotionally capable of building any sort of relationship with us... And he ended up needing a lot more support to the extent that we have put him in a unit... We had a little girl who we lost from a heart condition and her Mum wanted lots of support. We had fundraising days, there's been an area in the school named after her. So, I suppose it depends on the family (Teacher-H).

The Senior Management Team (SMT) were viewed as influential in ensuring positive proximal processes through guidance and regular contact with staff and parents. Nine participants also discussed the negative impact of circumstances when SMT found it difficult to fulfil this role, such as during a critical incident.

I think the senior management were so blown away that they didn't really know what to do. Normally, if you were unsure, you would go to senior management, but all of a sudden everyone needed that support and no one here could provide it (Teacher-C).

Eight participants valued and appreciated the support from external agencies, whereas six participants felt that their input was limited.

It was really lovely to have an outsider to talk to (Teacher-E)

Some staff found them helpful, I didn't. I did try speaking to them but found it hard. They were helpful I suppose in guiding us in how to support the children (AssistantHead-B).

In summary, several cultural and systemic factors had an influence on proximal processes in BSP, such as internal and external communication, and support from the SMT and external agencies.

Reflective Note 7

This subtheme left me wondering about support for senior management in managing bereavement in schools. Although many of the difficulties were related to critical incidents, and not routine bereavements which are the focus of this research, there is a notable sense of isolation for those in more systemic roles. I felt that it was unfortunate that I was unable to interview a Head Teacher as part of this research, as it seems that their voice is also absent from the narrative.

4.4.4 Theme 4: Emotional Impact of BSP on School Staff

This theme captures the emotional impact of BSP and the support that is needed for staff members. The subthemes include: Containing and Compassion Fatigue, Lack of Containment for Staff and Staff Support and Training. This theme expands on the theme Staff Support and Training in Phase 1 of this research.

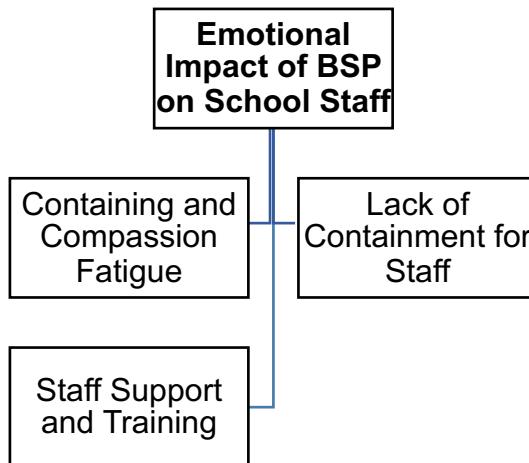


Table 4.17 presents a breakdown of the subthemes and codes across the data set for Emotional Impact of BSP on School Staff.

Table 4.17

Subthemes and codes for Theme 4

Theme 4: Emotional Impact of BSP on School Staff

	Participants (n=16)
Subtheme 1: Containing and Compassion Fatigue	15(138)
Need to stay strong	8(15)
Emotional reaction	14(44)
Finding it difficult emotionally	15(54)
Relating child's experience to self	10(25)
Subtheme 2: Lack of Containment for School Staff	16(114)
Feeling unsupported	12(33)
Feeling uncertain of what to do	11(24)
Relying on gut instinct	6(9)
Fear of doing wrong thing/upsetting child	12(36)
Feeling contained	2(12)
Subtheme 3: Staff Support and Training	16(149)
Needed: Support from SMT	16(41)
Needed: Experience of colleagues	7(17)
Needed: External agencies	13(20)
Needed: Resources	9(17)
Needed: Training	16(54)

Note: a(b), a = number of participants, b = frequency of code.

4.4.4.1 Containing and Compassion Fatigue

This subtheme relates to the stress and emotional exhaustion felt by participants when containing a child's grief in the school context. To act as a container for the child, eight participants felt that they needed to stay strong.

I can remember breaking down and wanting to cry but being very conscious of not wanting to upset him, so not being able to cry (AssistantHead-A).

14 participants described a range of emotional reactions when supporting the bereaved child, such as "guilt" (Teacher-C), "absolutely gobsmacked" (Teacher-I), "worried" (SENCO-A), "incredibly sad" (Teacher-E) and "that sick feeling, the emptiness" (AssistantHead-B).

15 participants discussed finding it difficult to support a bereaved child due to the emotional impact it had on them personally.

It's hard, really, really hard. I don't think you can imagine how much it hits you emotionally (Pastoral-A).

10 participants related the children's losses to their own, which heightened the emotional difficulties that the participants experienced supporting bereaved children.

Because my mother tried to commit suicide about ten years ago with pills. And I thought 'how did I feel?', but I was so much older. I literally felt all at sea. So, I struggled, I did struggle. It was awful to be honest (ELSA-C).

Some aspects of BSP were perceived to be especially difficult by a few participants, such as balancing boundaries and empathy ($n=3$) and observing the impact of the loss on children ($n=2$).

That was the hardest bit ((Participant began to cry)), you don't realise what effect it will have on them I think (Teacher-C).

In summary, participants described the emotional stress of supporting a bereaved child, while feeling the need to stay strong. Aspects of BSP were perceived as especially difficult, including the child's grief acting as a trigger for the participants' feelings of grief related to a previous loss.

Reflective Note 8

The significant emotional impact of supporting a bereaved child was a finding that resonated with me, as I experienced similar emotional exhaustion in my role in the PRU. However, it is also a finding that presents me with a level of discomfort. I feel guilty for not having considered the extent of the difficulties school staff experience when supporting a bereaved child, despite having experienced it myself. I wondered whether my reservation to consider this perspective fully was due to my natural inclination to put the needs of the children and families that I work with before my own. Perhaps it was my positioning in relation to my experience of parental terminal illness when I was in school.

Regardless, this stark portrayal of the difficulties that school staff experience on an emotional level opens up an interesting discussion on the challenge of supporting mental health in schools within the context of the BTHD. How can the system ecology collaborate so that the emotional needs of both children and school staff are met? And what is the role of the EP in this context?

It is interesting to note the discrepancy between this finding within Phase 2 and its comparative finding in Phase 1 (i.e. a few brief comments within open-ended questions about the emotional difficulties in dealing with grief). In my view, this is one of the strengths of using mixed-methods research to explore complex issues as the findings that emerge can compliment, validate, expand, reject and revoke. In relation to the current exploratory research, an online questionnaire alone would not have captured the emotional impact of BSP on school staff, whereas semi-structured interviews in isolation would not have unearthed the high frequency of participants who are providing social and emotional support to bereaved children.

4.4.4.2 Lack of Containment for School Staff

This subtheme relates to participants feeling unsupported when carrying out BSP. 12 participants discussed feeling unsupported (e.g. “*I didn’t get any support at all*” SENCO-A) and two participants compared the support provided to children with the lack of support for school staff.

I think the support we provide for the children is good. I don’t think there is any support for the adult that is dealing with it (SENCO-B).

Lack of guidance and support led to feelings of worry and uncertainty in participants ($n=12$).

It can be an uncomfortable thing to have to deal with and if you don’t get it right, it could be quite bad. But I don’t think there is enough support or guidance for teachers in this area (Teacher-D).

These feelings were most evident when participants were supporting a child following a violent or traumatic loss ($n=5$).

It involved him being run over multiple times and they were acting it out from what they knew and I thought ‘well this is quite awful and deep and dreadful, am I doing the right thing here?’ But again, there was nobody in the staff to support me (ELSA-C).

However, two participants reported feeling contained and supported. This was because of direct support from the SMT, experienced staff members and external agencies, such as EPs.

They were coming in to give you advice and support and ideas of what you can do with the children, so I think that was very supportive (AssistantHead-A).

In summary, participants felt unsupported and expressed feelings of worry and uncertainty about their response to the bereaved child. Two participants felt supported due to support from SMT, experienced staff members and external agencies.

Reflective Note 9

I found it interesting that the EPS was mentioned by the small number of staff who felt supported, particularly given the mixed reviews of this support presented in a previous subtheme. I acknowledged my position as a trainee EP within the LA and reflected on power and influence within these interviews. In relation to the quote that is presented, I felt that this was a genuine comment from the Assistant Head and wondered about how this positive feedback could be disseminated to EPs to encourage them to expand their role in this area. For example, in supporting schools with non-critical bereavements as well as critical incidents. In my opinion, EPs are well-placed to provide support to schools in this area due to their understanding of the effects of loss and skills in supporting children and families with mental health needs (Atkinson, Squires, Bragg, Wasilewski, & Muscett, 2013).

4.4.4.3 Staff Support and Training

This subtheme relates to the support and training required for school staff to support bereaved children. Considering that support from SMT, experienced colleagues and external agencies were factors that helped participants to feel supported, it is unsurprising that these emerged as supports that are needed for BSP in schools.

I think the Senior Leadership need to be around more (Teacher-C).

The experiences of other staff members, which I think was just about the most valuable resource I had (Teacher-A).

We did have the Educational Psychology Service come in initially and they were there to talk to people. If you've experienced bereavement in your life, it can trigger those emotions, so it is really helpful to have someone to talk to (AssistantHead-A).

All participants discussed the need for SMT to provide support. Interestingly, three participants who held senior roles recognised the need for systemic support for staff.

I think it's just checking in with them and keeping the lines of communication open so they feel they can ask questions (AssistantHead-B).

Nine participants felt that resources would be helpful, such as “age-appropriate storybooks for grief” (Teacher-H) or “a collection of resources that you could go to” (Teacher-G). Five participants discussed using these resources in a proactive way to teach children about bereavement and loss.

I know we did get some storybooks to read across the school, but I think it needs to be kind of what we do as opposed to just reactive to a death (AssistantHead-A).

The need for training was common across the data set, which was viewed as a proactive response to supporting bereaved children in schools. Six participants suggested that bereavement training should be statutory.

Personally, I think it just seems like it is quite a big deal and it could happen at any time to anyone. So, it ((training)) should be a statutory requirement (Teacher-D).

In summary, participants described a need for supports that are required for BSP in schools, such as resources, experienced colleagues and external agencies. Training and support from SMT were the most frequently cited support needed by participants.

Reflective Note 10

There is a potential conflict within this subtheme around participants in senior roles recognising that they need to provide support to school staff and school staff feeling that this support is not present. Perhaps senior staff recognise this need, but find it difficult to carry out this role.

This led me to reflect once more on where responsibilities and support emerge within the ecological system. If the SMT are providing support to school staff, who is providing support to the SMT? Within the BTHD, the school is not an isolated entity. Perhaps the purpose and function of external agencies within the ecosystem and legislation in the macrosystem needs to be researched and refined in relation to support for the school system as a whole. Viewing the BTHD with the added dimension of psychoanalytic theory, it seems that there is a need for containment that extends beyond bereaved children and individual staff members providing BSP to incorporate the school system.

4.4.5 Phase 2: Thematic map

Presented below is a visual representation of the themes emerging from the qualitative data in Phase 2 (see Figure 4.2). Some of the themes emerging in Phase 2 of the data have expanded on themes present in Phase 1. For example, the subtheme Proximal Processes Influencing BSP in Phase 1 has expanded to represent a full theme in Phase 2. Phase 1 included a brief reference to the emotional impact of supporting a bereaved child as part of the Lack of Support for Staff subtheme, whilst this was represented as a full theme in Phase 2. A few subthemes emerged in Phase 2 that were not present in Phase 1, such as Identifying Bereaved Children and Systemic Influences on Children's Grief.

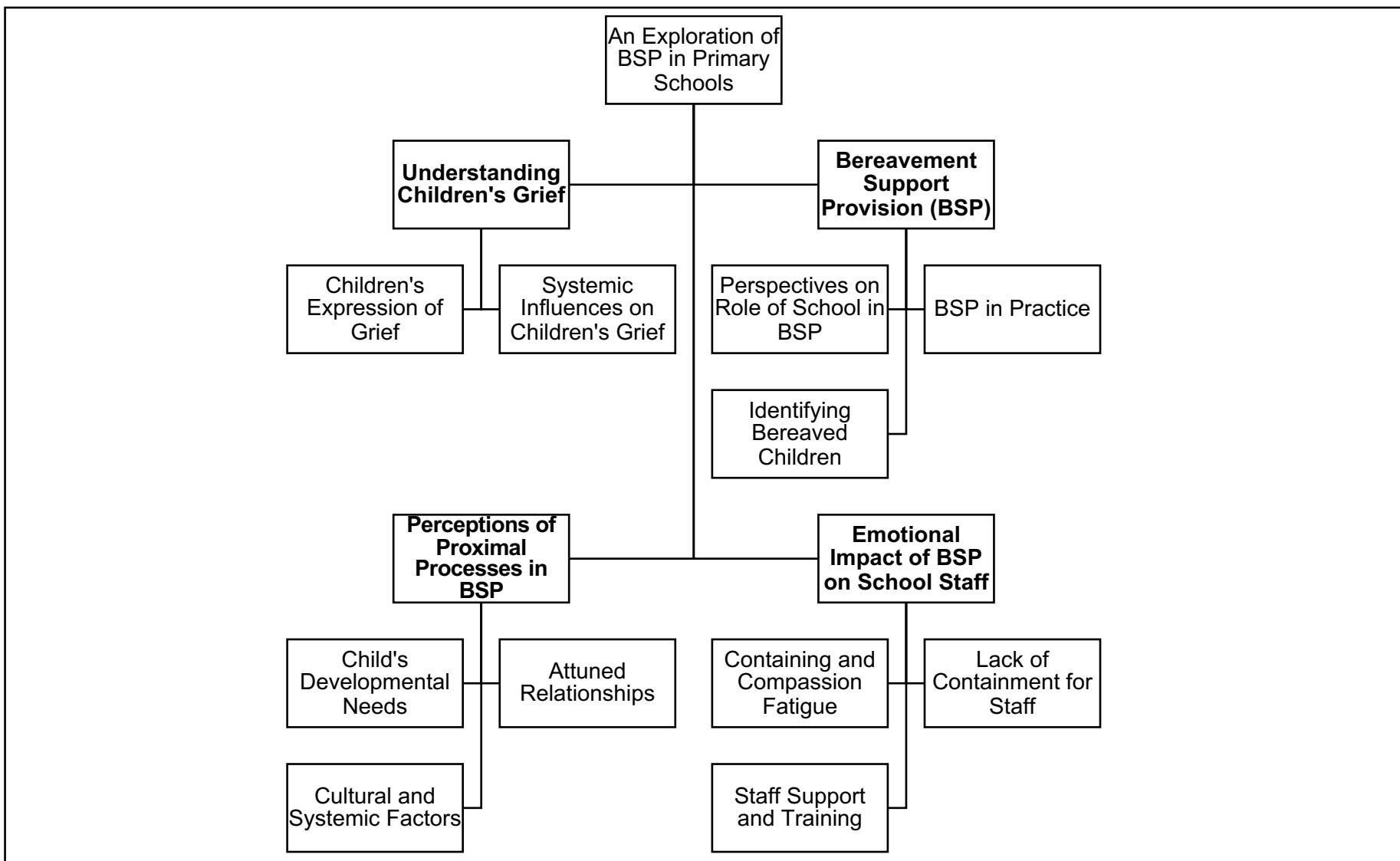


Figure 4. 2 Thematic map of qualitative analysis in Phase 2.

4.4.6 Summary of Phase 2 findings

In summary, four key themes emerged from the qualitative data in Phase 2. Participants viewed grief in children as a unique process expressed through external and internal behaviours, with triggers for grief in the school context identified. Negative influences on children's grief within the BTHD were discussed. Regarding BSP, participants felt that schools have a role and maintaining normality through structure and routine is a key aspect of that role. Direct (e.g. social and emotional support) and indirect (e.g. research) support is provided to bereaved children in schools. Bereaved children are identified in a variety of ways in schools and contrasting views existed around the potential for unidentified bereavements. The developmental needs of bereaved children, the relationship between the participant and the bereaved child, the participants' disposition and prior experiences, and cultural and systemic factors like communication, all had an influence on proximal processes in BSP. The emotional stress of supporting a bereaved child was described and most participants felt unsupported, uncertain and worried. Supports required for BSP in schools identified, such as resources, experienced colleagues and external agencies. Training and support from SMT were the most frequently cited support needed by participants.

4.5 Triangulation and complementarity of findings in Phase 1 and 2

To explore the triangulation and complementarity of the data collected across the two phases, a triangulation protocol was developed in relation to the research questions. This technique was originally developed for use with multiple qualitative methods (Farmer, Robinson, Elliott, & Eyles, 2006) and has been applied to some mixed-methods studies in the literature (e.g. Sampson, O'Cathain, & Goodacre, 2010). It involves producing a convergence coding matrix that considers whether there is agreement, partial agreement, dissonance or silence (i.e. the theme only emerges in one phase of data) between findings from the different phases (see Table 4.18).

