

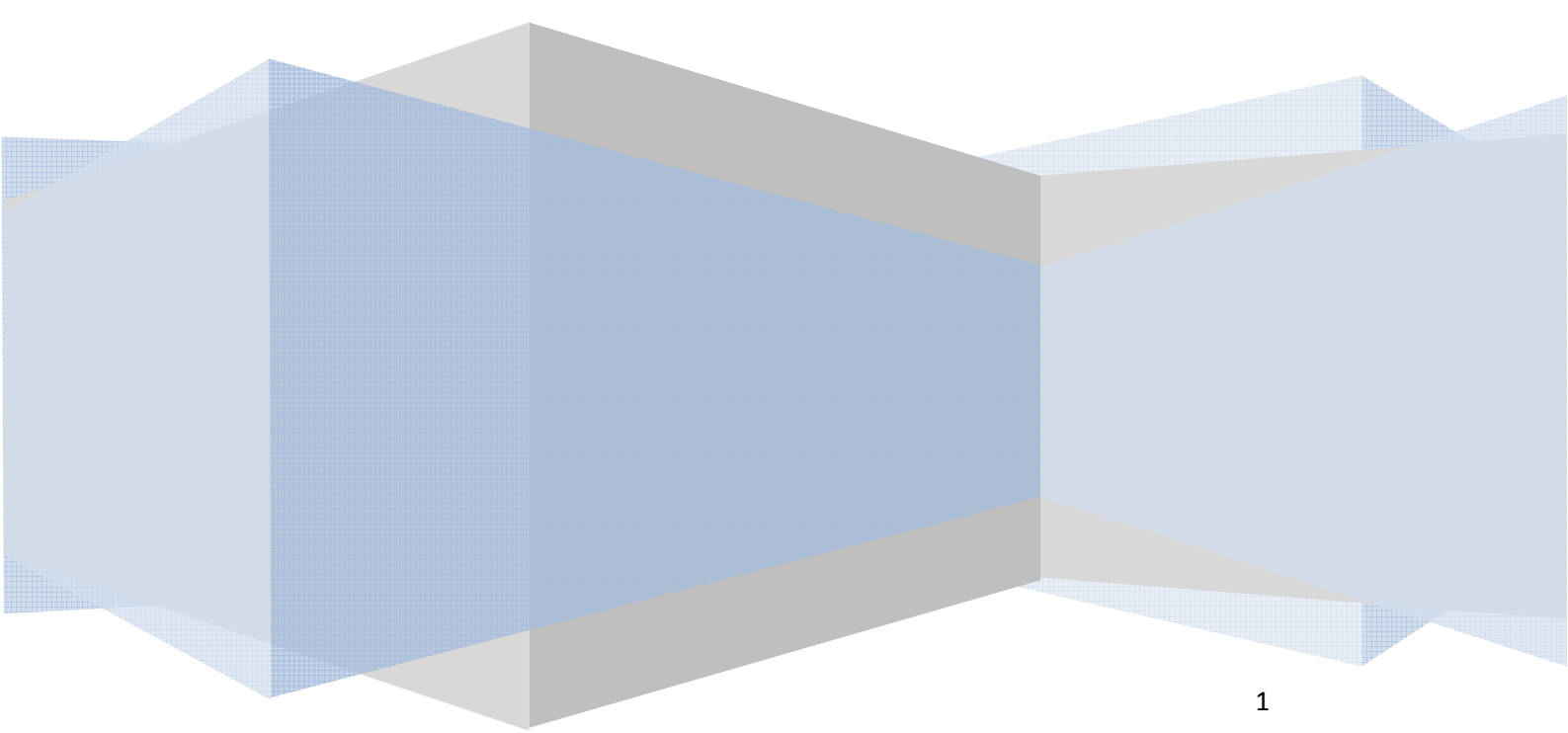
Addressing the Need for School Based Support for Bereavement and Loss: Perceptions, Experiences and Intervention

**Submitted by Wendy Thomas (510016666) to the University of Exeter
as a thesis for the Doctorate of Child, Community and Educational
Psychology in May 2010**

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Section One: Research Introduction

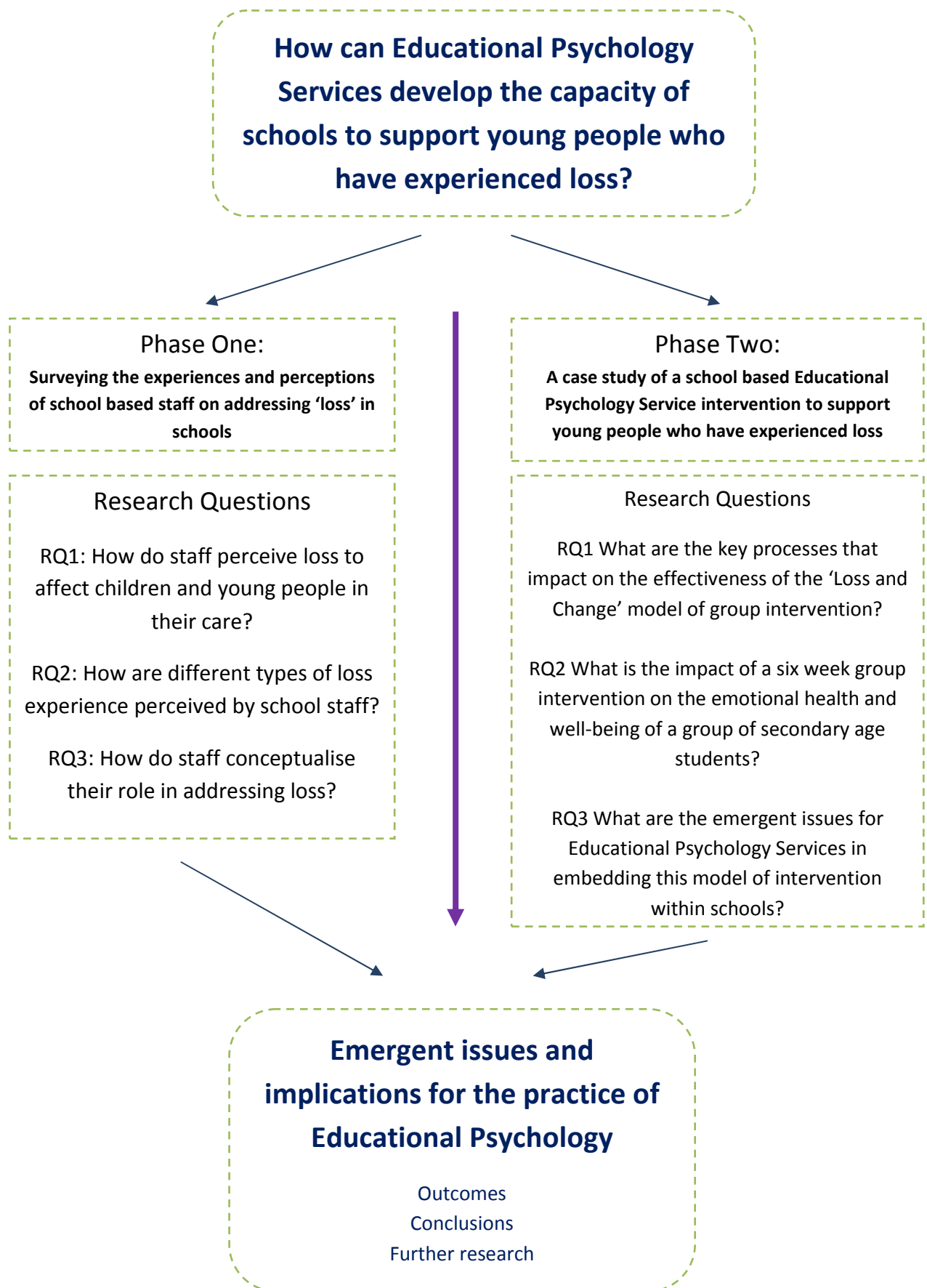
1.1 Overview

This two phase research investigates the role of Educational Psychology Services in developing the capacity of schools to support young people who have experienced loss. Following a mixed-methods approach, the first phase surveys the perceptions and experiences of staff working in schools to address loss. It identifies the current views of a range of school staff on a) how loss affects the young people they are working with b) how different types of loss are perceived and addressed and c) how staff conceptualise their role in supporting this area of need.