Table 4.18

Convergence coding matrix

Meta-subtheme	Phase 1: Quantitative (P1QUANT; n=260)	Phase 1: Qualitative (P1QUAL; DS1, n=67; DS2, n=124)	Phase 2: Qualitative (P2QUAL; n=16)	Convergence Assessment Summary of Key Differences
<i>Identification of bereaved children</i>	<ul style="list-style-type: none"> Bereaved children mainly identified through other staff members (43.4%) or child's family (36.5%) Potential for unidentified bereavements indicated by almost half (45%), with almost a third indicating that this is not likely (27.7%) 		<ul style="list-style-type: none"> No systematic procedure for identification. Potential for unidentified bereavements (n=11). Positive communication between home and school decreasing potential (n=3), circumstance of death and cultural and linguistic barriers increasing likelihood (n=15). Negative consequences for unidentified bereavement (n=9) 	<p>Outcome: Partial Agreement</p> <p><u>Agreement</u> Mixed views on likelihood of unidentified bereavement present in P1QUANT and P2QUAL.</p> <p><u>Dissonance</u> Bereaved children identified in a variety of ways in P2QUAL, in contrast to mainly staff members or child's family in P1QUANT. P2QUAL identified barriers and facilitators to identification.</p> <p><u>Silence</u> No data emerged from P1QUAL.</p>

Meta-subtheme	Phase 1: Quantitative (P1QUANT; n=260)	Phase 1: Qualitative (P1QUAL; DS1, n=67; DS2, n=124)	Phase 2: Qualitative (P2QUAL; n=16)	<u>Convergence Assessment</u> Summary of Key Differences
<i>Support for bereaved children</i>	<ul style="list-style-type: none"> • Provision of social and emotional support indicated by majority (78.6%) 	<ul style="list-style-type: none"> • Provision of social and emotional support indicated by both data sets (DS1, n=9; DS2, n=21) • Additional support: Practical activities, referral, reducing work expectations and research (DS2, n=38) 	<ul style="list-style-type: none"> • Direct: Social and emotional support indicated by all (n=16) • Indirect: research, referral and information sharing • Systemic and therapeutic roles described 	<p><u>Outcome: Partial Agreement</u></p> <p><u>Agreement</u></p> <p>Provision of social and emotional support indicated by majority across all phases.</p> <p>P1QUAL and P2QUAL described additional aspects of BSP.</p> <p><u>Dissonance</u></p> <p>P1QUAL included flexible work expectations and P2QUAL included variation of roles in BSP within the school system.</p>

Meta-subtheme	Phase 1: Quantitative (P1QUANT; n=260)	Phase 1: Qualitative (P1QUAL; DS1, n=67; DS2, n=124)	Phase 2: Qualitative (P2QUAL; n=16)	Convergence Assessment Summary of Key Differences
<i>Factors influencing support for bereaved children</i>	<ul style="list-style-type: none"> Approximately half of participants indicated lack of communication between senior management and staff (51.6%) and personal life experiences (50.3%) as influential factors Over half of participants felt 'slightly confident' in supporting a bereaved child (65.4%) 	<ul style="list-style-type: none"> Factors impacting BSP: child's developmental needs, relationship with child, personal traits and life experiences (DS1, n=30; DS2, n=74) 	<ul style="list-style-type: none"> Child's developmental needs (n=16) Relationship with child (n=13) Personal traits and prior experiences (n=16) Information sharing; internally (n=16) and externally (n=15) Support from external agencies (n=14) 	<p>Outcome: Partial Agreement</p> <p><i>Agreement</i> P1QUANT and P2QUAL agree on the importance of communication and information sharing. Personal life experiences are recognised across all phases. P1QUAL and P2QUAL agree on developmental needs, relationship with child and personal traits.</p> <p><i>Dissonance</i> Support from external agencies only emerged in P2QUAL.</p>

Meta-subtheme	Phase 1: Quantitative (P1QUANT; n=260)	Phase 1: Qualitative (P1QUAL; DS1, n=67; DS2, n=124)	Phase 2: Qualitative (P2QUAL; n=16)	Convergence Assessment Summary of Key Differences
<i>Support for school staff</i>	<ul style="list-style-type: none"> Over half of participants have provided BSP (61.2%) Majority of participants did not have training in bereavement and loss (79.6%) 	<ul style="list-style-type: none"> Participants feeling unsupported, uncertain and worried. Emotional difficulties when supporting a bereaved child expressed (DS2, n=59) Need for support: Resources, external agencies, experience of colleagues, training (DS1, n=20; DS2, n=109) 	<ul style="list-style-type: none"> Participants feeling unsupported, uncertain and worried (n=16) Emotional stress of supporting a bereaved child (n=15) Need for support: resources, experienced colleagues, external agencies, SMT and training (n=16) 	<p>Outcome: Partial Agreement</p> <p><u>Agreement</u></p> <p>P1QUAL and P2QUAL agree feeling unsupported, uncertain and worried. Similar supports required across P1QUAL and P2QUAL. Training most frequently cited across all phases.</p> <p><u>Dissonance</u></p> <p>P2QUANT only relates to training. Emotional difficulties more significant in P2QUAL.</p>

Meta-subtheme	Phase 1: Quantitative (P1QUANT; n=260)	Phase 1: Qualitative (P1QUAL; DS1, n=67; DS2, n=124)	Phase 2: Qualitative (P2QUAL; n=16)	<u>Convergence Assessment</u> <u>Summary of Key Differences</u>
<i>Understanding children's grief</i>	<ul style="list-style-type: none"> Over half of participants felt that they have some understanding (69.6%) and 22.3% indicated that they have a good understanding of children's grief 	<ul style="list-style-type: none"> Grief is unique and can resurface over time (DS2, n=61) 	<ul style="list-style-type: none"> Grief is a unique process expressed through external and internal behaviours (n=13) Environmental and developmental triggers (n=11) Distinct differences between grief in adults and children (n=15) Negative systemic influences on grief (n=16) 	<p>Outcome: Partial Agreement</p> <p><u>Agreement</u></p> <p>P1QUAL and P2QUAL agree that grief is unique and can be resurfaced by triggers.</p> <p><u>Dissonance</u></p> <p>P2QUAL compares grief in adults and children. P2QUAL provides further elaboration on triggers for grief in the school environment and negative influences within the surrounding systems. P1QUANT presented participants beliefs around their own understanding.</p>

Meta-subtheme	Phase 1: Quantitative (P1QUANT; <i>n</i> =260)	Phase 1: Qualitative (P1QUAL; DS1, <i>n</i> =67; DS2, <i>n</i> =124)	Phase 2: Qualitative (P2QUAL; <i>n</i> =16)	<u>Convergence Assessment</u> <u>Summary of Key Differences</u>
<i>Factors impacting understanding of children's grief</i>	<ul style="list-style-type: none"> • Training, supporting a child bereaved of a sibling and responding to a child's loss by a referral to an external agency are significantly associated with understanding children's grief 		<ul style="list-style-type: none"> • Personal experience of bereavement equates to greater understanding of supporting a child bereaved of grief in children (n=16) 	<p>Outcome: Dissonance <i>Dissonance</i> P1QUANT associated understanding with training, understanding of supporting a child bereaved of grief in children a sibling and a referral. P1QUAL associated personal experience of loss with understanding.</p> <p>Silence No data emerged from P1QUAL.</p>

In summary, examination of the convergence coding matrix in Table 4.18 reveals a partial agreement across Phases 1 and 2 for five research questions and dissonance for one research question. As the triangulation protocol could be considered a crude assessment of agreement across research phases, triangulation and complementarity will be further considered within the discussion chapter.

Reflective Note 11

As I aimed to be explicit in my interpretation of the data within this research, it seems imperative to acknowledge my reflections on the development and interpretation of the triangulation protocol. The rationale for the inclusion of participant frequencies within the protocol was to acknowledge the differing entry criteria across Phase 1 and Phase 2. Personally, I found the process of selecting an overall outcome of triangulation challenging, particularly as 'partial agreement' varied greatly across the research questions. Perhaps this is a criticism of the use of the summaries outlined by the authors who developed this model (Farmer, Robinson, Elliott, & Eyles, 2006). In my view, an additional representation of more or less agreement should exist, for example 'limited agreement' and 'predominant agreement'.

That being said, I recognise that the very nature of mixed-methods designs makes them susceptible to difficulties in accurately combining data without losing the integrity of each method. Interestingly, there appears to be more agreement between the two sets of qualitative data. Still, this may be due to the way the research was designed. For example, the online questionnaire prompted a qualitative response to support needed for school staff, so it is unsurprising that there is more qualitative data in Phase 1 in agreement with the qualitative data in Phase 2.

It is also interesting to me that the dissonance outcome relates to the only inferential statistics present in the research, rather than the descriptive statistics provided to answer the other research questions. I wondered whether my position and worldview had an impact on the descriptive statistics that I interpreted to represent the main findings and my potential bias towards seeking agreement across phases to justify the use of mixed-methods. As such, I revisited the data a number of times with this bias in mind so that I could attempt to objectively capture the statistics that most accurately represent the data.

5 Discussion

The current research aimed to explore how BSP is carried out in primary schools and how children's grief is understood by primary school staff. The quantitative and qualitative findings from the research have provided an in-depth account of the perspectives of primary school staff in providing support to bereaved children.

The discussion will consider how the findings of this study relate to and build upon current research on child bereavement in schools. An integrated discussion of the findings from Phase 1 and Phase 2 will be presented within the context of the research questions, with consideration of how the findings relate to the conceptual framework. Examination of the quantitative and qualitative findings jointly enables the researcher to elaborate and expand on the triangulation protocol presented in Chapter 4 (see Table 4.18) to provide a rich and comprehensive interpretation of the findings (Torrance, 2012).

Following this, the implications for EPs will be discussed. Finally, this chapter will present the strengths and limitations of the current study, alongside considerations of directions for future research.

It is important to note that the findings of this study are exploratory in nature and should be interpreted in this context.

5.1 Summary of main findings

Many authors suggest that schools are uniquely positioned to provide support to bereaved children, yet there is limited research in this area and little is known about current practices in primary schools. This mixed-methods study aimed to explore BSP in primary schools and how children's grief is understood in this context. The findings highlighted that there is no systematic procedure for

identifying a bereavement within the school system. BSP is characterised by social and emotional support and other indirect responses, such as a referral to external agencies. Several individual and systemic factors influenced BSP, such as developmental needs, relationships, personal experiences, internal and external communication and support from external agencies. Providing support to a bereaved child had a negative impact on the emotional well-being of staff, which was exacerbated by a lack of systemic support. Support for staff, such as training in bereavement and loss, is needed. Qualitative data revealed that staff have an informed understanding of children's grief, with personal experience of loss enhancing this understanding. In contrast, exploratory quantitative analysis indicated that training, supporting a child bereaved of a sibling and responding to a child's loss by a referral to external agencies are significantly associated with understanding children's grief.

5.2 An exploration of BSP in primary schools

The first aim of the current research was to explore how BSP is carried out in primary schools. This aim was addressed using descriptive statistics and qualitative data emerging from both phases. The findings relating to the first research aim will be discussed within the context of the research questions in the following sections.

5.2.1 RQ1. How are bereaved children identified in primary schools?

The findings indicated that there is no clear or systematic procedure for identifying bereaved children and staff are informed of a loss in different ways. Quantitative data demonstrated that the highest frequency of participants were informed of a child's loss through another staff member (43.4%), which is problematic when triangulated with the qualitative data that emerged in relation to poor information sharing and communication systems internal and external to the school system. Almost half of the participants in Phase 1 (45%) and

almost two-thirds of participants in Phase 2 ($n=11$) reported the likelihood of a child's bereavement to remain unidentified. Barriers and facilitators for this information to be shared emerged from the qualitative data, such as communication between home and school, the circumstances of the death and cultural and linguistic barriers. The negative consequences for unidentified bereavements within the school system were also acknowledged, such as harsher consequences for externalising grief reactions due to the lack of understanding of the function of this behaviour.

These findings relate to and extend upon previous research in many ways. For example, existing studies have highlighted the difficulties associated with supporting bereaved children with differing cultural beliefs around death (Lowton & Higginson, 2003). This research expands on previous research through demonstrating that cultural beliefs also have an impact on information sharing around bereavement, potentially impacting the proximal processes that occur between school staff and the bereaved child. Indeed, the findings highlighted the negative consequences of misunderstood externalising grief reactions due to staff being unaware of a loss. This is unsurprising given that previous research has noted that understanding the cause of a change in behaviour presents as a significant challenge for teachers (Cohen & Mannarino, 2011). In fact, only 10.1% of participants in this study indicated that they became aware of a loss through noticing a change in the child's behaviour. As such, the findings of this research emphasise the difficulties and complexities of qualifying teachers as gatekeepers for identifying complicated grief, as is argued in existing studies (e.g. Dyregrov et al., 2015).

This is the first study to explore how bereaved children are identified in primary schools. As there is no central record of children who have been bereaved at a macrosystemic level, it is difficult to make assumptions about the effectiveness of the current identification process as prevalence rates cannot

be compared. Although it cannot be assumed that every bereaved child will require support, previous research has found that bereaved children expressed the need for support and acknowledgement of their loss within the school context (Cranwell, 2007; Holland, 2001). This study has highlighted that identification of bereaved children may lead to more favourable proximal processes within the mesosystem as schools can adapt their interactions accordingly, such as recognising the cause of a change in behaviour or providing bereavement support where necessary. Therefore, it is unsurprising that CBN (2017b) argue for this data to be collected and obtained.

5.2.2 RQ2. How are bereaved children supported in primary schools?

The findings indicated that an overwhelming majority of participants provided social and emotional support to bereaved children. Qualitative data revealed that this type of support included ensuring time and space to talk, positive encouragement and reassurance, and activities around the loss. Indirect support was provided through information sharing, research and a referral for additional support. Therapeutic support, such as play-based approaches or psycho-education, were provided by participants who held an emotional support role. Participants felt that schools have a key role in BSP, which is in line with Potts' (2013) survey which explicitly asked teachers whether schools should provide BSP. In agreement with previous studies (e.g. Bennett & Dyehouse, 2005), participants felt that maintaining normality and routine is an important aspect of that role.

The finding that most school staff provide social and emotional support to bereaved children challenges previous studies that suggest there is a significant absence of support for bereaved children in schools (e.g. Cranwell, 2007; Dyregrov, 2009). However, in contrast to this study, it is of note that these studies elicited the perspectives of bereaved children. Therefore, there

may be a discrepancy between the type of social and emotional support that is provided to bereaved children and how this is perceived by the children themselves. That being said, the context of mental health provision in schools has shifted markedly since these studies took place. In line with the mental health and well-being agenda, it may be that school staff have adapted and expanded their role to provide emotional support to bereaved children. In fact, a more recent study exploring BSP in secondary schools found that teachers engaged with bereaved students with a level of openness and support (Lane et al., 2014). Alternatively, it may be that the approaches used to support bereaved children are not effective. Whilst the data is limited in the current study in relation to assessing the effectiveness of the approaches used, some of the supports described in this study have been found to be effective in promoting social and emotional well-being in schools. For example, Weare's (2015) framework of effective approaches to mental health suggests using specialist staff for therapeutic work, providing clear referral pathways, ensuring structure and routine, and developing supporting classroom environments that build an acceptance of emotion and relationships. As such, this study highlighted that a considerable amount of school staff provided social and emotional support to bereaved children, but it also raises questions around how these proximal processes are perceived by bereaved children and whether they are effective against bereavement outcomes.

Like other studies examining school responses to bereavement in the UK (e.g. Holland & Wilkinson, 2015), the BSP described in this study is primarily reactive in nature. As discussed, authors have suggested that reactive approaches are often characterised by a referral to an external agency (e.g. James, 2015). In contrast, the findings of this study suggest that social and emotional support is a primary reactive response to a child's loss, with a referral to an external agency being viewed as a secondary option for children who are finding it difficult to manage their grief. Comparatively, secondary school teachers in Lane et al.'s (2014) study encouraged bereaved students

to seek support from other professionals and participants who did offer informal emotional support viewed it as an imposition rather than part of their role (Lane et al., 2014). In this study, primary school staff perceived emotional support as an inherent part of their pastoral role.

5.2.3 RQ3. What factors influence BSP in primary schools?

Across the two phases, the child's developmental needs, the participants' relationship with the bereaved child, personal traits and life experiences, and communication and information sharing were considered influential factors on BSP. In Phase 1, the quantitative data indicated that over half of participants felt slightly confident in supporting a bereaved child and a lack of confidence emerged within the qualitative data for participants without experience of supporting a bereaved child. Support from external agencies emerged as an additional influential factor in Phase 2.

Within the context of the BTHD, the factors that had an influence on BSP lie within the microsystem, mesosystem and exosystem. The influence of the child's developmental needs was evident within the microsystem, which is an important finding of this study considering that existing research has reinforced the notion that effective BSP incorporates the child's age and stage of development (Akerman & Statham, 2014). This finding also corresponds with previous research in relation to children's cognitive understanding of death and subsequent manifestation of grief. For instance, direct links have been identified between chronological age and expression of grief (Kalter et al., 2003). As such, it seems pragmatic to adopt an approach to BSP that is differentiated and adapted to the presenting needs and person characteristics of a child. Indeed, Lane et al.'s (2014) study highlighted that the student's developmental needs, the circumstances of the death and the nature of the relationship between student and the deceased parent had an impact on how BSP was provided within the secondary school context.

Factors within the mesosystem that influenced BSP, and related proximal processes, were the participants' relationship with the bereaved child and their personal traits and life experiences. Similar factors were found in Lane et al.'s (2014) study, such as the pre-existing relationship between student and teacher and personal experience of bereavement. In contrast to Lane et al.'s study (2014), this research highlighted the influence of personal traits, whilst bereavement training was emphasised as an influential factor within the secondary school context. It is possible that this discrepancy is due to the lack of training indicated in Phase 1 (79.6%) and Phase 2 ($n=12$) of this research. In the current research, over half of participants felt slightly confident in supporting a bereaved child with only a small proportion of participants feeling highly confident. Within the qualitative data, a lack of confidence was brought to light for participants who did not have experience of supporting a bereaved child, whilst participants with experience felt that this supported their understanding and empathy towards the bereaved child. The latter finding is in line with qualitative data from Candelaria's (2013) doctoral thesis, which found that teachers who had experienced bereavement in childhood referred to a greater capacity for empathy and compassion for grieving students.

Internal and external communication and information sharing were influential within the mesosystem and exosystem. Like existing studies (e.g. Lane et al., 2014; Lowton & Higginson, 2003), the importance of communication between home and school was highlighted in this study. However, this study expanded on previous research by acknowledging the impact of communication and information sharing within the school system. Participants felt that difficulties in this area were augmented during more difficult circumstances, such as a critical incident. As such, external support was highlighted as an influential exosystemic factor that had an influence on BSP, which was viewed both positively and negatively by participants.

5.2.4 RQ4. How are primary school staff supported in carrying out BSP?

The findings of this study indicated that most participants felt unsupported, uncertain and worried when providing support to a bereaved child. Required supports were discussed, such as resources, advice from experienced colleagues, external agencies, and support from SMT. Both the quantitative and qualitative data revealed a significant gap in training in bereavement and loss for school staff. The findings revealed that providing support to a bereaved child had a marked negative influence on the emotional well-being of participants.

The fears and worries expressed by participants supporting bereaved children are reflected in previous research, with unfortunate consequences of isolation, embarrassment and heightened grief reactions in bereaved children (Holland, 2001; Papadatou et al., 2002). For example, Lane et al. (2014) found that secondary school teachers “feared saying the wrong thing... and these fears can influence a teacher’s ability to talk openly about the bereavement” (p. 4). Earlier studies also reported that teachers expressed “uncertainty over doing the right thing” in responding to a death (Lowton & Higginson, 2003, p. 735). Whilst this issue seemingly lies within the mesosystem, it extends to the cultural discomfort around death in the macrosystem mentioned in this study. Alongside arguments for the normalisation of grief in schools, previous studies have found a disinclination amongst school staff to offer BSP or engage with death education (Ribbens-McCarthy, 2006; Rowling, 2003). Existing literature suggests that the fear and anxiety around death experienced by teachers hinders their ability to provide support to bereaved children (Cullinan, 1990), whereas bereavement training facilitates levels of comfort for school staff in providing BSP (Reid & Dixon, 1999).

Unsurprisingly, most participants in this study did not have training in bereavement and loss (79.6%), echoing the significant lack of training in schools referenced in the literature (CBN, 2017b; Holland & Wilkinson, 2015; Reinke et al., 2011). Currently, training is mainly delivered by professionals within the ecosystem, such as bereavement charities and EPs. Yet, the need for training was expressed across both phases of this study, highlighting an area where EPs can continue to support schools, particularly due to their skills in training schools to support children's mental health (Squires & Dunsmuir, 2011). As this is the first study to explore what support is needed for school staff, the findings of the current research expand on previous research by not only agreeing that a training gap exists, but demonstrating that training is a support that school staff feel is needed. Additionally, other supports were identified within the school system and, importantly, were provided to school staff who discussed feeling supported in providing BSP.

An unexpected finding within the current research was the significant impact supporting a bereaved child had on the emotional well-being of participants, which is comparable to the secondary school teachers in Lane et al.'s study (2014) who felt the need to "stay strong... even if distressed themselves" (p. 7). However, the findings of the current research revealed a pronounced level of stress and emotional exhaustion in participants as a result of supporting a bereaved child. Arguably, this may be due to the distinct dissimilarities between the roles of primary and secondary school staff, such as the frequency and duration of proximal processes with the bereaved child. Like research that has highlighted that caring professions, such as Nurses, are vulnerable to compassion fatigue (e.g. Boyle, 2011), this study indicates that primary school staff are also at risk of emotional stress. Therefore, this finding suggests that Bion's (1962) theory of containment can be applied to both children and staff within the school system and builds upon arguments in the literature around the need for personal support for staff in schools (Jackson, 2002; Reid, 2002). Interestingly, the current research included ELSAs, who

receive additional supervision and training in bereavement. Like other school staff, ELSAs discussed the emotional impact of supporting a bereaved child. Previous research examining the inter-professional supervision arrangements between ELSAs and EPs found that group supervision enabled ELSAs to feel more confident in supporting children with emotional needs (Osbourne & Burton, 2014). However, this study employed a closed item questionnaire to explore ELSA views, like the questionnaire employed in Phase 1 of the current study. Therefore, considering that the emotional difficulties in providing support to a bereaved child only briefly emerged within the open-ended qualitative data in Phase 1 of this study, it may be that the nature of the data collected in Osbourne and Burton's (2014) study did not reflect the complexities of the emotional support provided by ELSAs. ELSA (2017) suggests that EP supervision incorporates an assessment of the suitability of further ELSA intervention and suggests referrals to other services where appropriate. Consequently, when providing supervision or support to ELSAs or other staff members, it may be necessary for EPs to remain cognisant of the emotional impact of supporting a bereaved child and provide appropriate signposts where necessary.

5.3 An exploration of how grief is understood by primary school staff

The second aim of the current research was to explore how grief is understood by primary school staff. This aim was addressed using descriptive and inferential statistics and qualitative data from both phases. The findings relating to the second research aim will be discussed within the context of the research questions in the following sections.

5.3.1 RQ5. How is children's grief understood by primary school staff?

Over half of participants indicated that they have some understanding of children's grief and approximately one fifth indicated that they had a good

understanding. Qualitative data relating to participants with experience of supporting a bereaved child highlighted their understanding of grief is broadly in line with how it is understood in the literature (e.g. Christ & Christ, 2006; Webb, 2010). Grief was viewed as a unique process that is expressed through external and internal behaviours, with intermittent moments of grief observed in younger children. Specific triggers related to the school environment and the child's development over time were identified by participants. Distinct differences between grief in children and grief in adults were considered, such as the implications of children's limited verbal skills mentioned in previous research (Thompson & Payne, 2000). Negative influences on children's ability to cope with grief were discussed, such as financial difficulties or entering the care system.

These findings address a large gap in the literature. No study has explored how children's grief is understood in primary schools in the UK to date. Indeed, there are similarities between the descriptions of children's grief in the literature and those provided by participants in the current research. For example, in accordance with findings from the seminal Harvard Child Bereavement Study (Worden, 1996), participants described how grief can resurface for children within the chronosystem as they develop and experience transitions. Webb's (2010) description of the difficulties young children experience in understanding the core concepts of death was reflected in the data. However, some participants felt that this lack of understanding resulted in greater coping skills in children. This is a worrying finding when placed in the context of previous literature, as many authors have issued caution around misinterpretations and denial of children's grief due to the complicated way in which it manifests (Bain, 2003; Webb, 2010). A unique finding of the current study is the identification of environmental triggers relevant to the school context, such as curriculum content. Participants also demonstrated an awareness of additional factors within the BTHD that have been shown to

exacerbate the experience of grief in children, such as the mental health of the surviving parent (Gray et al., 2011).

5.3.2 RQ6. What factors have an impact on primary school staff's understanding of children's grief?

The quantitative data relating to the composite index indicated that training in bereavement and loss, supporting a child bereaved of a sibling and responding to a child's loss by a referral to external agencies was significantly associated with understanding children's grief. Qualitative data revealed participants' perceptions that personal experience of bereavement leads to greater understanding of grief in children.

The finding that training in bereavement and loss had the most significant association with the composite index is interesting when triangulated with other data in this study, such as the descriptive statistics that indicated that most participants in this study did not have training and the qualitative data that highlighted training as a support that is needed for school staff. Although previous studies have highlighted the considerable training gap in bereavement and loss in schools, only one existing study has highlighted the influence of bereavement training on BSP (Lane et al., 2014). The finding that training is significantly associated with understanding children's grief, alongside the finding that training had a positive impact on participants' feelings of containment when providing bereavement support, builds on existing research by highlighting some of the positive effects of training on bereavement support for schools. In addition, this finding enhances arguments within the literature around the need for financial allocations for the training and support of school staff in responding to bereaved children (CBN, 2017b; Life Matters Task Force, 2018; McGovern & Tracey, 2010).

Personal experience of bereavement was highlighted within the qualitative data as a factor that had an impact on the understanding of grief in children, which supports previous research that found enhanced understanding and compassion for bereaved children in teachers who experienced childhood bereavement (Candelaria, 2013). However, the variable of personal experience did not emerge as significant within the quantitative analysis. In addition, it is important to acknowledge that qualitative data relating to the understanding of children's grief did not emerge from participants without experience of supporting a bereaved child. This is particularly intriguing given that the variable of experience also did not emerge as significant within the multiple regression model. However, there was a relationship between having experience of supporting a child bereaved of a sibling and providing support through making a referral to an external agency. It is difficult to conclusively state why these variables contributed significantly to the multiple regression model and further research is warranted. The limitations of the composite index must also be acknowledged as a strong quantitative measure of children's grief is not yet available. Conversely, the interviews may have been more susceptible to social desirability bias than the composite index, which contained several reverse scored items to avoid response bias. In any case, EPs working in consultation with schools to support bereaved children should consider the impact of factors that emerged in this research on school staff's understanding of children's grief to understand and develop constructive proximal processes within the mesosystem.

5.4 Implications for EP practice

The findings of this study have many implications for EP practice. Due to the lack of research in bereavement in schools, there is an unsurprising absence of a coherent assimilation of knowledge that is accessible for practitioners. However, this research has demonstrated that the BTHD provides a useful conceptual framework to understand BSP in primary schools, particularly when applied with the additional lens of psychoanalytic theory. Therefore, it seems

logical to suggest that the implications of the current study could be integrated within the context of the BTHD to provide insight and guidance for how EPS' can systematically support schools in carrying out BSP, with consideration of Bion's (1962) containment theory at each level of the model. In fact, due to the dominant emphasis on individual competencies and behavioural management as part of the well-being agenda (Hoffman, 2009), researchers have recognised a need for a systemic approach to the promotion of social and emotional well-being that incorporates the needs of both children and adults within the school system (Weare, 2015). Considering this, the following sections present a suggested outline of the role of EPs in enhancing BSP in primary schools, as summarised in Figure 5.1.

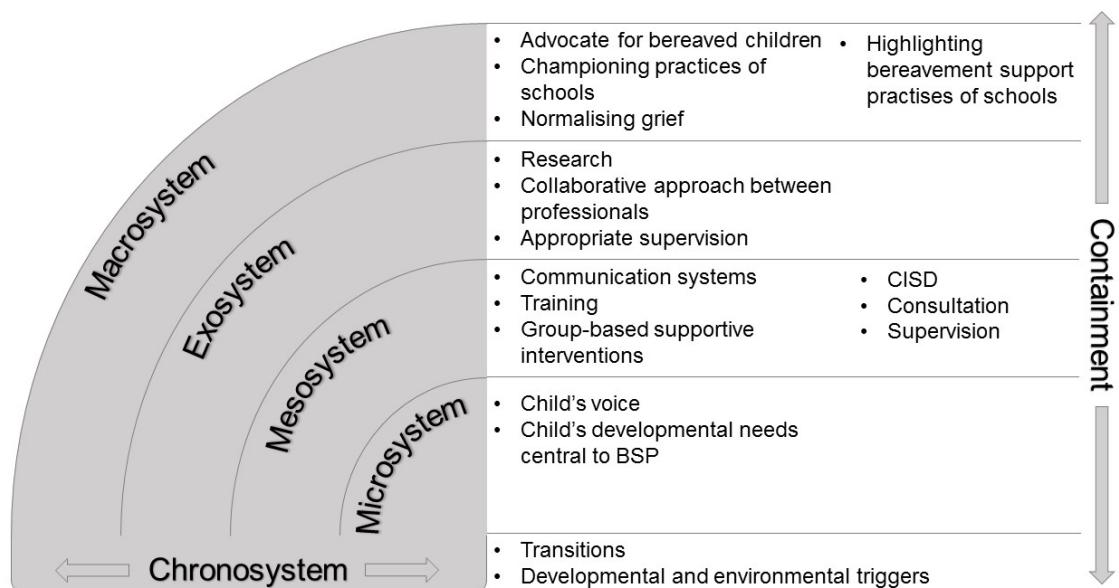


Figure 5. 1 Implications for EP practice across the BTHD

5.4.1 Microsystem

The findings of this study that relate to the microsystem include the centrality of the child's preferences and their presenting needs to support them in feeling contained as part of BSP. EPs have a role in ensuring that the child's voice and developmental needs should remain paramount within BSP. This is in line

with legislative changes that have outlined a clearer focus on the participation of CYP in decision-making (DfE/DoH, 2015). EPs have developed their skills in gaining and communicating the voice of the child using person-centred approaches and have a responsibility to hold the bereaved child's voice and the centre of BSP in schools.

5.4.2 Mesosystem

As this research took place within the mesosystem, many of the implications fall under this proportion of the EST, such as the development of clear practice policy for information sharing around a child's bereavement within the school system and continued evaluation and adaptation of CISD interventions to meet the needs of service users.

This research has confirmed the training gap in bereavement and loss in schools and found an expressed need for training from school staff. Currently, many EPs are already providing training to schools within their respective LAs in relation to children's mental health needs (Boorn, Hopkins-Dunn, & Page, 2010). EPs are well-placed to deliver training in this area given their in-depth understanding of psychological theory applicable to children's emotional and behavioural needs (Holland & Wilkinson, 2015). Additionally, university training programmes for EPs offer seminars and lectures on bereavement and loss in CYP. This training could include guidance and direction on the provision required at the universal level as part of CBN's (n.d.) model of provision for bereaved children. For example, the training could include how schools can provide a supportive network and obtain information about children's grief. The delivery of training in bereavement and loss by EPs could provide a containing function for school staff through using this opportunity to consider the emotional impact of supporting a bereaved child, normalise the fears and worries expressed by school staff who have experienced BSP and highlight appropriate avenues for support.

This is not the first study to unearth the salient need for support systems for school staff. However, the stress and emotional exhaustion experienced by participants in this study certainly strengthen the arguments present in existing literature (Jackson, 2002; Reid, 2002; Weare, 2015). As discussed, ELSAs within the LA in which this study took place receive additional supervision from EPs on a half-termly basis and this has a positive impact on ELSAs perceived ability to support children with emotional and behavioural needs (Osbourne & Burton, 2014). Existing research has already acknowledged the evolving role of the EP in relation to inter-disciplinary supervision for other professionals within the LA, such as support workers for vulnerable adolescents (Maxwell, 2012). EPs, who have pre-existing relationships with schools, could extend their role to provide supervision to those who are supporting bereaved children. It is of note that ELSAs in this research experienced similar emotional stress to their colleagues. As such, incorporating the notion of “containing the containers” through a psychodynamic approach to supervision may be useful in this instance, such as through Work Discussion Groups which have been successfully applied in educational settings in the past (Hulusi & Maggs, 2015; Jackson, 2002). This model of supervision facilitates group reflection on the psychodynamic aspects of the problem situation, rather than exclusively searching for a solution (Hulusi & Maggs, 2015). This is relevant to the parallel processes and mirroring that emerged in participants’ responses in the current study, whereby they related the child’s experiences to their own experience of bereavement. Alternative group-based supportive interventions that may be useful for school staff include Solution Circles and Circle of Adults, which have been found to support school staff to understand a problem situation, generate positive strategies and demonstrate greater empathy towards a child (Grahamslaw & Henson, 2015). As professionals with training in the delivery of these interventions, EPs are uniquely placed to provide this type of support in schools.