The second phase follows an in-depth case study of a school-based group intervention, led by the Educational Psychology Service, to support students with loss. It has three main aims; to consider the emergent effective processes involved in such an intervention, to explore the impact on participants and consider the potential of developing this intervention as a school based resource.

Both phases seek to shed light on ways Educational Psychologists can address the area of loss in schools. Figure 1 presents a conceptual framework encapsulating the structure of the research

1.2: Figure 1: Visual representation of two phase research structure



1.3 Context of research

The emotional health and well-being of young people is increasingly at the forefront of political agendas, indicated by holistic educational initiatives such as Every Child Matters (DfES, 2004) and Targeting Mental Health in Schools (TaMHS; DCSF 2008b). Consequently, supporting schools in addressing these initiatives is ever more relevant for the practice of Educational Psychologists. The Local Authority in which this research is situated is large with a mixture of urban and rural areas and a high level of socio-economic variability. It has been allocated funding as part of the national TaMHS (DCSF 2008b) pilot programme to address mental health needs in school, commencing April 2010. By investigating one area that the service plans to focus on, the research will directly inform this initiative.

When conducting real world research, there is the potential for the personal constructs of the researcher to implicitly affect findings. To set the personal context, the researcher has worked as a primary teacher for four years and met loss situations in this context. In conducting this research it has been important to remain mindful of this position to ameliorate any effect on data interpretation.

1.4 Research aims

In many shapes and forms, loss permeates every classroom and every school. It is argued that if this area is not properly acknowledged and supported, it can lead to negative outcomes for children, young people and their families with regard to emotional, physical and psychological well-being (Childhood Bereavement Network 2003). The increased risk of adjustment problems for children experiencing family breakdown (Amato 2000; Emery 1999, Hetherington 1999) suggest an ongoing need to develop a robust evidence base to ensure loss of all kinds is addressed appropriately.

In recent years, Educational Psychology Services have become more actively involved in promoting mental health in school based settings (DfEE

2001). With regard to evidence-based practice for loss however there remains minimal research on where school-based support is best targeted and at what level. Despite the increase in divorce and remarriage, little is written to support those teachers who care and work with such children (Brown 1999). Loss is challenging to research due to the sensitive natures of the issues discussed, the individualised nature of response to loss and access to only small participant samples (Doka & Martin 1998). Lowton and Higginson (2003) recommend that future research should concentrate on finding the most effective way of supporting children, their families, and teachers.

This research directly addresses the gap in literature to contribute new knowledge to the field. Findings presented in this paper will be of interest to a) the children and young people experiencing loss, b) school staff working to develop their provision and c) practicing educational psychologists eager to target appropriate ways of building the capacity of school systems.

1.5 Terms of definition

The word 'loss' can encompass a vast range of experiences for young people. Lenhardt (1997) proposes that where significant attachments exist there will inevitably be loss subsequent to separation. To include a range of loss experiences may be a broad endeavour yet to restrict this research to loss only associated with death would limit the picture of what school staff members are frequently involved with. Issues of loss often arise and, whilst loss through death may affect fewer students, loss in its true sense is a daily occurrence for many school populations.

This research focuses primarily on loss within 'family' relationships, usually the loss of a parent. At the same time it is acknowledged that determining what constitutes a 'significant' loss is infinitely more complex and cannot

always be defined by the category of relationship. Rather, it is likely to be based on the meaning that relationship held for that young person (McCarthy & Jessop 2005). Each young person's personality and experiences is unique to themselves and following a loss they will respond in an individual way (Penny 2007). It has been necessary to remain mindful of this when both conducting and presenting this research.

Section Two

Phase 1: Identifying the perceptions and experiences of school based staff on the issue of loss for children and young people

2.1 Abstract

Effects of loss on the emotional health and well-being of children are wide-ranging and increase the risk of longer term impact on educational success and mental health (McLanahan 1999; Abdelnoor & Hollins 2004a). As frontline workers, school staff hold a role in identifying and supporting pupils at a universal level. How staff view the issue of loss and their role in supporting this is therefore pivotal. A survey design using two devised online questionnaires and semi-structured interviews identifies the experiences and perceptions of school based staff on the issue of loss for schools in one local authority. Using interactive analysis, qualitative and quantitative data from senior leaders in 20 schools, 25 additional school staff members and 9 multi-agency professionals is triangulated to determine perceptions.

A range of effects across social, emotional, behaviour and learning are well recognised by staff although behaviour is used as the most frequent indicator of those at longer term 'risk'. A more structured and rigorous school response exists for loss through death compared to family breakdown despite some specific staff concerns for pupils experiencing loss through multiple changes in the family. Whilst staff members indicate a high expectation to support pupils with loss, they report lower confidence in doing so. A series of influencing factors on staff perceptions are identified at a contextual, situational and individual level. Factors that could be targeted by Educational Psychology Service to help schools build capacity are highlighted, with future considerations for support with identification, training and supervision.

2.2 Tables and Figures

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2.3 Introduction

2.3.1 Purpose

The perceptions and experiences of staff working in schools across the age range are investigated to establish how the practice of Educational Psychology can realistically target the area of loss in schools. Staff views are central to the effectiveness of any endeavour to build school capacity, therefore no assumptions can be made in this area. For intervention to be deemed necessary and appropriate, these views require further exploration.

2.3.2 Research problem

The experience of 'loss' within the life of a child or young person can impact on emotional and psychological well-being for an indeterminate period of time (Dowdney 2000). It has been estimated that between 4 and 7% of children will experience the death of a parent before the age of 16 (McCarthy & Jessop 2005). Family breakdown can also lead to the loss of a significant family member and, with divorce and reconstituted families on the increase, a growing proportion of children are likely to experience these effects (Dowling & Gorrell-Barnes 1999).

Research highlights that young people who experience a loss or bereavement are more vulnerable to risks within the education system (Abdelnoor & Hollins 2004, Goldman 2001, Holland 2003, Schlozman 2003). Loss has been linked with longer term effects on mental health and behaviour (Dowdney 2000) and the Youth Justice Trust now acknowledge loss as a factor in the assessment of young offenders (Childhood Bereavement Network 2005). Despite this, the link between loss and ongoing difficulties that can be seen in school is not always made (Ross and Hayes 2004)

An Advisory Council on Children's Mental Health and Psychological wellbeing was initiated in response to the recommendations of a Government review at the end of 2007 (DCSF & DOH 2008). The review suggests ways in which Children's Services and Child and Adolescent Mental Health Services (CAMHS) could be improved to address the mental health needs of children and young people. A press release in November 2008 outlined the aim of this initiative stating:

"everyone will have a good understanding of what mental health and psychological well-being is, how they can promote resilience in children and young people and where they can go if they need more information and help" (DCSF 2008a p1.)

With child mental health a national priority at present, schools are finding it increasingly within their remit to address this through early prevention. Local authorities and primary care trusts are currently working together in pilot areas on three-year pathfinder programmes targeting mental health in school. This 'TAMHS' initiative (DCSF 2008b) aims to determine models of effective working in schools in identifying and addressing the needs of young people aged 5-13 who are at risk of, and/or experiencing mental health problems. Loss through both family breakdown and bereavement are areas specifically indicated within this initiative (DCSF 2008b pp48-51)

This research is conducted in a local authority poised to embark on a TAMHS pathfinder project (April 2010-April 2011). The project plan has identified 'loss' as one of three target areas (Morgan & ESCC 2010), therefore findings will directly inform the problem of how schools can plan for supporting loss at universal and targeted levels. Consequently, it will assist the Educational Psychology Service to develop ways of collaborating with schools to build capacity for this area of need.

2.3.3 Theoretical background

Research on the effects of loss in young people transcends health, social care, counselling and increasingly, education research. Such diversity demonstrates how addressing loss lies within the remit of many services that support children and young people. A review of the literature across disciplines has formed the basis for this research (appendix 1 for search terms, appendix 43 for literature review).

Current psychological theories explaining the process of loss can help determine ideas about the nature and timing of school based support. Kubler-Ross (1969) proposes a stage model of grief where there is a continuous order to the process of bereavement, including both a time frame and emotional tasks required at each stage. Within this model, difficulties occur when an individual becomes 'stuck' in a particular stage and certain types of intervention are required at each stage (Kubler-Ross 1969; Bowlby-West 1983). Elmore (1986, cited in Holland 2000) found this model equally applied to loss through family breakdown.