The DfE's (2011a) definition of EPs highlights their skills and competencies in consultation with schools and families. EPs are skilled in the application of psychological models within consultation to develop an appropriate plan to support a child's needs (Wagner, 2000). Within the context of a containing school system, consultation is a useful tool that has a dual function of supporting and containing school staff, whilst also empowering and enabling others to meet a child's needs more efficiently (Macleod, Macmillian, & Norwich, 2007). The application of systemic models of consultation may be useful in supporting SMTs to feel contained, particularly given the isolating, over-reliance on Head Teachers in BSP that emerged within this study. The function of the consultation process highlighted within CBN's (n.d.) tiered model of BSP is to agree who and what could help a particular family. This research has demonstrated that the needs of school staff should also be included within this process. In addition, it seems reasonable to suggest that EPs are well-placed to provide this consultative process given their enhanced consultation skills, knowledge of child development and the uneven dispersion of bereavement services in the UK.

5.4.3 Exosystem

Despite demands for a collaborative and joined up approach within legislative guidance (DfE/DoH, 2015), the findings within this research highlight a polarity between policy and practice. Therefore, EPs certainly have a role in ensuring that professionals surrounding the family are working together in cooperation to aspire for best outcomes for the bereaved child. EPs can do this through promoting open lines of communication between all agencies involved with the bereaved child and through chairing and facilitating multi-agency meetings.

With advanced research skills and a wide-reaching positionality within the LA, EPs are well-placed to carry out, critically review and disseminate findings of research around bereavement and loss in schools and the LA. As many

avenues for future research have been identified as part of this exploratory research, EPs have a role in utilising their skills to build on the existing evidence-base to strengthen practice around BSP in schools.

It is important to note that EPs who are frequently engaging in emotionally demanding work are professionally contained through frequent supervision as stipulated by the Health and Care Professions Council regulations at a macrosystemic level (Health and Care Professions Council, 2009). However, many authors have acknowledged the stress reaction of EPs when carrying out CISD interventions and have promoted a model of supervision that focuses on the emotional aspects of this work (Beeke, 2011; Hayes & Frederickson, 2008). Considering the significant emotional impact experienced by participants in the current study, it is important for EPs to monitor their emotional well-being when supporting schools with non-critical bereavements and access appropriate and containing supervision.

5.4.4 Macrosystem

At a macrosystemic level, psychoanalytic perspectives highlight the education system an influential containing environment that provides a safe and secure space for children to process difficult experiences and feelings (Hyman, 2012). Perhaps these perspectives, alongside Government policies, need to recognise the need for the school system and community to be contained and develop provision accordingly. EPs can contribute to policy and practice in this area through engaging in discussions and debates around bereaved children's needs in schools or how data on bereaved children should be collected and used. In particular, EPs can give recognition to the significant amount of support being provided by schools to bereaved children and the need for containment for school staff. Potentially, this could open a discourse around how funding can be allocated for training and support for school staff to ensure positive outcomes for bereaved children. Additionally, EPs have a role in

normalising grief at a macrosystemic level through speaking openly about bereavement and loss and promoting death education as a proactive and normalising approach in schools.

5.4.5 Chronosystem

The findings of Phase 1 and 2 both illustrated that children's grief can resurface over time as they develop and experience transitions. In addition, specific environmental triggers that occur periodically within the school environment were identified. EPs can develop the awareness of schools in this regard and establish systems for information sharing over time. For example, some guidance documents for schools suggest the use of a 'Bereavement Passport' that fulfils a variety of functions, such as acknowledging the child's loss, supporting the liaison between home and school and outlining difficult dates (Osmond & Stacey, 2011). EPs could adapt this resource to include environmental triggers and support schools to use and refer to this resource to contextualise behavioural changes that may occur. Under those circumstances, school staff may be more able to understand and respond to behavioural changes in an empathetic and containing way, a task which has been found to cause difficulty for school staff in the past (Cohen & Mannarino, 2011).

5.5 Summary

5.5.1 Strengths

The current research represents an original exploratory study aimed at contributing to current knowledge of how bereaved children are supported in primary schools and how children's grief is understood within this context. The concepts that were investigated in this study were chosen based on the research needs highlighted in an in-depth literature review on child bereavement in schools. This research extends our understanding of BSP in primary schools. This is the first study to explore how bereaved children are

identified in primary schools, what support is needed for school staff in carrying out BSP and how grief is understood by school staff. Additionally, this is the first study to include staff members holding differing roles within the school context, such as SENCOs and ELSAs.

This research has provided a more holistic view of the perspectives of school staff on BSP in primary schools using both quantitative and qualitative methods. This is the first mixed-methods study in bereavement and loss in schools to include two distinct research methods, rather than the use of a questionnaire in isolation to collect both quantitative and qualitative data (e.g. Potts, 2013). This has resulted in a rich picture of the support provided to bereaved children in primary schools and has enabled the researcher to consider the subjective experiences of school staff in carrying out BSP within the more objective behaviours and practices of primary schools across the LA. For example, the feelings of worry and uncertainty expressed by participants were contextualised with the significant training gap indicated at a wider level.

As highlighted throughout the discussion, the findings of the current study support or extend on previous research in many ways. One of the most significant contributions to knowledge derived from this research is the considerable emotional support being provided to bereaved children and the consequential negative impact of this on the well-being of school staff. Whilst one study in a secondary provision has briefly noted the emotional impact of BSP, this research sheds light on the stress and emotional exhaustion experienced by primary school staff supporting bereaved children.

This study has also demonstrated that the BTHD provides a useful framework to contextualise and understand BSP in schools. For example, it allowed the consideration of the bi-directional effects of children's grief, as the

manifestation of this within the school context may both affect and be affected by proximal processes within the mesosystem. Additionally, these processes were positioned within the wider inter-relating systems, such as the impact of cultural beliefs in the macrosystem, to provide a deeper understanding of BSP.

5.5.2 Limitations

Bereavement and loss is a challenging area to research due to the sensitive nature of the issues discussed, the individualised nature of grief and access to only small participant samples (Akerman & Statham, 2014). Consequently, this study was exploratory in nature and subject to several limitations.

5.5.2.1 Participant sample and inclusion criteria

Participants in this study were recruited using both random (Phase 1) and purposive (Phase 2) sampling and were limited to school staff within one outer London LA, making inferences about the broader population of school staff difficult. As this study did not seek demographic information of participants, this also limits the potential for generalisability. The sampling procedures used are subject to biases, such as response bias and social desirability bias (Krumpal, 2013). That is, participants in this study may have chosen to respond based on their personal interest in the topic, potentially skewing the prevalence of bereaved children in schools. Additionally, participants may have responded in such a way that reflect actions or attitudes perceived to be more favourable, rather than what is accurate.

Another limitation of the current study is the inclusion of different types of bereavement. As parental bereavement has received a disproportionate amount of attention in the literature and some studies have found that children most frequently encounter the loss of a peer (e.g. Candelaria, 2013), this research aimed to broaden the scope of the relationship with the deceased to

provide equal representation of the kinds of bereavement experienced. Participants in Phase 2 of this study supported a bereaved child who had lost a parent, sibling or peer. One participant discussed a child who had lost his father and sister, but also referred to a child who was bereaved of his Grandparents in a violent and traumatic circumstance. In Phase 1, parental bereavement accounted for almost half of the losses reported (49.7%), followed by the loss of a Grandparent (25.2%). Considering that the qualitative data in this research highlighted that children who have lost an extended family member are less likely to be identified in schools and the child's relationship with the deceased had an impact on the support provided, the inclusion of different types of bereavement may have diluted the reported BSP by participants in Phase 1.

5.5.2.2 Research tools

The retrospective nature of the questions posed across the research tools employed in both phases of the current study represent a potential limitation. Although some questions were related to current experiences and feelings, many questions required participants to reflect on and recall experiences and feelings from several years previously. At this later time point, it is possible that the intensity of feelings may have been undervalued or the details of experiences forgotten by school staff. Therefore, the data reported should be considered within this context.

The use of an online, web-based questionnaire in Phase 1 of this research is a potential limitation of the current study. There are many advantages of online questionnaires highlighted within the literature, such as the practicalities of being able to gain responses from many participants (Mertens, 2015), significant cost reduction and immediate availability of data in electronic format (Smith, Smith, Gray, & Ryan, 2007), lower likelihood of socially desirable responses (Dillman & Smyth, 2007) and the ability to include skip rules for irrelevant questions (Wolford et al., 2008). However, these advantages need

to be considered against the disadvantages of the use of both online and paper questionnaires in research, such as participation bias, low response rates and misunderstandings of language used, or type of response required (Heiervang & Goodman, 2009). It is important to acknowledge that these factors may have affected the outcome of this study.

The most pertinent limitation of the current study lies within the composite index developed to measure understandings of children's grief. Firstly, this scale was researcher developed and has yet to be tested beyond face validity or reliability, the final steps of scale construction as suggested by Hinkin et al. (1997). Secondly, the sample size was relatively low according to the reliability literature (e.g. Kline, 1986). However, substantial debate exists over the sample size needed to appropriately conduct tests of statistical significance and the sample size in the current study ($n=260$) meets or exceeds some of the guidance in the literature. For example, Field (2009) notes that the common rule is at least 10-15 participants per item, whereas Clark and Watson (1995) recommended 5 – 10 responses per scale item and 100 – 200 cases in total. Yet, it is important to note that for factor analysis, 300 is a desirable sample size (Tabachnick & Fidell, 2007). As the composite index was developed in consultation with experienced researchers in the field, it is believed that this tool makes an initial contribution to the measurement of the construct. For instance, the Cronbach's Alpha reported in the current study was .71, which is considered an acceptable value for the reliability of a scale (Field, 2009). However, further refinement and development would be required for the use of the instrument on a more widespread basis. As such, the findings relating to the composite index should be interpreted with caution.

5.5.3 Future research

Whilst this study resulted in many interesting findings, it was exploratory in nature and highlighted the complexity surrounding support for bereaved

children in schools. Therefore, this study has highlighted several future avenues for further research.

It would be beneficial to the current child bereavement research base to explore the effectiveness and appropriateness of systems of identification of bereaved children in primary schools. There are questions that remain to be answered in terms of the nature of the data collected, whether a systematic means of collection is appropriate and how this data will be used. Perhaps this research could also focus on what types of loss are recorded and what schools and Government departments should do with this information to ensure best outcomes for this population.

The online questionnaire employed as a research tool in the current research included several closed-ended items that were influenced by previous questionnaires (e.g. Bain, 2003; Candelaria, 2013) and a large pilot study ($n=49$). For example, the response item 'I informed the class about the child's loss' was used in Candelaria's (2013) questionnaire exploring teacher responses to bereaved students in the USA, whereas the response item 'I provided social and emotional support to the child' was suggested by many participants in the pilot study ($n=35$). No previous study included a qualitative exploration prior to the development of a questionnaire in this area. As this study included semi-structured interviews to explore themes in more depth, future research could incorporate the qualitative findings from this study into the questionnaire to enhance its use in exploring BSP in primary schools. In addition, the remaining 11-item composite index should be subject to rigorous analyses of reliability and validity if it is to be retained within the research domain.

Based on the significant emotional impact of supporting bereaved children found in this study, it seems imprudent to suggest that training alone would offer the support required for school staff who are providing support to bereaved children. Future research is needed to explore an effective model for the provision of additional support and containment to school staff, including support for leadership teams. It may be useful for this research to draw upon good practice that is already occurring in schools, such as supervision from an EP for school staff providing emotional support to children (Osbourne & Burton, 2014) or CISD interventions carried out by EPs that provide support to leadership teams during crises (Aucott & Soni, 2016).

Previous studies on child bereavement in schools conducted in the UK have explicitly focused on the perspectives of teachers (e.g. Lane et al., 2014; Lowton & Higginson, 2003). Whilst this study incorporated the perspectives of other school staff within the mesosystem, there are some key voices that remain excluded from the narrative. Despite the increased emphasis on the voice of the child within recent legislation (e.g. DfE/DoH, 2015), it is problematic that pupil voice within the microsystem is limited to a small number of studies. This is particularly relevant given the disparity between the findings of this research and previous research eliciting pupil voice that highlights a lack of support for bereaved children in schools (e.g. Cranwell, 2007; Holland, 2001). Two Scandinavian studies evaluating bereavement support in schools demonstrated that CYP expressed a desire to have a voice in how schools respond to a bereavement (Dyregrov, 2009; Lytje, 2018). Future research could focus on obtaining pupil voice around their opinions and perspectives on the support described by school staff in this study. It may also be useful to include other voices within the BTHD, such as parents and EPs.

Final Reflective Note

Reflections and reflexivity have been noted throughout this study. Whilst it is acknowledged that this research did not aim to be a large-scale transformative action research project, some small, transformative effects emerged from this study. Firstly, the findings of this study allowed for the identification of implications for EP practice across BTHD, but also in the context of containing the school system. Secondly, anecdotal evidence suggested that the recruitment presentations that were completed in schools prior to data collection had a transformative effect in terms of opening up a dialogue within schools around childhood bereavement. School staff informed me that informal discussions took place following these presentations that revealed some of the emotional struggles that colleagues had experienced when supporting bereaved children. In addition, the process of the interviews had a transformative effect on participants. In particular, four of the participants appeared to come to the realisation that they were not coping on their own and needed external support. These participants were signposted to additional support providers on the debriefing sheet. It seemed that this process gave school staff space and time to reflect on their experiences, an exercise that is not integrated into the busy roles held by school staff.

Personally, I have found that carrying out research on a topic that is perceived as uncomfortable or tricky has allowed me to recognise that open and honest discussions around these difficult subjects is transformative in itself. I hope to carry this learning into my practice as an EP to support others to detach from pathological perceptions of CYP with emotional needs and facilitate sincere consideration and understanding of the experiences of this vulnerable population.

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Appendix A

Literature search strategy

To conduct a literature search, the following databases were examined between July 2016 and March 2017: PsychInfo, PsychArticles, PsychExtra, Web of Science, British Education Index, ERIC and library catalogues from the Institute of Education and Senate House library. Key words used in the search included: grief, bereavement, loss, death, dying, anticipatory grief, terminal illness, children, young people, adolescent, pupil, student, parent, attachment, primary school, intervention, education, educator, educational psychology, teacher, and school staff. Primary materials included books, journal articles, Government publications and reports. The search was restricted to material published since 2000. However, reading of key articles brought to light seminal pieces of research published before 2000 which were subsequently included in this review. For example, the Harvard Child Bereavement Study (Worden, 1996).

Articles were excluded if they:

- Were in any languages other than English.
- Were published in a non-peer reviewed journal.
- Focused on bereavements from very different contextual circumstances, such as children bereaved by AIDS in Africa or by war.

In addition, searches were undertaken on government websites, including Department for Education, Office for Standards in Education, Children's Services and Skills, Office for National Statistics, and specialist websites such as Winston's Wish, Child Bereavement Network, Child Bereavement UK, Cruse Bereavement Care, British Psychological Society and Association of Educational Psychologists. Other references were obtained from lecture notes and research supervisors.

Appendix B
Online questionnaire

My name is Ailbhe Costelloe and I am a trainee Educational Psychologist at Merton Educational Psychology Service. As part of the Doctorate in Professional Educational, Child and Adolescent Psychology, I am carrying out a piece of exploratory research on childhood bereavement in schools.

You are invited to take part in this research study, which aims to explore how bereaved children are supported in schools and how school staff understand children's grief. Your participation will involve the completion of a questionnaire which includes a series of open and closed questions about your experiences of supporting bereaved children at school. It will take roughly 10 minutes to complete.

In this study, the term **BEREAVEMENT** refers to the state of having lost someone or something. A **BEREAVED** person is one who has experienced a loss. **GRIEF** refers to an individual's internal, emotional reaction to a loss. The terms **TEACH** or **SUPPORT** are used to describe children that you are directly involved with, rather than the school community as a whole.

The information collected is strictly confidential to the UCL IOE research project team. Participation in this study is voluntary. You have the right to withdraw at any time and for any reason. You also have the right to omit any question that you do not wish to answer.

If you have any queries regarding this research please contact Ailbhe Costelloe (Trainee Educational Psychologist) or Joseph Mintz (supervisor):

Email: ailbhe.costelloe.15@ucl.ac.uk Phone: +44 (0)7477198996
Email: j.mintz@ucl.ac.uk

By beginning the questionnaire, you acknowledge that you have read the above information and agree to participate in this research, with the knowledge that you are free to withdraw your participation at any time. If you agree, you may now click the 'Yes, begin the questionnaire' icon below.

- Yes, begin the questionnaire
- No, I do not wish to take part in this study

Role and Experience

Please specify your role:

- Teacher
- Teaching Assistant
- SENCO
- ELSA
- Pastoral Lead

Other (please specify)

How long have you been working in your role?

- Less than 2 years
- 2 - 5 years
- 6 - 10 years
- More than 10 years

Training

Have you received training in the area of bereavement and loss?

- Yes
- No

If yes, please briefly describe the training you received.

Policy

Is bereavement and loss addressed in any policy documents in your school?

- Yes
- No
- I don't know

If yes, would you feel confident in describing the main responsibilities, procedures and processes covered in the policy?

- Yes
- No
- I don't know

Supporting Bereaved Children in Primary Schools

Understanding and Confidence

How would you rate your understanding of children's grief?

No understanding Some understanding Good understanding Complete understanding

Understanding of
children's grief (e.g. how
grief manifests in
children)

Please rate how confident you feel in supporting children's grief at school:

Not confident Slightly confident Highly confident

Confidence

Please describe your reason(s) for your responses on the above questions.

Supporting Bereaved Children in Primary Schools

Understanding Children's Grief

Please indicate your position on the following statements from Strongly disagree to Strongly agree (Page 1 of 3).

Please note that the statements are in relation to primary aged children (4- to 12-years-old).

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The grieving process is unique for each child	<input type="radio"/>				
Risk factors (e.g. low socioeconomic status) make children more vulnerable to negative outcomes following a loss	<input type="radio"/>				
Developmental regression is uncommon in bereaved children	<input type="radio"/>				
Children are often unaffected by a loss	<input type="radio"/>				
A child's developmental stage has an impact on their expression of grief	<input type="radio"/>				
Complicated or prolonged grief in childhood can lead to emotional problems later in life	<input type="radio"/>				

Supporting Bereaved Children in Primary Schools

Understanding Children's Grief

Please indicate your position on the following statements from Strongly disagree to Strongly agree (Page 2 of 3).

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Children express their grief through behaviour and play	<input type="radio"/>				
Children do not grieve deeply	<input type="radio"/>				
Bereaved children are more likely to exhibit externalising behaviours (e.g. anger outbursts) than internalising behaviours (e.g. anxiety, worry)	<input type="radio"/>				
Children who experienced an expected death will adjust better than one who experienced an unexpected death	<input type="radio"/>				
Young children grieve in short, intense spurts	<input type="radio"/>				
There are distinct differences between the grief experiences of adults and children	<input type="radio"/>				

Supporting Bereaved Children in Primary Schools

Understanding Children's Grief

Please indicate your position on the following statements from Strongly disagree to Strongly agree (Page 3 of 3).

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Like adults, children experience powerful and consistent grief that gradually subsides over time	<input type="radio"/>				
A strong predictor of a bereaved child's outcome is the stability of his or her environment after the death	<input type="radio"/>				
Bereaved children benefit from age-appropriate and honest communication about the circumstances of the death	<input type="radio"/>				
Environmental triggers can cause children to re-experience their grief	<input type="radio"/>				
Between the ages of 4 and 7, children are too developmentally immature to grieve	<input type="radio"/>				
Between the ages of 8 and 12, children are too developmentally immature to grieve	<input type="radio"/>				

Experience of Supporting Bereaved Children

Have you taught or supported a bereaved child in your current role?

- Yes
- No
- I don't know

Do you believe that there may be children that you teach/support who have been bereaved and you have not been made aware of their loss?

- Yes
- No
- I don't know

Experience of Supporting Bereaved Children

Think of the most recent time you taught/supported a child who had been bereaved. What was the deceased person's relationship to that student?

- Parent/Guardian
- Sibling
- Grandparent
- Friend or classmate
- Significant other (please describe relationship)

What was the age of the child who had been bereaved? (approximately)

Identification

How did you become aware of the death? (Select all that apply)

- The bereaved child informed me
- I noticed a change in the child's behaviour
- The child's family informed me
- The child's friend informed me
- Another staff member informed me
- The event was in the media
- Other (please specify)

Response

Please indicate which of the following took place when you found out the child had been bereaved (Select all that apply)

- I was unsure what to do
- I did not do anything
- I sought out advice from senior management
- I referred the child for in school social and emotional support
- I referred the child to an external agency for support (e.g. Bereavement Service, Educational Psychology Service)
- I provided social and emotional support for the child (e.g. offered a safe space to talk)
- I informed the class about the child's loss
- I reduced the amount of work for the child
- I contacted the child's family
- Other (please specify)

Factors Influencing Response

Please indicate which, if any, of the following factors affected your response to the bereaved child (Select all that apply)

- Guidance from school policies
- Presence of a supportive school ethos
- Lack of communication between senior management and staff
- Time constraints within your role
- Child's religious beliefs
- Developmental stage of the child
- Circumstances of the death
- Personal life experiences
- Bereavement training
- Prior experience of working with bereaved children
- Open communication between school and home
- Other (please specify)

On reflection, what supports would have been helpful for you in responding to the bereaved child?

To enhance this study further, participants who have supported a bereaved child in the past five years are offered the opportunity to take part in a subsequent face-to-face interview. This interview will offer a space to reflect on your experiences of supporting bereaved children and contribute rich data to the current literature on how schools understand, identify and respond to the needs of bereaved children. The interview will take roughly 30-40 minutes and will be arranged at a time and location that is convenient for you.

If you would like to take part in the interview stage of the research, please provide your contact details in the space provided below.

Name

Email Address

Phone Number

Thank you for taking part in this questionnaire.

A space has been provided below should you wish to record any final thoughts, comments or ideas on this topic.

Thank you very much for taking the time to participate in this study.

If you have found that participation in this study has stimulated your interest in this subject and you would like to develop your knowledge further, feel free to consult the list of references on the next page. You will also find a list of useful tools, resources and websites listed that include practical strategies for school staff who are supporting bereaved children in primary schools. If you have any questions about this study, please feel free to contact Ailbhe Costelloe (TEP) or Joseph Mintz (supervisor) by email at: ailbhe.costelloe.15@ucl.ac.uk or j.mintz@ucl.ac.uk

As loss and bereavement is a sensitive topic, participation in this study may have raised issues that you would like to discuss further. If this is the case, please contact the Headteacher in the first instance. Following this, please feel free to contact any of the supports listed below:

Cruse Bereavement Care

A leading national charity for bereaved people that offers face-to-face, telephone, email and website support.

Website: <http://www.cruse.org.uk>

Phone: 0808 808 1677

Workplace Options: Employee Assistance Programme

Free, confidential support for any work, personal, or family issue.

Website: www.workplaceoptions.com

Email: assistance@workplaceoptions.com

Phone: 0800 243 458

References

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Bennett & Dyehouse (2005). Responding to the death of a pupil: reflections on one school experience. Available at: https://www.researchgate.net/publication/230147122_Responding_to_the_death_of_a_pupil_-_Reflections_on_one_school%27s_experience

Holland (2008). How schools can support children who experience loss and death. Available at: [http://teachersites.schoolworld.com/webpages/AMinardi/files/How_Schools_Can_Support_Children_Who_Experience_Loss_and_Death\[1\].pdf](http://teachersites.schoolworld.com/webpages/AMinardi/files/How_Schools_Can_Support_Children_Who_Experience_Loss_and_Death[1].pdf)

Useful tools, resources and websites

Guides, frameworks and strategies for support

A guide to help grieving children by Linda Goldman, published in 2014.

Responding to loss and bereavement in schools by John Holland, published in 2016.

How to help children aged 4 – 11 who have been bereaved to feel supported and understood by Anne Chadwick, published in 2012.

Workbooks and books for children about death and the lifecycle

Children also grieve: talking about death and healing by Linda Goldman, published in 2005. This is an interactive storybook for children to cope with death. Ages 5 and up.

Kids cope with grief memory kit by Jesse Flynn. This is a kit for children and includes special books, crayons, stickers, a picture frame and activites. Ages 3 and up.

When someone very special dies by Marge Heegaard, published in 1996. This is a workbook that uses artwork and journaling to allow children to work through their grief. Ages 7 – 12.

Bereavement support group program for children by Beth Haasl and Jean Marnocha, published in 1999. This is a step by step workbook for children (with leader manual) to use in a bereavement group. Ages 8 – 13.

A bunch of balloons by Dorothy Ferguson, published in 2006. This is a resource to help grieving children understand their loss and how it feels after someone dies. Ages 5 – 8.

The dragonfly door by John Adams, published in 2007. This is a story for young children about the life cycle. Ages 5 -10.

Websites

Winston's Wish: <http://www.winstonswish.org/>

Child Bereavement UK: <http://childbereavementuk.org/>

Child Bereavement Network: <http://www.childhoodbereavementnetwork.org.uk/>

Finally, I would like to thank you once again for your participation in this study.

Appendix C
Head Teacher recruitment email

Dear [Insert Head Teachers name],

My name is Ailbhe Costelloe and I am a trainee Educational Psychologist at [REDACTED] [REDACTED]. As part of the Doctorate of Professional Psychology, I am carrying out a piece of exploratory research on childhood bereavement in schools. This would involve teachers completing a short questionnaire and a possible interview. The research aims to gain a better understanding of how school staff can be supported to help children who have had a bereavement in their family, and may help participating schools in developing their policies in this area.

I hope to share the outcomes of this research with participants. I would therefore be delighted to offer participants an INSET at the project's completion to discuss the findings of this project, to offer information on the area of childhood grief and bereavement and to give practical strategies on how bereaved children can be supported in schools.

I look forward to hearing from you soon, with the hope also of your school's participation. Do let me know if you have any questions.

Best wishes,

Ailbhe Costelloe

Trainee Educational Psychologist

Appendix D
Head Teacher consent form

Head Teacher Consent Form

Your school is invited to take part in this research study aimed to investigate how schools understand, identify and support bereaved children. This data collected in this project will contribute to the current literature around school support of grieving children. Participation of school staff in this research project will involve an online questionnaire, with the option to take part in a subsequent face-to-interview.

All information gathered will be anonymized and each participant will be given an individual participant number. Signed consent form will be stored separately from audio data. It will not be possible to identify individual members or schools. The information collected is strictly confidential to the UCL IOE research project team. Participation in this study is voluntary and you have the right to withdraw at any time and for any reason. All data/information gained from you will then be destroyed.

I give my permission for my school staff to participate in this research study and provide information on:

- 1) Their experiences of supporting children who have been bereaved.
- 2) Their beliefs and opinions on the factors that influence how schools understand, identify and respond to bereaved children.

YES NO

Name of School Phone:

Name Email:

If you would like participants from your school to receive an INSET on bereavement support in schools once this study is complete, please tick the box below:

an Yes, participants would like an INSET. No, participants would not like an INSET.

If you would like to receive a summary of key research outcomes once this study is complete, please tick the box below:

Yes, I would like a research summary. No, I would not like a research summary.

If you have any queries regarding this research please contact Ailbhe Costelloe (ailbhe.costelloe.15@ucl.ac.uk) or Joseph Mintz (j.mintz@ucl.ac.uk).

Appendix E
Recruitment presentation

An exploration of how school staff understand, identify and respond to the needs of bereaved children

AILBHE COSTELLOE
TRAINEE EDUCATIONAL PSYCHOLOGIST

Childhood bereavement in the UK

- 1 in 25 children and young people have experienced bereavement of a parent or sibling.
- Over 23,600 children are bereaved of a parent each year.
- The incidence of childhood bereavement in youth offenders can be up to ten times higher (41%) than the national average (4%)

The research problem



Most bereaved children experience some negative impact on their psychological well-being



Many authors suggested that schools are well-placed to provide support



Yet, we do not know how schools understand, identify and respond to the needs of bereaved children

Research Questions

1. How do primary school staff respond to bereaved children?
2. What supports primary school staff in responding to bereaved children?
3. What are primary school staff's understandings about childhood grief?
4. How are bereaved children identified in primary schools?

```
graph LR; A[Questionnaire] --> B[Interview]; B --> C[Integration of both data sets for results]; C --> D[Who? Staff with experience of supporting a bereaved child in the past two years  
How long? 40 minutes]; C --> E[Who? All school staff  
How long? 6 - 8 minutes]; C --> F[To take part in Phase 2, simply register and contact details at the end of the questionnaire.]
```

How will this be researched?

Questionnaire → Interview → Integration of both data sets for results

Who? Staff with experience of supporting a bereaved child in the past two years
How long? 40 minutes

Who? All school staff
How long? 6 - 8 minutes

To take part in Phase 2, simply register and contact details at the end of the questionnaire.

What is in it for you and your school?

You will receive a **research report** that summarises the key research outcomes.

Participants will also be offered an **INSET** on how schools can support bereaved children.

Appendix F

Participant information sheet

Participant Information Sheet

My name is Ailbhe Costelloe and I am a trainee Educational Psychologist (TEP) at [REDACTED]. As part of the Doctorate in Professional Educational, Child and Adolescent Psychology, which is accredited by the British Psychological Society and approved by the Health and Care Professions Council, I am carrying out a piece of exploratory research on childhood bereavement in schools.

All primary schools are affected by childhood bereavement. According to recent statistics in the UK, approximately one in 25 children and young people have experienced bereavement of a parent or sibling and over 23,600 children are bereaved of a parent each year. Research shows that most bereaved children experience some negative impact on their psychological well-being, which may continue to intensify for at least two years following the death. However, the literature on how bereaved children are supported in schools is limited. The aim of this research project is to investigate how schools understand, identify and respond to bereaved children.

With agreement of the Head Teacher, school staff will be approached or contacted by the researcher or a key school representative to take part in this study. Participation involves the completion of an online questionnaire, with the option to take part in a subsequent face-to-face interview. All school staff can take part in the questionnaire. However, experience of supporting a child who was bereaved of a close family member or friend in the past two years is a key condition of participation in the interview stage. In addition, it must be noted that participation in the interview stage may not be appropriate for those who have experienced a personal bereavement of a close family member within the past two years.

If you are interested in participation, please provide your details on the participant sign up sheet. A link to the online questionnaire will be emailed to you to complete at your convenience. If you wish to take part in the interview, you will be given an opportunity to provide your contact details at the end of the questionnaire. At this point, I will contact you to arrange a time and location for the interview that is convenient for you.

Once the project is complete, the thesis will be submitted to the Department of Psychology and Human Development at UCL Institute of Education. A brief report summarizing the key outcomes will be made available to you. Those who participate in this study will also be offered an INSET on responding to loss and bereavement in schools at the end of the research project.

If you have any queries regarding this research please contact Ailbhe Costelloe (ailbhe.costelloe.15@ucl.ac.uk) or Joseph Mintz (j.mintz@ucl.ac.uk).

Thank you for taking the time to read through this information sheet

Appendix G
Interview guide

Opening

Establishing rapport: My name is Ailbhe and I am a trainee Educational Psychologist on placement in [REDACTED]. Again, thank you for giving me the time from your busy schedule to meet with me today.

Purpose: Just to remind you, the aim of my research is to explore how primary schools understand, identify and respond to the needs of bereaved children.

Motivation: I hope that this interview allows you time to reflect on your personal and professional experience of supporting bereaved children and also to gain some rich qualitative data around childhood bereavement within the school context.

Timeline/Confidentiality: This interview should take around 40 minutes. As I mentioned on the consent form, all information gathered will be confidential and anonymized. It will not be possible to identify individual members or schools in the report of this research. As bereavement is a sensitive topic, I just want to highlight once more that you have the right to withdraw at any time for any reason and the right to omit any questions that you do not wish to answer. In addition, if you feel that our discussion has surfaced an emotional response for you that you would like to discuss further, I have included some signposts in the debriefing sheet that can offer you some support. Does all of that sound ok? Please let me know if you need me to clarify anything.

Transition 1

Let me begin by asking you about your role within the school and your experiences of supporting bereaved children to date.

1. Tell me a bit about your role within the school.
2. How equipped do you feel in supporting children's grief in school?

Have you received training in the area of bereavement and loss?

3. What is your understanding of how grief manifests in children?

Do you think that grief in children differs from grief in adults?

4. Tell me about your experiences of supporting bereaved children in schools.

Have you been involved with more than one child?

Do you have any experience of bereavement practices across cultural and linguistic groups? Do you think that there are challenges to supporting bereaved children with different beliefs to your own?

5. What do you believe is the role of schools in relation to bereavement and loss?

Transition 2

For the next part of the interview, I would like you to focus on one particular child that you supported who lost a close family member or friend.