Smith (1999) contends that stage models can in fact be unhelpful as it can create the perception that children will get over it soon and move on, without further support. A more fluid model suggests individuals move forward and backward through the stages rather than following a sequential process (Parkes 1986). Davidson and Doka (1999) uphold this, proposing that a child's response to loss differs to an adult's by being interspersed with intervals of normal activity rather than following a steady progression. Because of this, it is reasonable to suggest that in a school situation, children's responses could potentially be overlooked or misinterpreted (Ross & Hayes 2004).

Worden (1991) proposed task theory, explaining grief as a series of tasks for the individual who plays an active role in the process. Tasks include

accepting the reality of the loss, experiencing the pain of grief and reinvesting energy to move on. Melvin and Lukeman (2000) argue that such models can help extend understanding about reactions to various losses, yet also risk a rather prescriptive approach to support provision; the importance of individual differences and the role of natural support networks should not be underestimated when considering the impact of loss (Webb 1993).

As children develop, different conceptual understandings are reached that can impact on loss responses. Christian (1997) proposes that developmental benchmarks map our stages of emotional understanding, just as they do cognitive progression, with children having to revisit loss at each new cognitive and emotional understanding (Atwood 1984, Worden 1991). Such developmental stages could have implications in school, with particular regard to information sharing across different school settings following transitions.

a) The role of schools in supporting children and YP experiencing loss

It could be claimed that loss is a personal event and the responsibility lies with the family in supporting children through this time, not the school. However, the capacity of the remaining family to provide support can vary greatly. Silverman and Worden (1993) reported that the strongest predictor of risk for children who have had a parent die is the level of adjustment and psychological wellbeing of the surviving parent. For some children, alternative provision may need to be considered. This could be particularly relevant where a child is experiencing difficulties not necessarily due to a specific bereavement but a family breakdown, or where they are re-visiting grief from many years before as they move into a new developmental stage.

Schools, increasingly, are building their staff resources to provide counsellors and learning mentors who have a specific remit for pastoral care. Support can be piecemeal however and research suggests that in times of family breakdown often little is done to support a child who may be experiencing a huge number of associated losses at this time; parent, home, siblings and stability (Holland 2008). Longfellow (1979) found similar reactions to loss in the children of divorcing parents, yet this group are identified as receiving less support than those who are bereaved.

As loss through family breakdown happens to a greater number of children, it could be argued that the effects of loss are ameliorated without additional support. Children find themselves within a 'ready-made' support group with large numbers of children in any one class potentially experiencing a similar loss. However, research implies that children often do experience ongoing detrimental effects irrespective of this peer support, suggesting a need to be alert to this (Jeynes 1998; Longfellow, 1979; Pedro-Carroll 2005).

Proactive or reactive approaches can be adopted by schools. Holland (2008) proposes that loss should be proactively addressed through the school curriculum. He argues that schools would benefit from having a loss policy with clear plans detailing how it is addressed within school. Resources are becoming increasingly available for schools to enable this provision to happen as this area of need becomes more recognised (SEAL materials; DCSF 2005, *Lost for Words*; Holland *et. al.* 2005)

b) The identification of 'at risk' pupils

Teachers are increasingly relied upon as sources of referral to services for emotional health and well-being and are often first contact for ongoing effects that children may present (Appleton 2000). As school staff is

included in universal CAMHS, they arguably hold a specific role in problem recognition and early intervention (Loades & Mastroyannopoulou 2010). However, seeking help for a child is likely to depend on teachers' awareness and perception of the problem (Sayal 2006).

Previous research identifying teachers' perceptions indicate that most educators are perceptive of children's grief responses and changes in academic performance and behaviour (Papadatou *et. al.* 2002). An empirical study by Dowdney *et. al.* (1999) showed teachers were alert to effects, providing higher ratings of internalising and total problem scores than a control group. Teachers noticed more withdrawal, anxiety, depression and aggression in the experimental group (Dowdney *et. al.* 1999). It is therefore suggested that school staff are both alert to and well-placed for identifying children in need of further support. Delineating normal reactions to loss and those that may require further intervention can be complex however and it is important to uncover what influences staff perceptions to indicate where support and information may be required.

c) Perceptions of school staff in supporting young people who have experienced loss

Anyone working with young people who have experienced loss is likely to bring their own experiences and constructed beliefs regarding this area to each situation (Capewell & Beattie 1996). In light of this, there is little point in flooding schools with supportive resources and intervention programmes if staff do not agree that loss should be addressed in this way.

Capewell (1994) found negative attitudes towards the idea of loss education in schools, with qualitative comments such as 'we must get on with living not dwell on death' (p4). Bowie (2000) identified some disparity between staff views and children's views about whether loss should be discussed in lessons; children indicated it should be discussed more than

teachers did (Bowie 2000). Staff reluctance may be due to concerns about doing the right thing (Lowton & Higginson 2003), perhaps suggesting a lack of confidence and training about how best to help children. School staff in Hull rated loss as a highly important area (84% for bereavement and 95% for parental separation) although also indicated a 'training gap' between this perception of need and self reported confidence (Holland 2008). Holland (2008) argues that provision for loss is un-coordinated, often patchy and can depend on the type of personnel in school.

The lack of reported staff confidence may have more underlying reasons than simply the 'training gap' suggested by Holland (2008). Greenlagh (1997) proposes that the process of transference may inhibit staff from discussing sensitive issues as it can trigger personal feelings or re-awake existential fears regarding death (Capewell & Beattie 1996). Reid (2002) studied eco-systemic support for bereaved children and their teachers, proposing that leadership teams should ensure personal support systems are available if emotional well-being is to be addressed effectively.

Rowling (1995, cited in Spall & Jordan 1999) researched teacher perceptions in two secondary schools and described a personal/professional role conflict that many teachers experience. Whilst there is the need to be human and empathising, concurrently teachers are required to be in control of situations and provide leadership. It is suggested that this role tension may be particularly difficult in the case of loss and could impact on the extent to which teachers are able to provide support for this area.

2.3.4 Research aims

This research surveys the experiences and perceptions of school staff in one local authority regarding the issue of loss in schools. It aims to identify how the effects of loss are currently perceived by staff and what factors

influence these views. It also aims to find out how staff members identify children who may be in need of more support and views on their own role in providing support for this area. Findings will be used to inform how the Educational Psychology Service, through the TaMHS (DCSF 2008b) initiative, could target support to build the capacity of schools.

2.3.5 Research Questions

1. How do school staff members perceive loss to affect children and young people in their care?
2. How are different types of loss experience perceived by staff?
3. How do staff conceptualise their role in addressing loss?

2.4 Method

2.4.1 Research Design

A social constructivist perspective proposes that the goal of the researcher is to interpret the meanings others have about the world (Cresswell 2003). This stance believes people reach meaning based on their past experiences and upholds the importance of culture and context in forming views. Individuals working in schools are likely to come to their role with both personal and professional experiences of loss that may shape their views on supporting this area. Taking this paradigmatic stance is therefore appropriate when trying to uncover and make sense of these views in relation to loss situations in schools although can be time-consuming if solely based on in-depth interviews.

This study adopts the more pluralistic approach of pragmatism with both qualitative and quantitative survey methods being used to ensure triangulation of data sources. Different but complementary data are collected on the same topic and analysis involves both methods to corroborate findings. Reality, particularly regarding the plethora of loss issues faced by schools, is multiple, complex, constructed and stratified (Reichardt & Rallis 1994). A pragmatic stance is therefore appropriate for this area of study.

A survey design incorporates quantified data in the form of staff ratings along with qualitative data where open answers are requested to enrich responses. Semi-structured interviews involving staff that work in schools provide further qualitative information to inform findings. Participants include a range of school staff roles and multi-agency partners across disciplines. As this research is situated within one local authority, some context dependency may exist. Staff perceptions are distributed across a range of school contexts and geographical areas however, thus increasing the reliability of results.

Two online questionnaire tools (appendix 2) were devised and piloted to address three identified research questions along with a semi-structured interview schedule (appendix 3). Questionnaires were developed specifically for this research as existing tools did not cover the breadth required or focus specifically on the perceptions of school staff (appendix 2). Table 1 summarises the methods used, participants involved and type of data collected in the three waves of data collection

Table 1: Summary of data collection methods

Wave	Method	Participants	Data collected
1	Online questionnaire # 1 Management perspective	One member of senior staff in 20 schools across East Sussex completed the questionnaire on behalf of the school	Quantitative and Qualitative data focused on the three research questions
2	Online questionnaire # 2 School staff perspective	25 members of staff across a range of roles in four schools (secondary, junior, infant and primary)	Quantitative and qualitative data focused on the three research questions and personal experiences
3	Two semi-structured interviews	8 members of outside agency staff from a range of disciplines	Qualitative data focused on the three research questions

2.4.2 Sampling

a) Management Participants

There are 192 schools in the local authority. Table 2 presents the sampling frame for the current study and a breakdown of the potential research population (total population of schools for management perspective phase). To comply with county policies on access to schools, sampling was directed through the team of Educational Psychologists who approached their patch schools (appendix 4 for details of procedure).

Table 2: Table of total school population and final sample

Type of school (excl. private schools)	Number in Local Authority	Final sample
Primary (inc. Infant and Junior)	155	12
Secondary (inc 6th form)	27	4
Specialist (inc. BESD, MLD, SpLD, SI, SLD)	10	0
Non-specified	n/a	4

Probability sampling was used to identify at least 20% of schools to represent the total population in the local authority. Each Educational Psychologist in the team approached one senior member of staff in a primary and secondary school to invite participation in the research. 44 schools were approached (22% of total population). Additionally, five specialist schools were contacted (covering a range of special educational need). 30 schools agreed to take part in the project (with one member of staff representing the school) and 20 schools finally submitted data for this part of the research; over 10% of total population. Specialist provision may have formed part of the non-specified group. As all data were submitted anonymously this cannot be determined.

b) School staff participants

The sample was further narrowed to invite the whole staff population of four schools in one geographical area, a secondary school, a primary school, a junior and an infant school. Agreement was sought in a meeting with either the head teacher or assistant head of each school and the online survey link was disseminated via staff email in three of the schools. Information further detailing the project was sent to school staff (appendix 5). One school opted to place the link to the survey on the staff computer system and advertise it on the staffroom notice board. Completion of the online questionnaire was anonymous and non-compulsory. Appendix 6

provides a breakdown of the 25 final respondents for school staff perspectives:

c) Multi-agency staff

Agency partners working in the focus geographical area were invited to participate. This encompassed staff in the voluntary sector, charitable organisations, statutory services, health and education (appendix 6). The research was advertised through the Local Partnership for Children at a multi-agency meeting and recorded in the disseminated minutes. Criteria for participation were that they were regular visitors to the schools in this area and work with children, young people and families on a regular basis.

Through opportunistic sampling, nine multi-agency participants took part in the semi-structured interviews. The group were divided into two sets to complete the interviews consisting of five and three participants respectively.

2.4.3 Measures

In the pragmatic approach to this survey research design, both qualitative and quantitative methods were used in collecting data. This involved the formation of two electronically distributed questionnaires to collect information through ratings scales, numerical answers and open-ended responses. Semi-structured interviews obtained further qualitative information from multi-agency participants.

a) Questionnaire Development

Two online surveys were devised using LimeSurvey 2005. The literature review informed a conceptual framework (appendix 7) to identify three research questions and this shaped the questionnaires. Whilst the main

focus was to gain the experiences and perceptions of school staff, capacity questions were also built into the questionnaire. This was to obtain a current local picture of available resources to inform local service delivery.

To enhance reliability and validity, the questionnaires were piloted prior to distribution. The pilot group included a proportionate range of staff holding education roles (n = 11, appendix 6). Subsequent amendments were made to the questions to ensure they were comprehensive and non-ambiguous, increasing the internal validity of the questionnaire tool.

Questionnaires were anonymous to ensure disclosure of authentic opinions where possible and responses were collated electronically to maintain anonymity. Appendix 2 provides further details of the online link to each questionnaire and printed examples.

b) Vignettes

Vignettes have been commonly used to determine the ability of school staff to recognise a range of mental health problems (Day, 2002; Loades and Mastroiannopoulou 2010). Eight short vignettes were included in the school staff questionnaire to identify staff perceptions on level of risk when presented with different types of loss experience (appendix 2, in school staff questionnaire). Three types of loss experiences were presented with differences included within these relating to the either the circumstances following the loss or the loss itself.

c) Interviews

Semi structured interviews gained the views of multi-agency partners. An interview schedule (appendix 3) was developed from the conceptual framework (appendix 7). Two group interviews were used to collect data which were audio recorded and transcribed for qualitative analysis

(appendix 8). Further qualitative information was gained through open ended questions incorporated into both online questionnaires (appendix 9).

2.2.4 Procedures

Information regarding the research aims was distributed via Educational Psychologists across the local authority and schools indicated participation at this point. A database of participating schools was formulated and information (including a hyperlink to the online management questionnaire) was then distributed to all participating schools via email (appendix 10/11/12). Schools were allocated four weeks to complete and submit the questionnaire. Email reminders were sent one week prior to the submission date.

Information from submitted online questionnaires was collated electronically and made anonymous through the electronic survey system. Once the cut off date for submissions was reached, information was organised into excel spreadsheet format. This was then further analysed using SPSS for quantified data and NVIVO 8 for qualitative responses.

2.2.5 Ethical Considerations

Approval from the University of Exeter's ethics committee was obtained in February 2009 (appendix 42). Care was taken to ensure all staff who responded were unidentifiable and details of schools was restricted to geographical area and type of school provision. Respondents were informed of this to ensure the information they provided was more reliable and presented their true perceptions. Written, informed consent was gained from all multi-agency partners participating in the semi-structured interviews, both for involvement and to audio record the interview (appendix 13).

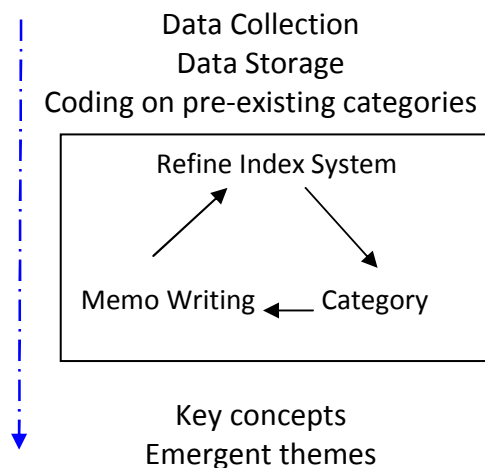
2.5. Results and analysis

Data analysis adopted an interactive approach where collected data was organised into areas associated with the relevant research question.

Statistical analysis using SPSS was used to identify significant patterns in quantitative data. Interactive thematic analysis using NVIVO 8 computer software determined themes identified from qualitative responses.

Information was coded according to key categories relating to both data source and research question (appendix 14). The researcher then worked through the initial data and categories were used as the basis for emerging themes which were then modified and developed as the range of sources was triangulated. This was followed by refining the index system, writing memos and integrating categories (figure 2).

Figure 2: Visual progression of interactive data analysis:



Once a concept was identified it was coded within pre-existing categories based on the original conceptual framework. As analysis progressed it became increasingly interactive as concepts required refining and modifying. Some concepts, when analysed at a closer level were actually expressing two different ideas and needed to be divided whilst others conceptualised the same factors so were eventually merged together. Interactive comparison was required as connections between categories

emerged demanding a progression from a descriptive to a more abstract level of thinking. Emergent themes were then defined with illustrative data and presented as results. Following an interactive approach provided a model for analysis that was flexible, ensuring that initially unstructured data was organised so the realities for the respondents could be clearly presented.

2.5.1 Research Question 1: How do school staff perceive loss affects children and young people in their care?

a) Effects of loss and 'risk' indicators for children and young people

Management staff provided responses regarding what they perceived to be the effects of loss. A template analysis of the data identified four key areas within which reported effects were categorised (social, learning, emotional, behaviour). They then provided further information about how they identify pupils who may require further support. The total number of references to each effect are summarised in table 3 with a full breakdown of indicators used by staff in appendix 15.

Table 3: Table of frequency of references made by staff on the effects of loss categorised into four areas

	Social	Learning	Emotional	Behaviour
Effects of loss (N=15)	10	10	26	9
Indicators of additional support (N=13)	5	8	9	20

School staff also rated a set of effects (Westmoreland 1996) on whether the observed effect would alert them to the risk of longer term response to loss (1=low risk/5=high risk). Depression was the highest mean rated indicator (mean = 4.3 SD = .69), followed by aggression (mean = 4.2, SD = .73), anger (mean 4.1, SD = .95) and excessive negative behaviour (mean = 4.0, SD = .90). All effects were rated by staff to have a medium risk or greater (appendix 16).