6. Tell me about Adam (pseudo name). What is he like?
7. Tell me about Adam's experience of grief.
8. Tell me how you came to learn about the death of Adam's mother.

What were your initial thoughts and actions at the time you became aware of Adam's bereavement?

9. How did you respond to Adam, both initially and in the longer term?

What key understandings did you rely on as you decided how and what to do? How did you develop these understandings?

What resources did you draw upon within the school context?

What was shared, or not shared, with other class members and school staff?

10. What factors influenced your response to Adam's bereavement?

Do you think that your own personal traits or life experiences influenced how you provided support to Adam?

Transition 3

For the final part of the interview, I would like you to reflect on your experience of supporting bereaved children more generally.

11. On reflection, what would have been helpful for you at this time?

→ *Probe: support from senior management, information on children's grief, support from external agencies...*

12. To what extent do you feel that the systems in place to identify and support bereaved children in your school are fit for purpose?

Do you think that there may be children in your class who have been bereaved that the school are not aware of?

13. How do you view your role in providing (or not providing) support to bereaved children?

14. What did you learn from supporting Adam? What advice would you give another teacher/ELSA about how to support a bereaved child?

Transition 4

(Summarise what you have just heard). With that, we have reached the end of my questions for you today. Have you any final thoughts or reflections on this topic that you would like to share?

Conclusion

- With this data, I plan to synthesize it with data from the questionnaire to gain an understanding of the current practices in schools around childhood bereavement. If you indicated on the consent form that you would like to provide feedback on the report, I will send you a copy of the results in October. In addition, if you indicated that you would like a copy of the research summary, I will send that to you once the project is complete (July/August 2018).
- Thank you again for your participation. I really appreciate you taking the time to discuss your experiences of supporting bereaved children in school.

Follow up

- Email participant with another copy of debriefing sheet, thanking them again and clarifying any confusion.

Notes for interviewer:

- Try to evaluate what the participant is saying. Formulate hypotheses about what is happening and test these by asking for clarification. E.g. 'You mentioned several things. Let me be sure I have this straight...'
- Question from general to specific – summarize what you have heard and then ask for specifics.
- Put answers in perspective by asking for specific examples.
- Ask what opinions others might hold. E.g. *'How do senior management see this issue? What do parents feel is needed to support their grieving child?'*

Appendix H
Interview consent form

Participant Consent Form

You are invited to take part in this research study aimed to investigate how schools understand, identify and respond to bereaved children. This interview may offer you time to reflect on your experiences of supporting a bereaved child in school and contribute to the current literature around school support of grieving children. Your participation will involve a discussion around the area of loss and bereavement, which may be a sensitive topic for you. If you have experienced personal bereavement of a close family member within the past two years, participation may not be appropriate at this time. However, if you feel confident that you are comfortable discussing this topic, the individual interview will be arranged at a time that is convenient for you and will take about 30 - 40 minutes.

The interview will be audio recorded in order to support the analysis of the data. All information gathered will be anonymized and each participant will be given an individual participant number. Your signed consent form will be stored separately from your audio data. It will not be possible to identify individual members or schools. The information collected is strictly confidential to the UCL IOE research project team. Participation in this study is voluntary and you have the right to withdraw at any time and for any reason. All data/information gained from you will then be destroyed.

I give my permission to be interviewed by one of the UCL IOE doctorate students about:

- 1) My experiences of supporting children who have been bereaved.
- 2) My beliefs and opinions on the factors that influence how schools understand, identify and respond to bereaved children.

YES

NO

Name of School

Phone:

Name

Email:

Role

If you would like the opportunity to give feedback on the analysis of your interview data, please tick the box below:

Yes, I would like to give feedback.

No, I would not like to give feedback.

If you would like to receive a summary of key research outcomes once this study is complete, please tick the box below:

Yes, I would like a research summary.

No, I would not like a research summary.

If you have any queries regarding this research please contact Ailbhe Costelloe (ailbhe.costelloe.15@ucl.ac.uk) or Joseph Mintz (j.mintz@ucl.ac.uk).

Appendix I
Interview debriefing sheet

Participant Debriefing Sheet

Thank you very much for taking the time to participate in this study. The purpose of this research is to explore how primary schools understand, identify and respond to bereaved children and your participation involved a discussion around your experiences of supporting bereaved children in school.

If you have found that participation in this study has stimulated your interest in this subject and you would like to develop your knowledge further, feel free to consult the list of references overleaf. You will also find a list of useful tools, resources and websites listed that include practical strategies for school staff who are supporting bereaved children in primary schools.

As loss and bereavement is a sensitive topic, participation in this study may have raised issues that you would like to discuss further. If this is the case, please contact the Head Teacher in the first instance. Following this, please feel free to contact any of the supports listed below:

Cruse Bereavement Care

A leading national charity for bereaved people that offers face-to-face, telephone, email and website support.

Website: <http://www.cruse.org.uk>

Phone: 0808 808 1677

Workplace Options: Employee Assistance Programme

Free, confidential support for any work, personal, or family issue.

Website: www.workplaceoptions.com

Email: assistance@workplaceoptions.com

Phone: 0800 243 458

If you have any queries regarding this research please contact Ailbhe Costeloe (ailbhe.costeloe.15@ucl.ac.uk) or Joseph Mintz (j.mintz@ucl.ac.uk).

Finally, I would like to thank you once more for giving up your time to participate in this study.

References

Akerman & Statham (2014). Bereavement in childhood: the impact on psychological and educational outcomes and the effectiveness of support services. Available at: http://www.cwrc.ac.uk/news/documents/Revised_Childhood_Bereavement_review_2014a.pdf

Bennett & Dyehouse (2005). Responding to the death of a pupil: reflections on one school experience. Available at: https://www.researchgate.net/publication/230147122_Responding_to_the_death_of_a_pupil_-_Reflections_on_one_school%27s_experience

Holland (2008). How schools can support children who experience loss and death. Available at: [http://teachersites.schoolworld.com/webpages/AMinardi/files/How_Schools_Can_Support_Children_Who_Experience_Loss_and_Death\[1\].pdf](http://teachersites.schoolworld.com/webpages/AMinardi/files/How_Schools_Can_Support_Children_Who_Experience_Loss_and_Death[1].pdf)

Useful tools, resources and websites

Guides, frameworks and strategies for support

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Children also grieve: talking about death and healing by Linda Goldman, published in 2005. This is an interactive storybook for children to cope with death. Ages 5 and up.

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The dragonfly door by John Adams, published in 2007. This is a story for young children about the life cycle. Ages 5 -10.

Websites

Winston's Wish: <http://www.winstonswish.org/>

Child Bereavement UK: <http://childbereavementuk.org/>

Child Bereavement Network: <http://www.childhoodbereavementnetwork.org.uk/>

Appendix J

Superior codes mapped across the BTHD

Microsystem	Mesosystem			Exosystem	Macrosystem	Chronosystem
<ul style="list-style-type: none"> • Expression of grief: External • Expression of grief: Internal • Expression of grief: Intermittent • Behavioural change • Child's developmental needs • Child-led support • Circumstances of the death • Child's relationship with the deceased 	<ul style="list-style-type: none"> • Trigger for grief • Linking behaviour to grief • Influences on grief: Meso • Responsibility for BSP in school • Surviving family's ability to cope • Maintaining normality • Direct: Social and emotional support • Direct: Practical activities • Direct: Therapy • Indirect: Research 	<ul style="list-style-type: none"> • Impact of unidentified bereavements • Identification: communication between home and school • Identification: Barriers to communication • Relationship with bereaved child • Prior experience of supporting bereaved children • Personal experience of loss • Being a parent • Personal traits • Importance of information 	<ul style="list-style-type: none"> • Need to stay strong • Emotional reaction • Finding it difficult emotionally • Relating child's experience to self • Feeling unsupported • Feeling uncertain of what to do • Relying on gut instinct • Fear of doing wring thing or upsetting child • Feeling contained 	<ul style="list-style-type: none"> • Influences on grief: Exo • Support from external agencies • Needed: External agencies • Needed: Training 	<ul style="list-style-type: none"> • Grief is unique • Adults as role models for grief • Grief in adults versus children • Death is difficult to talk about • Cultural and linguistic influences/ barriers 	<ul style="list-style-type: none"> • Resurfacing over time • Influences on grief: All systems

	<ul style="list-style-type: none"> • Indirect: Referral • Indirect: Information sharing • Systemic role and response • Identification of bereavement • Potential for unidentified bereavements 	<ul style="list-style-type: none"> sharing (internal and external) • Relationship between home and school • Role of SMT in information sharing and support 	<ul style="list-style-type: none"> • Needed: Support from SMT • Needed: Experience of colleagues • Needed: Resources 		
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Appendix K

Example of a coded transcript

Speaker	Transcript	Initial codes	Wave coding using framework
AC	Ben*, so tell me about Ben*, what was he like?		
G_T8	<p>He was a sweetheart. He, he's been excluded from this school now, he's in specialist provision for ADHD and behavioural and emotional support, um, but oh my goodness, he was like a firecracker. He was incredibly physical. He should have been streamed straight into something physical really, quite low cognitively. Well, no, quite low academically, erm, quite low in his speech and language, but just like an athlete, erm, very physically capable, loved sport, loved riding bikes. And his Mum, his Mum and Dad were together, but it was quite a tormented relationship, and his little brother was born and I can't remember the name of the condition but it was where your skeleton grows outwards, so that was, well it grows in thickness too much so it ends up putting incredible pressure on the lungs and on the brain. So he was extremely physically disabled, erm, had to have 24-hour nursing care in the home. And (...) He was, so Ben* was in my class in Reception, the brother was probably approaching the age of three, and we'd known for a long time it was terminal but when it happened, it was still a bit of a shock because there wasn't a sudden decline, it was just he'd passed away. Erm, and that was in the sort of Easter, and there was just this sort of huge will</p>	<p>Relationship with bereaved child Exclusion Description of bereaved child Family circumstances Sibling illness External agencies in the home Circumstances of the death</p>	<p>Relationship with bereaved child Influences: Meso Relationship with bereaved child Surviving parents ability to cope Influences: Meso Circumstances of the death Support from external agencies Circumstances of the death</p>

	within the school to support the family because they knew they were quite a vulnerable family, particularly the mum, she'd had mental health problems. And she was quite aggressive and (...) [-] You sort of want to target those families early and build relationships for the benefit of the child. So the head teacher came and told me, she attended the funeral, she asked if I would like to attend the funeral but I said I felt more comfortable staying behind to look after Ben*. We sent flowers and a card. Mum never came in to talk to us about it but her mother-in-law did, who said 'she is finding it really tough, be patient with her, don't, erm (...) Don't be offended if she's aggressive with you, she's really not coping'. Erm, didn't see mum for a few weeks, it was Dad collecting, but then Mum did come in from, for a meeting towards, towards the summer term and said that it, it just broke my heart because she'd become that little boy's nurse and he'd taught her so much about feeding through the tubes and ventilating and she said, you know, 'these nurses would come or these care assistants would come and they wouldn't know what to do and he taught me so many skills', she was like 'he's made me such a better person'. And she'd lost that reason sort of to exist, to wake up every morning and to care and her relationship with him just seemed to deteriorate because he demanded her attention now, but in a completely different way, in an	School desire to support Parents ability to cope Importance of early intervention Attending the funeral Response of staff Sending flowers Communication between home and school Parents ability to cope Communication between home and school Personal emotional reaction Parents reflection on the loss Parents ability to cope	Systemic role and response Surviving parents ability to cope Systemic role and response Social and emotional support Communication between home and school Surviving parents ability to cope Communication between home and school Emotional reaction Surviving parents ability to cope
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	<p>emotional way that she couldn't [-] She knew how to support ((name of child who died)) physically, but he never demanded anything of her emotionally. Whereas Ben* required a completely different type of parenting. And the relationship between the parents broke down, and he struggled through Year 1, but once he got to Year 2 the ADHD really flared up, erm, yeah, and he had to leave the school, which breaks my heart. And (...) I spoke to her and said she should look into further training and she should try and do [-] but it's not enough to have these conversations once, you have to almost like really follow it up, and (...) I don't know, I suppose I feel, I, we, I felt he was really well supported because the little brother had been involved in all these charities, and he brought me this beautiful memory box that they'd helped him made, that they'd helped him to make, and a book about Frankie, and he came and he [-] I said 'do you want to tell the class about him?' and he came and sat on my lap and he told us all about Frankie's funeral and where Frankie was now, and he just seemed to adjust so well, erm, but I suppose it was the family really that needed more support, and I, I didn't make a fuss at the time because I thought these charities were quite well involved, but I suppose they can't be involved forever. They're, they're there for supporting terminally ill children and once that child is gone, their support eventually I suppose</p>	<p>Change in behavior Bereaved child's needs</p> <p>Parents ability to cope</p> <p>Secondary losses (divorce)</p> <p>Behavioural difficulties</p> <p>Exclusion</p> <p>Support to family</p> <p>Follow up to support</p> <p>Support from external agencies</p> <p>Practical activities</p> <p>Memory box</p> <p>Discussing the loss with the class</p> <p>Positive adjustment</p> <p>Needs of family</p> <p>Support from external agencies</p>	<p>Influences: Meso</p> <p>Emotional reaction</p> <p>Communication between home and school</p> <p>Support from external agencies</p> <p>Practical activities</p> <p>Social and emotional support</p> <p>Practical activities</p> <p>Behaviour change</p> <p>Surviving parents ability to cope</p> <p>Support from external agencies</p>
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	gets withdrawn. Erm (...) Yeah, shame. He might [-] I'd like to, I hope he'd get back into mainstream education one day, and I think there were other things going on in his life that probably, I don't think it was just the bereavement that has contributed to where he is now, but it definitely didn't help. His poor mum.	Termination of support from external agencies Hoping for positive outcomes for bereaved child Additional factors	Desire for child to be happy Influences: All systems
AC	Did you notice a change between before his brother passed away and after?		
G_T8	In Ben*, hmm, he seemed to need more attention, more nurture. He seemed to [-] I don't know whether it was just the stage we were at in the year, though, and it was used to the routines. His behaviour became [-] considering his academic level and his obvious need to be doing something physical all the time, his behaviour in class was ok and he was making observations on the carpet and telling me about animals and wildlife, but I think that might have just been the fact that we were approaching the end of Reception and he'd really internalised and maybe was enjoying all the routines and really like maybe was relying on those routines more than ever.	Need for attention (S&E) Routines of school Doing well in class Positive adjustment Routines of school	Behaviour change Maintaining normality Behaviour change Child's developmental needs Maintaining normality
AC	Can you tell me anything about his experience of grief?		
G_T8	He did talk about, he did talk about where Frankie was now, but I think perhaps	Child talking about the death	Child-led support

	<p>because Frankie had always been so severely disabled Ben* didn't have very much interaction with him. His parents couldn't talk to him, he couldn't, they couldn't talk to each other, Frankie couldn't move independently. So I think (...) I don't think there was a tremendous bond there. I think the impact it had on Ben* was the fact that his Mum was very vulnerable after that bereavement and that had more of an impact on him, and the breakdown of his Mum and Dad's relationship, erm, I think that probably had a, a slower, more profound effect than the actual loss of Frankie. I think it, the loss of Frankie was a trigger for lots of other things in his life starting to unravel, which I think's had a more significant impact.</p>	<p>Parents ability to cope</p> <p>Child's relationship with the deceased</p> <p>Parents ability to cope</p> <p>Secondary losses (divorce)</p> <p>Additional factors</p> <p>Bereavement as a trigger for secondary losses</p>	<p>Surviving parents ability to cope</p> <p>Relationship with the deceased</p> <p>Surviving parents ability to cope</p> <p>Influences: Meso</p>
AC	Mmmhmm. And how did you come to learn about the death?		
G_T8	<p>My ((sighs)) who was it? It was either my deputy head, my assistant head or the head teacher that came to tell me (...) I've got a feeling I might have had a phone call at the weekend. (...) Or was that the other little girl that was in the Nursery at the time? It would have been someone in senior management that came to tell me though. Erm (...) Gosh, isn't it terrible, you forget. Yeah, senior management were quite involved throughout, so I think it was probably them that told me.</p>	<p>Informed by senior member of staff</p> <p>Informed via phone call</p>	<p>Identification of bereavement</p>
AC	What kind of things did senior management do?		