Some staff qualified their responses further, highlighting staff acknowledgement of the interrelating factors that influence the effects of loss on young people in their schools:

“Depends on the circumstances of the loss e.g. death of parent is likely to affect for longer than a parent leaving”

Related factors impacting on the identification of pupils ‘at risk’ were also suggested by staff:

“Loss is so difficult to deal with because there are initial upsets and then people are expected to get over it and get on with it. I find staff and parents are not always as sympathetic when issues arise further down the track, 6 months, a year or two years later”

“Emotional and behavioural problems make it very obvious but I worry more about those children who don’t talk easily and bottle things up - they also may not want to talk initially but may need to a couple of years down the line”

b) Factors influencing staff perceptions

Thirteen school staff respondents each provided a case example relating to one experience of supporting a pupil with loss in their role (appendix 17). The reported effects of loss were analysed to identify key factors that influenced staff perceptions on the impact of loss for the child. These are categorised into ‘influencing factors’ and the perceived ‘effects of loss’ to conceptualise how this set of staff appeared to reach their views (figure 2)

Figure 3: Visual summary of effects of loss and influencing factors in staff experiences

<p>Child's previous experience of death <i>"Affected her greatly First death in her life"</i></p> <p>Significance of 'lost' figure <i>"Female student whose grandmother had died and she felt that she was only person in the world she was close to"</i></p> <p>Child's coping response <i>"Her way of dealing with the loss appeared to involve throwing herself into her studies"</i></p> <p>Length of time grieving <i>"Angry -10 years later .First met student on arrival in Yr 7"</i></p> <p>Developmental stages <i>"I think the child was young at the time of loss. They appeared happy with family life and school life."</i></p> <p>Family system <i>"On return to school and in subsequent months they felt 'under pressure' because they were now an only child"</i></p> <p>Circumstances of loss <i>"Mother left the family and did not maintain any contact."</i></p>	<p>'Influencing' factors</p>	<p>School Staff perceptions on effects of loss</p> <p>13 Case Examples</p>	<p>'Effects' of loss</p> <p>That responses can be complex (multi-layered/ambivalent) <i>(affected them).. "on a number of different levels - the pupil felt helpless"</i></p> <p>Self esteem can be affected <i>"He had a very low self esteem, found it hard to make friends"</i></p> <p>A relationship between emotional responses and behaviour exists <i>"They were very angry and confused. This often manifested itself in their behaviour both inside and outside school. This included self harming".</i></p> <p>Peer interaction can become more difficult <i>"found it hard to make friends".</i></p> <p>Attachment patterns can change <i>"Child wanted adult attention. Needed to feel special. Wanted to talk"</i></p> <p>Sensitivities exist within the curriculum <i>"Doesn't like to talk about subjects dealing with death, e.g. WW2"</i></p>
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Qualitative data from all sources was further analysed to derive a series of key themes that influenced staff perceptions on the importance of loss in schools. Table 4 presents a summary of these themes.

Table 4: A table displaying key themes affecting school staff perceptions on the issue of loss

Theme	Illustrative Data
Existing level of need/prevalence of loss	<i>"Given the high incidence of separation / divorce / single-parenthood in our local area..."</i>
Ethos of school	<i>"Some schools are very nurturing, others are great achievers..schools are pushed to achieve academically. Emotional stuff can get brushed under the carpet"</i>
Complexity of individual loss experiences	<i>"..not only are they dealing with loss but they're also dealing with boundaries and things they thought they were safe with have changed...more complex situation for a school to deal with because it's just going to go on and on"</i>
Available support	<i>"A high number of children in my school have issues relating to separation and divorce and this is an area that is not supported by outside agencies".</i>
Type of loss	<i>"I think a lot of teachers unconsciously treat bereavement more sympathetically because they are immune to family breakdown, it is so common"</i>
Own experiences	<i>"I have personal experience of this subject as my mother died when I was 8 so have a personal understanding of how it feels from a child's perspective"</i>
Views on role of schools	<i>"Children don't put things in boxes and cannot shut off their feelings, schools need to accept that they are involved and have some responsibility for this area"</i>
Skills and knowledge	<i>"I think it's also an area where there is a lack of understanding probably" "I would really like to know more research on this area as it can become a huge barrier to learning and development"</i>

c) Key Findings

1. School staff identify a range of effects of loss that span emotional, social, behavioural and learning related responses. Emotional effects were most frequently reported initially.
2. Behaviour effects are cited as the most frequent 'risk' indicator for identifying a pupil may need further intervention.
3. There exists a set of influencing factors which staff consider when qualifying their perceptions on the effects of loss. Staff use these to reach their judgments about how important this area is for school staff to support.

2.5.2 How are different types of loss experience perceived and addressed by school staff?

a) Staff perceptions on longer term effects in relation to type of loss experience

School staff respondents rated seven presented vignettes covering different circumstances of loss on the risk of longer term effects.

Table 5: Summary of mean ratings, analysis of variance and post-hoc analysis for staff ratings on eight presented vignettes

Code	Summary of Vignette (presented here in descending order of total mean rating score)	N	Mean Behaviour rating of risk*	Mean Social/emotional rating of risk*	Mean Learning/attainment rating of risk*	Mean Total of risk*	S.D of total mean	Total scores Post Hoc Comparison Tukey Sig. Differences <0.05 level
*Respondents rated from 1 (low risk) to 5 (high risk) that the loss experience would lead to ongoing detrimental effects								
E	Boy, aged 10, mother dies and is placed in foster care	23	4.9	4.9	4.5	14.3	1.4	a,c,d,f
G	Boy, aged 10, mother dies and is taken care of by aunt	23	4.1	4.3	4.0	12.3	2.2	d
H	Boy, aged 7, father dies of terminal illness	23	4.1	4.4	4.0	12.2	2.6	d
B	Girl, aged 13, parents separate, no further contact with father	23	4.3	4.3	3.9	12.1	2.6	d
C	Boy, aged 7, father dies unexpectedly	23	3.9	4.2	3.9	11.8	2.9	d,e
A	Boy, aged 10, mother dies and is taken care of by father	23	3.9	4.2	4.0	11.8	2.1	d,e
F	Girl, aged 13, parents separate, holiday contact with father	22	3.4	3.6	3.3	10.3	2.5	e
D	Girl, aged 13, parents separate and has regular contact with father	23	3.0	3.3	2.8	8.9	2.7	a,b,c,e,g,h

(ANOVA for TOTAL at risk scores : $F = 9.2$, $df = 7,182$, $P < .000$)

Differences among mean ratings were explored using analysis of variance and post-hoc comparisons (appendix 18). Kruskal-Wallis and Mann-Whitney U tests were also used with replicated findings (appendix 21 for all non-parametric analysis).

Analysis of variance results indicate that the mean ratings of staff were significantly different for certain loss experiences when compared with others (ANOVA: $F = 9.2$, $df = 7,182$, $P < .000$). For example, school staff perceived that a boy aged 10 whose mother had died and is then cared for by his aunt presents a significantly greater 'risk' for ongoing effects than a girl aged 13 whose parents have separated and has regular contact. Staff perceptions within this however did vary widely.

Analysis of ratings for related vignettes showed some further differences in staff perceptions (ANOVA and post hoc comparisons in appendix 19/20, Kruskal-Wallis and Mann-Whitney U tests in appendix 21). Situational factors following a parental bereavement (foster care, taken care of by aunt or taken care of by remaining parent) significantly affected staff ratings of risk for behaviour ($P < .000$) and social/emotional effects ($P < .000$). No significant difference was found for learning/attainment ($P < .089$) in this type of loss circumstance.

Where the presenting vignette compared expected to unexpected death of parent, staff rated them with no significant difference (appendix 19).

Where loss was presented through parental separation, staff reported significantly greater mean ratings of risk for longer term effects ($P < 0.01$) where the child had no further contact compared with regular contact (appendix 19)

The type of loss experience was a key theme influencing staff perceptions about the effects of loss. Specifically, staff presented a range of different perceptions on how loss through family breakdown and loss through bereavement were perceived differently in schools. Key themes and definitions involved in conceptualising staff perceptions emerged when

comparing views on loss through family breakdown and loss through bereavement.

Table 6: Summary of key themes and definitions affecting staff perceptions about loss through bereavement compared to family breakdown.

Theme	Definition	Illustrative Data
Socio-emotional effects	The effect of loss through family breakdown is perceived to have greater potential for affecting self esteem and the ability to form new relationships.	<i>"This kind of loss isn't really acknowledged in the same way, even though it can have an equally devastating impact, with a bereavement you know it's permanent and usually not your fault, whereas if dad has gone off and doesn't come back it's repetitive, an emotional battering"</i>
Duration of loss experience	Differences of opinion exist in staff perceptions of longer term effects when comparing loss through family breakdown and loss through bereavement.	<p><i>"Depends on the circumstances of loss e.g. death of a parent is likely to affect for longer than a parent leaving"</i></p> <p><i>"I think bereavement is final whereas family breakdown seems to have far more long term effects, things are changing all the time within that"</i></p>
Familiarity/frequency of loss through family breakdown	The higher incidence of loss through breakdown influences staff perceptions. Immunity, helplessness and lack of acknowledgement are all potential staff responses for loss through family breakdown.	<p><i>"I think a lot of teachers unconsciously treat bereavement more sympathetically because they are quite immune to family breakdown, it's so common, almost like too much, out of my 30, 20 of them, what could I possibly do?"</i></p> <p><i>"I don't think it's (family breakdown) taken as 'seriously' because it is so common place – I don't think staff would be quite 'understanding' of children experiencing loss in this way over a long period of time"</i></p>

Theme	Definition	Illustrative Data
Complexity of post loss factors	The subsequent changes in family systems that can occur following loss through family breakdown are perceived by staff as having a particular impact on children and young people.	<i>"We find that, unlike bereavement, many of our children are subjected to a roller-coaster of emotions as parents disappear into new relationships and then appear as part of a new local family"</i>

b) How loss is currently addressed in participating schools

16 schools indicated that loss was included in the curriculum to a 'slight extent' or to 'some extent' (4 schools did not report on this item). Perceptions of staff surveyed indicated a mismatch between the extent to which loss was addressed in the curriculum and the extent to which staff rated it should be addressed in the curriculum (appendix 22). Open responses indicated that loss was addressed in a range of subject areas and school activities covering PSHE, RE, Science, SEAL, History and assemblies (appendix 22). Perspectives varied widely regarding the importance placed on curriculum endeavours to address loss across the surveyed schools.

"It tends to be incidental, and discussed specifically, as and when the need arises"

"Sort of with some via SEAL and RE - needs to be better I think"

"All through school in differentiated and age appropriate ways"

Only 2 out of 20 schools reported having a policy on addressing loss. The remaining 18 schools either did not know, did not have a policy or did not respond on this item.

How schools address loss through family breakdown and bereavement were compared. Two emergent key themes are summarised in table seven.

Table 7: A comparison of how schools deal with loss through bereavement and loss through family breakdown.

Similarities	Differences
Information sharing	
A number of schools reported channels where children causing concern were raised. These are used for all kinds of loss experience e.g. inclusion meetings, multi-agency planning meetings	Differences were reported in the amount of information available when loss is through breakdown as opposed to bereavement. Less information is available in circumstances of family breakdown.
Balancing who needs to know with confidentiality can be a challenge for all kinds of loss	Peers may not be informed specifically for loss though family breakdown.
Provision within school	
Pastoral support programmes often available for all.	Prepared packs for loss through bereavement in some schools
Loss and change covered generally within PSHE and SEAL programmes.	Formal programme of support and specific counselling more readily available for bereavement (voluntary sector provision)
Counselling is often dependent on response to loss rather than type of loss.	

c) Key findings:

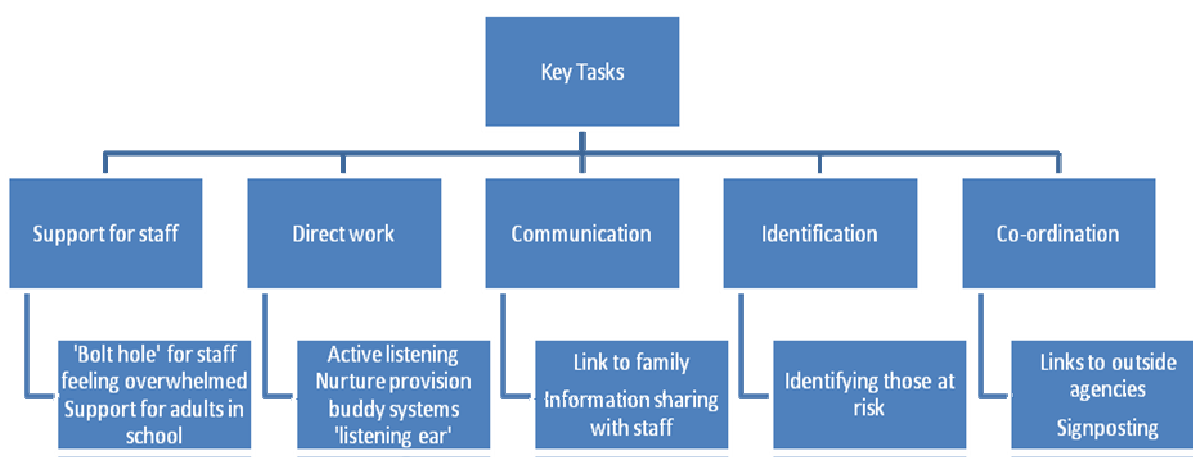
1. The circumstances of loss affect staff perceptions on risk of longer term effects. How staff perceive the loss experience directly affects the perceptions they form of those more 'at risk'.
2. Loss through family breakdown is perceived qualitatively differently by school staff than loss through bereavement
3. Few schools have a policy on loss and whilst some approaches for dealing with loss are similar, most schools have more clearly defined procedures for supporting loss through bereavement (although wide differences do occur among schools).

2.3.3 How do school staff conceptualise their role in addressing loss?

a) Current roles adopted by school staff

65% of the schools surveyed have at least one member of staff who has accessed specific training on loss. 55% of schools surveyed have at least one designated member of staff specifically to support loss. Of these schools, often more than one member of staff has responsibility in this area. Appendix 23 provides a summary of the kind of support indicated. These are summarised in figure 3 into five key tasks that school staff are mostly involved in when supporting loss.

Figure 4: A summary of school staff tasks currently adopted to support loss



Direct work was further elaborated on in case examples provided by 13 staff members. Roles were tailored to individual need. The following types of support were reported by staff:

- maintaining regular contact,
- involvement in projects,
- 'listening ear',
- patience and empathy,
- practical support– reading letter to read at funeral,
- academic support,
- sensitive behaviour management,
- signposting to resources,
- awareness of sensitive times in the curriculum.

b) Views of staff on their role in supporting loss

School staff respondents rated their views on different aspects of their role (appendix 24). Analysis of variance and post hoc comparisons were used to identify trends in the ratings and a Kruskal-Wallis test reported the same findings (appendix 21)

Table 8: A summary of staff ratings, analysis of variance and post hoc comparisons relating to role in supporting loss

Code	Condition	N	Mean rating	Median rating	SD	Post Hoc Tukey Significant comparisons (0.05 level)
*Respondents rated chose from 4 (very much so), 3 (to some extent), 2 (to a slight extent), 1 (not at all)						
A	Expected in role to support	23	3.5	4	.7	c, d
B	Able in role to support	23	2.9	3	.67	d
C	Confident to support	23	2.7	3	.83	a, d
D	Feel trained to support	22	1.6	1	.85	a,b,c,e
E	Like more training	22	3.2	3	.8	d

(F=19.6, df = 4,112, P<.000)

A significant difference between expectation to support (mean rating 3.5) and confidence to support (mean rating 2.7) exists (P<0.003). ‘Feeling trained’ to support children and young people with loss was rated significantly lower than all other conditions (mean rating 1.6).

Ratings were additionally explored by role (appendix 25). Where roles are (arguably) more pastoral focused (teaching assistants, SENCO/Inclusion co-ordinators) staff report a slightly greater confidence and ability to support students with loss although no significant difference was found statistically.

Key themes emerged from qualitative data regarding staff views of their role in supporting loss. Table 9 presents these themes with their definitions and illustrative data.