G_T8	<p>Erm, they came to talk to the children about why Ben* wasn't at school, when he would be back, what had happened, erm, they went to the funeral and arranged flowers. They would liaise with me quite regularly, particularly our head teacher Catherine about how Ben* was doing. Um (...) I think after that we took his Mum on a school trip as well, just so we could see [-] they wanted me to take her on a school trip to see whether she could become more involved with the school on like a voluntary basis, whether we could start to sort of build her confidence and give her more of a role, but it was to the London Aquarium and she didn't cope very well with his behaviour and it, it wasn't a very positive experience. Erm (...) I think the school would have loved to have done more, but she wasn't prepared. I don't think she had the confidence to engage with any of us. I don't think she wanted anything to do with us really. Um ((sighs)) (...)</p>	<p>SMT informing class about child's loss Attending the funeral Sending flowers SMT checking in with staff Support to family</p>	<p>Systemic role and response Sharing information with class Systemic role and response Relationship between home and school Surviving parents ability to cope</p>
AC	<p>When you say that they, the head teacher liaised with you regularly to check was Ben*, how he was doing, do you think that supported you in carrying out your role of supporting him in class?</p>		
G_T8	<p>Yeah, definitely, it was nice to know that we could go there, that I could go to her if needed, and it was nice to always have her as a role model, because she did [-] we had a fundraising day for the charity that had supported him, and supported</p>	<p>Feeling supported Availability of SMT SMT as role model Support to family</p>	<p>Feeling contained Systemic role and response</p>

	<p>the family (...) Yeah, so it was nice. The headteacher was clearly reaching out to the family and she would have done much, much more I think if they'd wanted, if they had wanted the support. But they sort of went in on themselves. I don't think they had the social skills to ((sighs)) to process the, to process what support could have been available to them. And Ben*, we [-] so our, really our only point of contact really was Ben and you can't push yourself in where you're not wanted (h).</p>	<p>SMT reaching out to family Schools desire to support Parents ability to cope (as a barrier) Communication between home and school</p>	<p>Relationship between home and school Surviving parents ability to cope Relationship between home and school</p>
AC	<p>Mm. And going back to what you said about how you came to learn about the death, do you remember what your kind of initial thoughts and actions were?</p>		
G_T8	<p>There was a lot of anxiety, because I, I had a relationship with her but she, it was a rollercoaster, and some things you thought wouldn't be an issue. One day we made halal jelly and she threw it back at me at my feet, 'oh, he's not eating this', blah blah blah. He used to wear this gold chain and I used to say to her 'I'm gonna have to take it off for PE', and one day I forgot to give it back and I was having kittens, I was saying to our bursar 'should I run it to her house' (h) and the next day she hadn't even noticed and she was absolutely fine and was like my best friend. So there was a lot of anxiety because I thought 'she's going to be become really unpredictable now, and I won't necessarily know what mood she's</p>	<p>Feeling anxious Unpredictable reactions from parent Feeling anxious Unpredictable reactions from parent</p>	<p>Emotional reaction Surviving parents ability to cope Relationship between home and school Emotional reaction Surviving parents ability to cope</p>

	<p>going to be in from one day to the next'. But it turned out after that her best friend started to pick Ben* up and she was barely here at all. So I used to talk to her friend about how she was doing, and she'd just go 'yeah, yeah, she's all right, thanks', and, so there was anxiety initially, and I was worried about Ben* and how they would be treating him, erm, because I knew he was hard work, but (...) naively I thought everything, when I had him in my class everything seemed to be going OK. It took, like I said it took about 18 months for things to sort of get to the point where he wasn't able to come to the school any more, so, I suppose that was his age.</p>	<p>Communication between home and school</p> <p>Feeling worried</p> <p>Linking behavior to grief</p> <p>Exclusion</p>	<p>Communication between home and school</p> <p>Emotional reaction</p> <p>Linking behavior to grief</p> <p>Influences: All systems</p>
AC	<p>Yeah. And in terms of your response to him or your support for him, both initially and in the longer term, what kind of things did you do or not do?</p>		

G_T8	<p>There was lots of one-to-one time, lots of positive praise, if he wanted to sit on my lap I made an exception for that, that was absolutely fine. Lots of, a few more cuddles, he wasn't a tremendously affectionate child. Lots of positive rewards. I was really proud of the way he'd spoken to the class about the little brother's death and, erm (...) And he just, yeah, he just got lots of positive, positive praise. Erm (...) And I think we always, like when I used to work with children that had been in the care system we used to say like if we can just give them a chink of a good experience that they can perhaps draw upon when they're older, I think I was just trying to give him like just a little bit of a break, and just a little bit of affection, because I knew he probably wasn't getting that at home. Erm, he was still challenging, but you knew, you could see that deep down really he was a very lovely little boy. Um, yeah, he was a sweetheart.</p>	<p>One to one Positive praise Nurture Feeling proud of child Positive praise Wanting to make child happy School as a break Challenging Positive regard for child</p>	<p>Social and emotional support Emotional reaction Desire to make child happy Maintaining normality Relationship with child</p>
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Appendix L

Ethical approval

Ethics Application Form: Student Research

Anyone conducting research under the auspices of the Institute (staff, students or visitors) where the research involves human participants or the use of data collected from human participants, is required to gain ethical approval before starting. This includes preliminary and pilot studies. Please answer all relevant questions in terms that can be understood by a lay person and note that your form may be returned if incomplete.

For further support and guidance please see accompanying guidelines and the Ethics Review Procedures for Student Research <http://www.ucl.ac.uk/srs/research-ethics-committee/ioe> or contact your supervisor or IOE.researchethics@ucl.ac.uk.

Before completing this form you will need to discuss your proposal fully with your supervisor(s). Please attach all supporting documents and letters.

For all Psychology students, this form should be completed with reference to the British Psychological Society (BPS) Code of Human Research Ethics and Code of Ethics and Conduct.

Section 1 Project details				
a.	Project title		An exploration of how schools understand, identify and respond to bereaved children.	
b.	Student name		Ailbhe Costeloe	
c.	Supervisor/Personal Tutor		Joseph Mintz and Frances Lee	
d.	Department		Psychology and Human Development	
e.	Course category (Tick one)	PhD/MPhil	<input type="checkbox"/>	EdD <input type="checkbox"/>
		MRes	<input type="checkbox"/>	DEdPsy <input checked="" type="checkbox"/>
		MTeach	<input type="checkbox"/>	MA/MSc <input type="checkbox"/>
		ITE	<input type="checkbox"/>	
		Diploma (state which)	<input type="checkbox"/>	
		Other (state which)	<input type="checkbox"/>	
f.	Course/module title		Thesis	
g.	If applicable, state who the funder is and if funding has been confirmed.		N/A	
h.	Intended research start date		17 th of January, 2017	
i.	Intended research end date		31 st of July, 2018	
j.	Country fieldwork will be conducted in			
	<i>If research to be conducted abroad please ensure travel insurance is obtained through UCL http://www.ucl.ac.uk/finance/insurance/travel</i>		United Kingdom	

k.	Has this project been considered by another (external) Research Ethics Committee?		
	Yes <input type="checkbox"/>	External Committee Name:	
	No X \Rightarrow go to Section 2	Date of Approval:	

If yes:

- Submit a copy of the approval letter with this application.
- Proceed to Section 10 Attachments.

Note: Ensure that you check the guidelines carefully as research with some participants will require ethical approval from a different ethics committee such as the [National Research Ethics Service](#) (NRES) or [Social Care Research Ethics Committee](#) (SCREC). In addition, if your research is based in another institution then you may be required to apply to their research ethics committee.

Section 2 Project summary

Research methods (tick all that apply)

Please attach questionnaires, visual methods and schedules for interviews (even in draft form).

<input checked="" type="checkbox"/> Interviews <input type="checkbox"/> Focus groups <input checked="" type="checkbox"/> Questionnaires <input type="checkbox"/> Action research <input type="checkbox"/> Observation <input checked="" type="checkbox"/> Literature review	<input type="checkbox"/> Controlled trial/other intervention study <input type="checkbox"/> Use of personal records <input type="checkbox"/> Systematic review \Rightarrow <i>if only method used go to Section 5.</i> <input type="checkbox"/> Secondary data analysis \Rightarrow <i>if secondary analysis used go to Section 6.</i> <input type="checkbox"/> Advisory/consultation/collaborative groups <input type="checkbox"/> Other, give details:
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Please provide an overview of your research. This should include some or all of the following: purpose of the research, aims, main research questions, research design, participants, sampling, your method of data collection (e.g., observations, interviews, questionnaires, etc.) and kind of questions that will be asked, reporting and dissemination (typically 300-500 words).

Purpose of research

Over 41,000 children are bereaved of a parent each year in the UK (Winstons Wish, 2016). Research shows that most bereaved children do experience some negative impact on their psychological well-being, which may continue to intensify for at least two years following the death (Akerman & Statham, 2014). Many authors suggest that schools are well placed to support the social and emotional needs of bereaved children. However, the literature provides a very unclear picture of the understanding and responses of schools to childhood bereavement. For instance, the behaviour displayed by a bereaved child is often not recognised as grieving and may increase the pupil's risk of exclusion (Holland, 2016). In addition, some authors have found a general lack of knowledge about how childhood bereavement affects school performance, concentration and learning (Dyregrov, Endsjo, Idsøe, & Dyregrov, 2015). Others have found that teachers felt uncertain about how to respond bereaved children, yet felt an obligation to stay strong, address the bereavement, and provide support even if distressed themselves (Lane, Rowland, & Beinart, 2014). The purpose of this research is to illuminate current understandings and practices in schools around childhood bereavement. It is hoped that this research can improve and inform future school responses and interventions to support bereaved children.

Aim

To investigate how primary schools understand, identify and respond to bereaved children.

Main research questions

RQ1: What are school staff's understandings about childhood grief?

RQ2: How do school staff identify and respond to the needs of bereaved children?

RQ3: What factors, such as systemic, interpersonal or intrapersonal factors, influence school staff's response to bereaved children?

Research design

Triangulation mixed methods design.

Participants

School staff – teachers, ELSAs, SENCOs, headteachers and pastoral staff.

Sampling

Opportunistic sampling; convenience sampling; snowball sampling.

Method of data collection

Phase 1: Questionnaire

Phase 2: Semi-structured interviews

Please refer to attachments for examples of questions.

Reporting and dissemination

A brief report summarizing the key outcomes will be made available to participants. In addition, an INSET will be offered to schools that take part.

Section 3 Participants

Please answer the following questions giving full details where necessary. Text boxes will expand for your responses.

a. Will your research involve human participants?	<input checked="" type="checkbox"/> Yes X	<input type="checkbox"/> No	⇒ go to Section 4
b. Who are the participants (i.e. what sorts of people will be involved)? Tick all that apply.			
<input type="checkbox"/> Early years/pre-school	<input type="checkbox"/> Unknown – specify below		
<input type="checkbox"/> Ages 5-11	<input checked="" type="checkbox"/> Adults <i>please specify below</i>		
<input type="checkbox"/> Ages 12-16	<input type="checkbox"/> Other – specify below		
<input type="checkbox"/> Young people aged 17-18	School staff – teachers, ELSAs, SENCOs, headteachers and pastoral staff.		
NB: Ensure that you check the guidelines (Section 1) carefully as research with some participants will require ethical approval from a different ethics committee such as the National Research Ethics Service (NRES).			
N/A			
c. If participants are under the responsibility of others (such as parents, teachers or medical staff) how do			

	<p>you intend to obtain permission to approach the participants to take part in the study?</p> <p>(Please attach approach letters or details of permission procedures – see Section 9 Attachments.)</p> <p>N/A</p>
d.	<p>How will participants be recruited (identified and approached)?</p> <p>The researcher will attend staff meetings in schools to explain the purpose of the research. Any participants who are interested in taking part can give their email address at this point. Participants will also be approached via online forums.</p>
e.	<p>Describe the process you will use to inform participants about what you are doing.</p> <p>The process will be explained verbally where possible (i.e. staff meetings). It will be explained again in writing either on the opening text of the questionnaire or on the information sheet. In an interview, the information sheet will be provided to the participant again with the consent form, which they will then sign.</p>
f.	<p>How will you obtain the consent of participants? Will this be written? How will it be made clear to participants that they may withdraw consent to participate at any time?</p> <p><i>See the guidelines for information on opt-in and opt-out procedures. Please note that the method of consent should be appropriate to the research and fully explained.</i></p> <p>Opt-in procedures will be used to obtain consent for participation in this study.</p> <p>Consent for the questionnaire:</p> <p>It will be clearly stated in the opening text that moving forward with the questionnaire is giving consent to take part in the study. This will also state that the participants may withdraw consent to participate at any time.</p> <p>Consent for the interview:</p> <p>Consent will be obtained through a written consent form clearly stating that participants may withdraw consent at any time (see attached form). They will be reminded of this verbally prior to participating in the interview.</p>
g.	<p>Studies involving questionnaires: Will participants be given the option of omitting questions they do not wish to answer?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If NO please explain why below and ensure that you cover any ethical issues arising from this in section 8.</p> <p>N/A</p>
h.	<p>Studies involving observation: Confirm whether participants will be asked for their informed consent to be observed.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If NO read the guidelines (Ethical Issues section) and explain why below and ensure that you cover any ethical issues arising from this in section 8.</p>
i.	<p>Might participants experience anxiety, discomfort or embarrassment as a result of your study?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes what steps will you take to explain and minimise this?</p> <p>The information sheet and consent form will be very clear about the topics and issues that will be</p>

<p>addressed. The participants will be made aware that they can opt out at any time or omit any question that they do not wish to answer. There will be clear signposts for support following the interview on the debriefing sheet provided.</p> <p>If not, explain how you can be sure that no discomfort or embarrassment will arise?</p>	
<p>j. Will your project involve deliberately misleading participants (deception) in any way?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If YES please provide further details below and ensure that you cover any ethical issues arising from this in section 8.</p> <p>N/A</p>	
<p>k. Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If NO please explain why below and ensure that you cover any ethical issues arising from this in section 8.</p> <p>N/A</p>	
<p>l. Will participants be given information about the findings of your study? (This could be a brief summary of your findings in general; it is not the same as an individual debriefing.)</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If no, why not?</p> <p>N/A</p>	

Section 4 Security-sensitive material

Only complete if applicable

Security sensitive research includes: commissioned by the military; commissioned under an EU security call; involves the acquisition of security clearances; concerns terrorist or extreme groups.

a.	Will your project consider or encounter security-sensitive material?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
b.	Will you be visiting websites associated with extreme or terrorist organisations?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
c.	Will you be storing or transmitting any materials that could be interpreted as promoting or endorsing terrorist acts?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

* Give further details in **Section 8 Ethical Issues**

Section 5 Systematic review of research

Only complete if applicable

a.	Will you be collecting any new data from participants?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
b.	Will you be analysing any secondary data?	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

* Give further details in **Section 8 Ethical Issues**

If your methods do not involve engagement with participants (e.g. systematic review, literature review) and if you have answered **No** to both questions, please go to **Section 10 Attachments**.

Section 6 Secondary data analysis Complete for all secondary analysis

a.	Name of dataset/s		
b.	Owner of dataset/s		
c.	Are the data in the public domain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<i>If no, do you have the owner's permission/license?</i>	
		Yes <input type="checkbox"/>	No* <input type="checkbox"/>
d.	Are the data anonymised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		<i>Do you plan to anonymise the data?</i> Yes <input type="checkbox"/> No* <input type="checkbox"/>	
		<i>Do you plan to use individual level data?</i> Yes* <input type="checkbox"/> No <input type="checkbox"/>	
		<i>Will you be linking data to individuals?</i> Yes* <input type="checkbox"/> No <input type="checkbox"/>	
e.	Are the data sensitive (DPA 1998 definition)?	Yes* <input type="checkbox"/> No <input type="checkbox"/>	
f.	Will you be conducting analysis within the remit it was originally collected for?	Yes <input type="checkbox"/> No* <input type="checkbox"/>	
g.	If no , was consent gained from participants for subsequent/future analysis?	Yes <input type="checkbox"/> No* <input type="checkbox"/>	
h.	If no , was data collected prior to ethics approval process?	Yes <input type="checkbox"/> No* <input type="checkbox"/>	

* Give further details in **Section 8 Ethical Issues**

If secondary analysis is only method used **and** no answers with asterisks are ticked, go to **Section 9 Attachments**.

Section 7 Data Storage and Security

Please ensure that you include all hard and electronic data when completing this section.

a.	Confirm that all personal data will be stored and processed in compliance with the Data Protection Act 1998 (DPA 1998). (See the Guidelines and the Institute's Data Protection & Records Management Policy for more detail.)	Yes X
b.	Will personal data be processed or be sent outside the European Economic Area?	Yes <input type="checkbox"/> * No X

* If yes, please confirm that there are adequate levels of protections in compliance with the DPA 1998 and state what these arrangements are below.