Table 9: Key themes relating to staff views of their role in supporting loss

Theme	Definition	Illustrative data
Ethos of school	The priorities and vision of the school as a whole influence how staff conceptualise their own role in this area and the extent to which they can support this area.	<p><i>"If you have a healthy team you are more likely to have some sort of cohesion about roles and responsibilities"</i></p> <p><i>"Schools are so different, theoretically working within the same remit but in practice probably aren't in terms of structure etc."</i></p> <p><i>"If someone has a problem with something there is a culture as a teacher that you don't present your problem, you get on with it, that's the environment that teachers are having to work in"</i></p>
Supervision	Supervision structure in school is seen as an underdeveloped area. Differences between training and supervision are acknowledged	<p><i>"Because there is no routine monthly, or similar supervision structure, if you ask for help there is an assumption that you're not coping"</i></p> <p><i>"Training is really important in understanding loss as a process and how you're going to support it but the first step in dealing with this issue is always kindness, compassion and humanity, you can't train that but you can support environments that foster those things, that's about supervision, management and everyone in the team being treated in that way"</i></p> <p><i>"Need to be very careful about who did any supervision, not appropriate for it to be a member of the school staff team, could make staff feel very vulnerable about this"</i></p>
Role clarity/responsibility	Perceptions of own role and what is expected in that role influence staff views on supporting this area.	<p><i>"We need clarity about role responsibility, because schools are poor at establishing that"</i></p> <p><i>"What some teachers feel is that they're trained to teach, don't want to be asked to take time away from teaching for counselling type activities a) feel inadequate and b) not doing the job they've been trained to do"</i></p> <p><i>"Teaching assistants are closer to the students both emotionally and pastorally and it would be a great idea if more were trained to deal with bereavement and loss. We can often pick up on slight changes in behaviour in students and know that something is wrong"</i></p>
Own experiences	The individual experiences of a member of staff can influence the extent to which they can provide support in this area.	<p><i>"If you've had similar experiences as an adult, when a child presents within their own experiences actually that's too close to home, don't want to get involved, want to back off and not have to deal with it"</i></p> <p><i>"Down to people's own personal experiences whether they feel comfortable with it, whether they have the capacity to"</i></p>

		<i>deal with this in the general curriculum”</i>
Pressures	Multiple pressures on staff and schools are indicated as an influencing factor on the extent to which schools can provide support for loss.	<p><i>“It would be very difficult to my head and deputy and say I’d like to refocus my curriculum so schools are more supported socially and emotionally because to do that something else would have to go”</i></p> <p><i>“Reality is that most teachers in primary spend a substantial proportion of their time with children who have got additional issues and spend a lot of their lunch break dealing with it, very frustrating because there is a parallel pressure for getting on with the curriculum and getting results”</i></p>

c) Key findings

1. Staff adopt a variety of roles in supporting children with loss and these can be categorised into five key tasks
2. There are differences between staff feeling expected to support this area and their level of confidence in doing so
3. A set of five key themes influence staff views on their role in supporting loss
4. Supervision is identified as an underdeveloped area.

2.6 Discussion

2.6.1 Table 10: A summary of Key findings

Main RQ	Key Findings
<p>How do school staff perceive loss affects children and young people in their care?</p>	<ol style="list-style-type: none"> 1. School staff identify a range of effects of loss that span emotional, social, behavioural and learning related responses. Emotional effects were most frequently reported initially. 2. Behaviour effects are cited as the most frequent 'risk' indicator for identifying a pupil may need further intervention. 3. There exists a set of influencing factors which staff consider when qualifying their perceptions on the effects of loss. Staff use these to reach their judgments about how important this area is for school staff to support.
<p>How are different types of loss experience perceived by school staff?</p>	<ol style="list-style-type: none"> 4. The circumstances of loss affect staff perceptions on risk of longer term effects. How staff members perceive the loss experience directly affects the perceptions they form of those more 'at risk'. 5. Loss through family breakdown is perceived qualitatively differently by school staff than loss through bereavement 6. Few schools have a policy on loss and whilst some approaches for dealing with loss are similar, most schools have more clearly defined procedures for supporting loss through bereavement (although wide differences do occur among schools).
<p>How do school staff conceptualise their role in addressing loss?</p>	<ol style="list-style-type: none"> 7. Staff adopt a variety of roles in supporting children with loss and these can be categorised into five key tasks 8. There are differences between staff feeling expected to support this area and their level of confidence in doing so 9. A set of five key themes influence staff views on their role in supporting loss 10. Supervision is identified as an underdeveloped area.

2.4.2 Discussion

a) School staff perceptions of the effects of loss and ‘at risk’ indicators

In this study, school staff acknowledged the existence of a wide range of effects associated with loss, with a good awareness of the broad spectrum of emotional factors. Westmoreland (1996) identified typical and atypical responses to loss (table 11). When presented to staff in this research, they showed a secure understanding of the kind of responses with mean ratings of risk (appendix 16) exactly replicating these responses. This suggests that school staff can be alert to typical and atypical effects of loss, upholding the view that schools could play an important role in identifying mental health needs at a universal level.

Table 11: A summary of responses to loss suggested by Westmoreland (1996)

Typical responses	Atypical responses
Attention seeking	Constant anger
Anxiety	Depression
Acting out	Isolation
Sleep and/or eating disturbances	Physical aggression
Over-conscientiousness	Excessive misbehaviour
Neglectful of schoolwork	Suicide threats
Physical complaints	Truancy
	Phobic fear of school

What remains unclear, is whether staff would attribute any link between a presenting effect and loss factors if they were not specifically asked this question or presented with a loss vignette. Such presenting effects seen in a classroom may be attributed to other causal factors, particularly where the loss may be deemed by staff as less significant.

‘Behaviour’ presentation was the most frequent indicator used by staff to identify ‘at risk’ effects. This may be in part due to the more observable nature of behaviour patterns yet may also suggest that where behaviour is perceived as a problem; staff are more likely to seek help. In research on

teachers' recognition of children's mental health problems, teachers were found to be significantly more concerned about a vignette of a child with symptoms of a behavioural disorder compared with an emotional disorder (Loades and Mastroyannopoulou 2010). If school staff members are involved in identifying pupils at risk, care may need to be taken that the potential for ongoing effects is not overlooked where there is an absence of behaviour change or an internalised response to loss.

Research indicates that the influence of developmental stages is integral to understanding the effects of loss on children as opposed to adults (Atwood 1984, Worden 1991, Christian 1997). Acknowledgment of this by school staff in this study was infrequent however. This could suggest that where loss has been experienced many years before, related effects may again be attributed by staff to other factors:

"Loss is so difficult to deal with because there are initial upsets and then people are expected to get over it and get on with it. I find staff and parents are not always as sympathetic when issues arise further down the track, 6 months, a year or two years later"

This finding raises the importance of good information sharing through transition, of increasing the profile of loss through circumstances other than bereavement and the development of school systems to deal with all kinds of losses.

b) Different types of loss

Certain circumstances of loss were perceived by school staff to have a significantly greater impact on young people than others. That is not to say this is true, the actual impact on young people is not focused on in this research, but that school staff do make (potentially accurate) judgements that certain loss experiences will affect children more than others.

The past personal experiences of staff are inevitable influencing factors in forming such judgements (Greenhalgh 1997). Individuals bring their own constructs and beliefs to situations and whilst this is part of conceptualising an issue, it is important to ensure that access to support is not solely based on individual perceptions. This may lead to some pupils being highlighted and some going unnoticed with the determining factor being individual personnel in a school. This issue has been specifically raised by Holland (2008) in suggesting that provision remains 'too dependent on the initiative of individuals' (p422).

In early prevention for mental health needs, equality of provision needs to be strived for to transcend the dependency of provision on individual perceptions or school system ethos. The development of clear guidelines based on research evidence would support school staff in identifying pupils who may be at risk, irrespective of their own judgements about presenting effects or loss experiences.

Staff used information about risk and protective factors to make judgements suggesting an awareness of these. If staff are involved in recognising need, then access to this information is required for appropriate decisions to be made, particularly if a child moves school. Information sharing and identification was reported by staff to be more difficult for losses through breakdown as opposed to bereavement. If such information is not available, staff will not be able to take these factors into account and so effects may again be attributed to alternative causes.

Staff perceived school responses to loss through family breakdown to be less structured, under-resourced and with potentially less understanding from staff in schools. Differences in provision were attributed to the higher prevalence of loss through breakdown which can 'normalise' the situation or create a sense of helplessness in that it affects so many children, what can possibly be done? Despite this, a number of individuals reported specific concerns for this area, citing high incidences, complex

situations and repeated losses as factors that create ongoing problems for young people.