N/A

c.	Who will have access to the data and personal information, including advisory/consultation groups and during transcription? The UCL IOE research team (Joseph Mintz, Frances Lee and Ailbhe Costelloe).
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During the research

d.	Where will the data be stored? In an encrypted file on a university drive.
e.	Will mobile devices such as USB storage and laptops be used? Yes X * No <input type="checkbox"/>

* If yes, state what mobile devices: Audio recorder and laptop.

* If yes, will they be encrypted?: Yes.

After the research

f. Where will the data be stored? In an encrypted file on a university drive.

g. How long will the data and records be kept for and in what format? Audio recordings will be kept in MP3 format in an encrypted file on the drive and the statistical data will be kept in an SPSS file that is also encrypted for five years after the project is complete. After 5 years, these files will be permanently deleted.

h. Will data be archived for use by other researchers? Yes * No

* If yes, please provide details.

Section 8 Ethical issues

Are there particular features of the proposed work which may raise ethical concerns or add to the complexity of ethical decision making? If so, please outline how you will deal with these.

It is important that you demonstrate your awareness of potential risks or harm that may arise as a result of your research. You should then demonstrate that you have considered ways to minimise the likelihood and impact of each potential harm that you have identified. Please be as specific as possible in describing the ethical issues you will have to address. Please consider / address ALL issues that may apply.

Ethical concerns may include, but not be limited to, the following areas:

- Methods
- Sampling
- Recruitment
- Gatekeepers
- Informed consent
- Potentially vulnerable participants
- Safeguarding/child protection
- Sensitive topics
- International research
- Risks to participants and/or researchers
- Confidentiality/Anonymity
- Disclosures/limits to confidentiality
- Data storage and security both during and after the research (including transfer, sharing, encryption, protection)
- Reporting
- Dissemination and use of findings

Informed consent and sampling

The current research aims to employ the non-probability sampling techniques. This is due to the fact that the desired population are quite hard to reach as the criteria is very specific.

Where possible, participants will be informed about the research through the researcher attending staff meetings in schools that wish to take part. Alternatively, participants may be informed about the research through a written explanation on an online forum. Opt-in procedures for sampling will be applied. For the questionnaire, informed consent will be obtained through a statement in the opening text that clearly outlines that moving forward with the questionnaire is giving consent to take part in the study. This will also state that the participants may withdraw consent to participate at any time. For the interview, consent will be obtained through a written consent form clearly stating that participants may withdraw consent at any time. They will be reminded of this verbally prior to participating in the interview. The information sheet, consent form and questionnaire are included with this ethics application.

Risks of the research/sensitive topic

Bereavement may be a sensitive topic for some participants. Therefore, there is a risk of mental and/or emotional distress for participants taking part in the research. To minimise the risk for this kind of distress, a number of steps will be taken. The research will use opt-in procedures for participation. The information

sheet and consent form will be very clear about the topics and issues that will be addressed. The participants will be made aware that they can opt out at any time or omit any question that they do not wish to answer. There will be also clear signposts for support outlined on the debriefing sheet provided to participants. The researcher has experience of working in a therapeutic school supporting parents and children with social and emotional needs – this includes those who had been bereaved (7 cases in total over the course of a year).

Confidentiality/anonymity

All information gathered will be anonymized and each participant will be given an individual participant number. All contact details provided (for next phase of research) will be stored in an encrypted file and assigned a pseudo name. The interview will be audio recorded in order to support the analysis of the data. Signed consent forms will be stored separately from audio data. It will not be possible to identify individual members or schools. The information collected is strictly confidential to the UCL IOE research project team. Participants will be informed that they have the right to withdraw from the project for any reason up until the point that the project is written. All data/information gained from them will then be destroyed.

Post research

Once the project is complete, a brief report summarizing the key outcomes will be made available. If relevant, the findings from this research will be used to inform an INSET for schools that wish to avail of it. The results of this study may be submitted for publication in a peer-reviewed journal.

Section 9 Further information

Outline any other information you feel relevant to this submission, using a separate sheet or attachments if necessary.

It is important to be clear about the stance of the researcher in relation to bereavement. The researcher was bereaved of her father a number of months ago. The researcher and members of the core tutor team have discussed the details of the project and addressed any ethical concerns in carrying out the research. It was agreed that a clear line of communication be established between researcher, relevant course staff and placement provider around any issues that crop up during the research process.

Section 10 Attachments Please attach the following items to this form, or explain if not attached

a.	Information sheets and other materials to be used to inform potential participants about the research, including approach letters	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b.	Consent form	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<i>If applicable:</i>			
c.	The proposal for the project	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Approval letter from external Research Ethics Committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Full risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 11 Declaration

	Yes	No
I have read, understood and will abide by the following set of guidelines.	X	<input type="checkbox"/>
BPS <input checked="" type="checkbox"/> BERA <input type="checkbox"/> BSA <input type="checkbox"/> Other (please state) <input type="checkbox"/>		
I have discussed the ethical issues relating to my research with my supervisor.	X	<input type="checkbox"/>
I have attended the appropriate ethics training provided by my course.	X	<input type="checkbox"/>
I confirm that to the best of my knowledge: The above information is correct and that this is a full description of the ethics issues that may arise in the course of this project.		
Name	Ailbhe Costelloe	
Date	20 Dec 16	

Please submit your completed ethics forms to your supervisor.

Notes and references

Professional code of ethics

You should read and understand relevant ethics guidelines, for example:

[British Psychological Society](#) (2009) *Code of Ethics and Conduct*, and (2014) *Code of Human Research Ethics*

or

[British Educational Research Association](#) (2011) *Ethical Guidelines*

or

[British Sociological Association](#) (2002) *Statement of Ethical Practice*

Disclosure and Barring Service checks

If you are planning to carry out research in regulated Education environments such as Schools, or if your research will bring you into contact with children and young people (under the age of 18), you will need to have a Disclosure and Barring Service (DBS) CHECK, before you start. The DBS was previously known as the Criminal Records Bureau (CRB). If you do not already hold a current DBS check, and have not registered with the DBS update service, you will need to obtain one through UCL.

Ensure that you apply for the DBS check in plenty of time as will take around 4 weeks, though can take longer depending on the circumstances.

Further references

The www.ethicsguidebook.ac.uk website is very useful for assisting you to think through the ethical issues arising from your project.

Robson, Colin (2011). *Real world research: a resource for social scientists and practitioner researchers* (3rd edition). Oxford: Blackwell.

This text has a helpful section on ethical considerations.

Alderson, P. and Morrow, V. (2011) *The Ethics of Research with Children and Young People: A Practical Handbook*. London: Sage.

This text has useful suggestions if you are conducting research with children and young people.

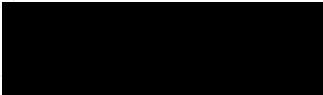
Wiles, R. (2013) What are Qualitative Research Ethics? Bloomsbury.

A useful and short text covering areas including informed consent, approaches to research ethics including examples of ethical dilemmas.

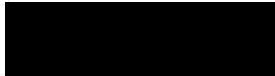
Departmental use

If a project raises particularly challenging ethics issues, or a more detailed review would be appropriate, you may refer the application to the Research Ethics and Governance Administrator (via IOE.researchethics@ucl.ac.uk) so that it can be submitted to the Research Ethics Committee for consideration. A Research Ethics Committee Chair, ethics representatives in your department and the research ethics coordinator can advise you, either to support your review process, or help decide whether an application should be referred to the Research Ethics Committee.

Reviewer 1

Supervisor name	Joseph Mintz
Supervisor comments	Some further clarifications and changes needed but overall this is a comprehensive view of ethics needed.
Supervisor signature	

Reviewer 2

Advisory committee/course team member name	Frances Lee
Advisory committee/course team member comments	
Advisory committee/course team member signature	

Decision

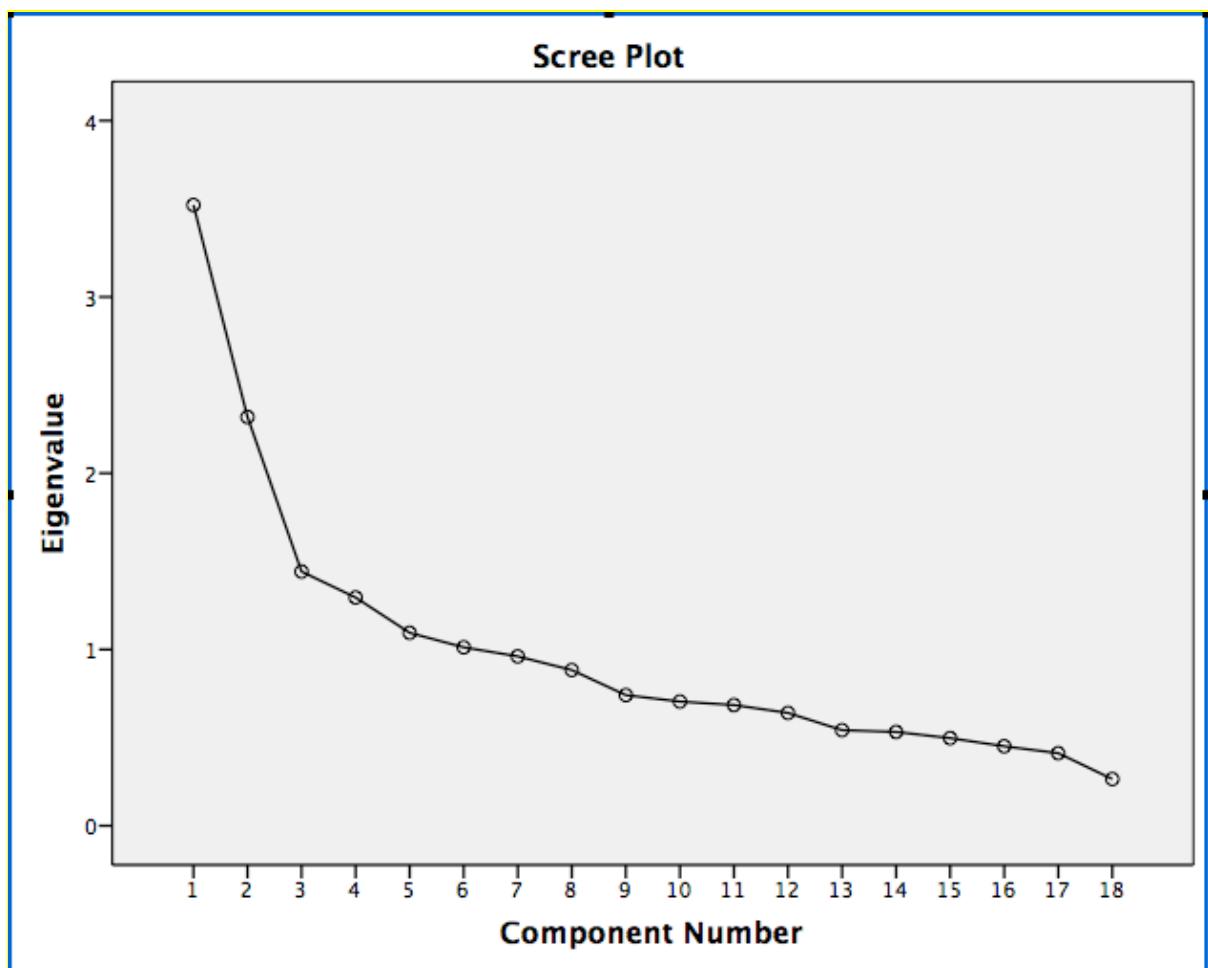
Date decision was made		
	Approved	<input type="checkbox"/>
Decision	Referred back to applicant and supervisor	<input type="checkbox"/>
	Referred to REC for review	<input type="checkbox"/>
Recording	Recorded in the student information system	
		<input type="checkbox"/>

Once completed and approved, please send this form and associated documents to the relevant programme administrator to record on the student information system and to securely store.

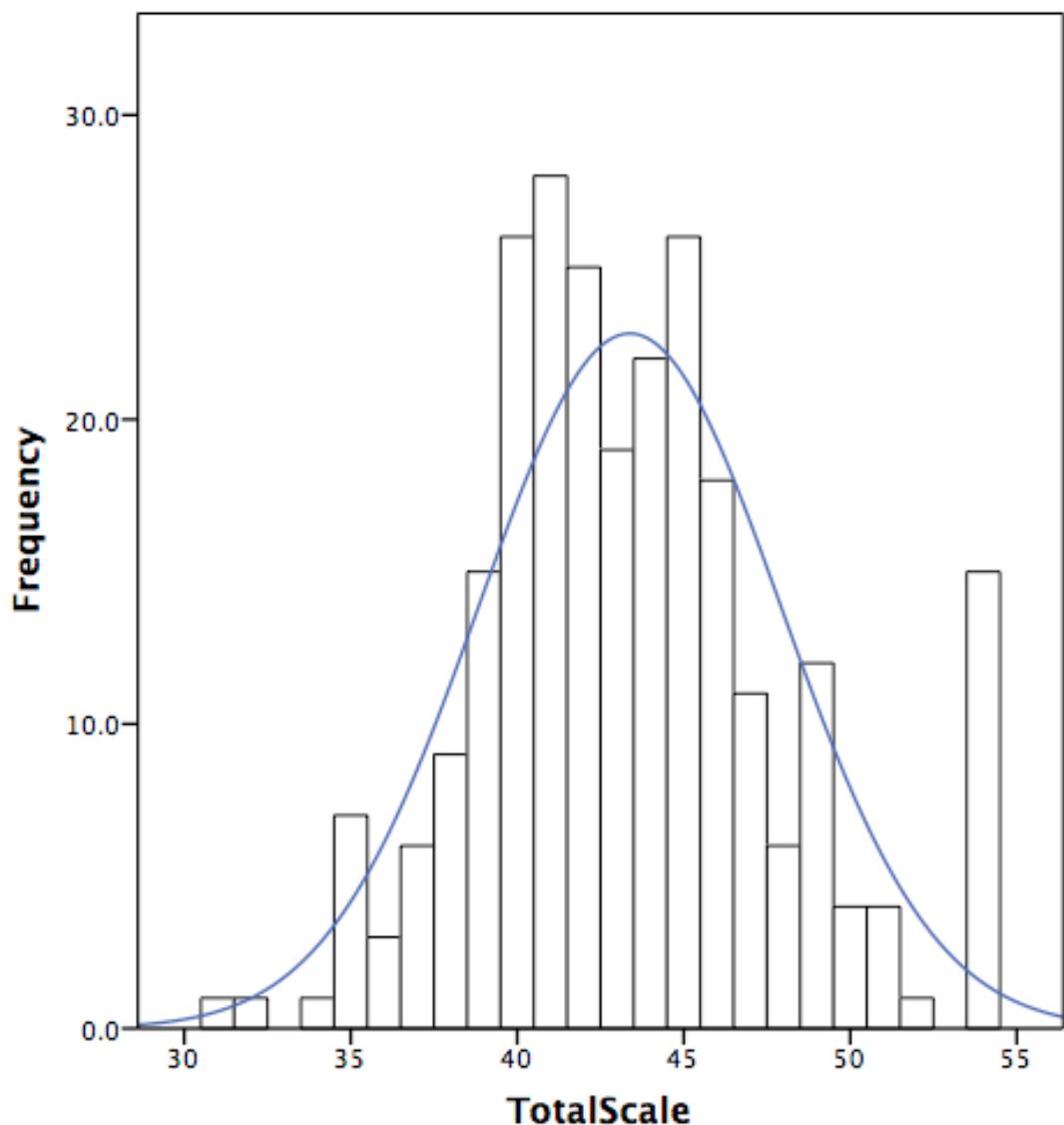
Further guidance on ethical issues can be found on the IOE website at <http://www.ucl.ac.uk/srs/research-ethics-committee/ioe> and www.ethicsguidebook.ac.uk

Appendix M

Scree plot from PCA



Appendix N
Distribution of the final composite scale



Appendix O
Participant identification codes for Phase 1 and 2

Role	Phase	1: Phase	2:
		Participant ID	Participant ID
Teacher	Teacher10	Teacher-A	
Pastoral Lead	Pastoral1	Pastoral-A	
Teacher	Teacher21	Teacher-B	
Teacher	Teacher44	Teacher-C	
Teacher	Teacher52	Teacher-D	
Teacher	Teacher67	Teacher-E	
Assistant Head	AH1	AssistantHead-A	
ELSA	ELSA1	ELSA-A	
Assistant Head	AH2	AssistantHead-B	
SENCO	SENCO1	SENCO-A	
SENCO	SENCO2	SENCO-B	
ELSA	ELSA3	ELSA-B	
Teacher	Teacher67	Teacher-F	
Teacher	Teacher73	Teacher-G	
ELSA	ELSA9	ELSA-C	
Teacher	Teacher 111	Teacher-H	
Teacher	Teacher115	Teacher-I	