“For a lot of our students, the loss or sudden reappearance of a significant adult can cause many issues which have repercussions in the classroom and in social situations within school”(school staff response)

This is recognised in the literature as a key factor, with divorce being re-conceptualised as a process extending over time and involving multiple changes (Kelly and Emery 2003). Self esteem and ongoing challenges with relationships were considered by staff to be more frequent effects of such losses. This may suggest a different kind of support could be required for losses of this kind.

c) How school staff conceptualise their role in supporting loss

This study identified a difference in self reported confidence of staff to support loss compared to the expectation of involvement, building on previous research suggesting the existence of a ‘training gap’ (Holland 2008). At the same time, perceptions of ability were higher than confidence levels in this study. This may indicate that school staff do feel they have the skills necessary for this kind of work but that it is helping them feel more confident which needs to be the focus. In other words, they require reassurance that they are ‘doing the right thing’ (Lowton & Higginson 2003). The emotional content of this subject area was particularly highlighted as to why loss issues can be so challenging for school staff to deal with.

“(It is) easy to get hooked up into thinking that you’re not meeting a child’s need, that I’m doing everything wrong, then put into the equation something which is immensely emotionally charged, that can be a recipe for mega emotional stress for teachers and you see some teachers crumble under the weight of it”(reception class teacher)

In exploring eco-systemic support for bereaved children and their teachers, Reid (2002) argued that leadership teams should ensure provision of personal support to help staff deal with aspects of work that demand a high emotional involvement. Opportunities for staff to reflect and learn through their experiences of dealing with loss are likely to help them feel more empowered and confident in addressing the area of loss. Supervision structures were specifically mentioned in relation to the pressure many school staff can find themselves under:

“Teachers on a routine basis, deal with bereavement, family break up...and there’s just the assumption that you’ll deal with it...often it is the class teacher who is the first port of call...and because there is no routine monthly or similar supervision structure, if you ask for help there is the assumption that you’re not coping”

It is reasonable to suggest that if emotional support was available, staff confidence levels may become more aligned with the reported expectation to deliver support for loss. Additionally, the ethos of the school was acknowledged as having a direct impact on the capacity of staff members to provide support for emotional health and well being.

“Training is really important in understanding loss as a process and how you’re going to support it but the first step in dealing with this is always compassion and humanity, you can’t train that but you can support environments that foster those things, that’s about supervision and management” (multi-agency staff member)

Schools can provide a safe, consistent environment for pupils who have experienced loss and change. The idea of school as a ‘container’ is often identified in psychoanalytical perspectives on education (Bion 1961; Youell 2006). If schools are expected to establish such an environment for their pupils, staff will require a forum in which to ‘contain’ their own emotional

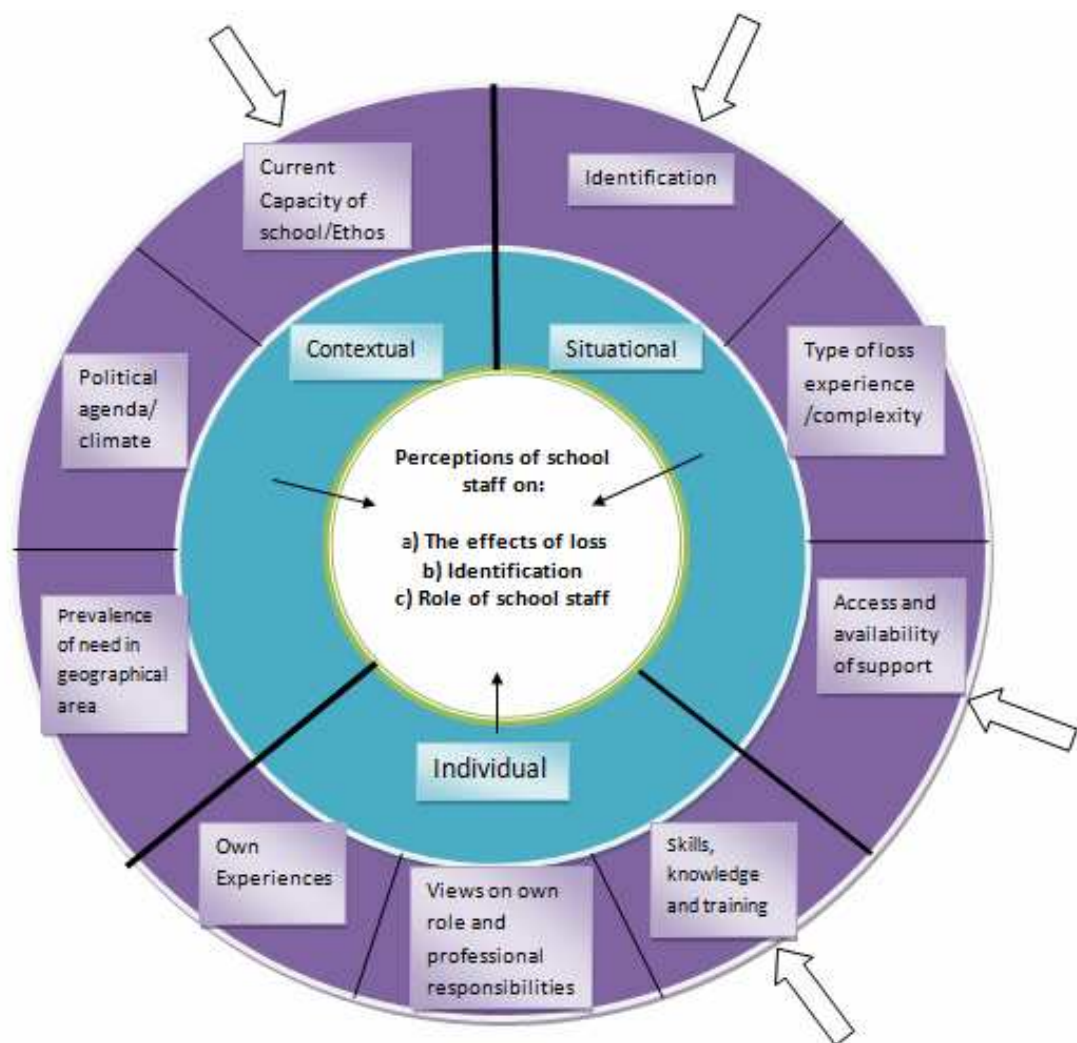
needs. Consultation groups provide a vehicle through which this can be done (Babinski and Rogers 1998). Educational Psychologists are ideally situated to develop this provision for schools that are being increasingly expected to take on such supporting roles.

d) Where could Educational Psychology Services target support to increase the capacity of schools to support loss?

To identify where Educational Psychology practice could be targeted to build capacity in schools for loss, key factors influencing experiences and perspectives in school are triangulated. These are categorised at three levels: contextual, situational and individual to conceptualise where psychological practice can realistically make a difference in developing provision.

Figure 4 presents a visual representation of these concepts. Concepts are presented on the external ring with the level of influence mapped onto the centre ring. Arrows indicate where Educational Psychology Services can realistically have an impact and highlight key areas to target when planning systemic work. These are areas which have both an impact on school staff perceptions and are factors open to change and development. Other factors are influential, yet outside the control of support services, being either contextual, related to individual loss circumstances or to the personal experiences of individual staff members.

Figure 5: A conceptual map of the key factors influencing staff perceptions and where EP services can target support and development to build capacity



Realistic suggestions for Educational Psychology practice are identified for each target area (table 12).

Table 12: A table of recommendations for Educational Psychology Practice relating to each target area

<i>Level</i>	<i>Target area</i>	<i>Next steps</i>
Contextual	Capacity of school/Ethos	<ol style="list-style-type: none"> 1. Clear expectations about the role of schools and in-house provision could be developed through whole school policies on loss that take into account new initiatives in this area. Schools could benefit from support and guidance in fostering an emotionally healthy, preventative ethos.
Situation Specific	Identification Access and availability of support/provision	<ol style="list-style-type: none"> 2. Identification pathways based on current research would facilitate school staff in making judgements about when pupils may require further support, acknowledging internalising responses as well as externalising effects. 3. Any training and provision development should provide equal weighting to loss experienced through family breakdown to raise its profile as a potential risk factor and support staff in knowing how to address it.
Individual	Skills, knowledge and training	<ol style="list-style-type: none"> 4. Guidance on sharing information regarding losses, particularly across developmental stages and transitions would support schools in ensuring students do not go unidentified 5. It is recognised that the staff surveyed would welcome more training and guidance on how to support children across a range of loss issues. Supervision structures would help support the emotional content of dealing with this area and increase levels of confidence.

e) Methodological considerations

It is acknowledged that the nature of the sampling may have some impact on the views expressed by school staff participants. The necessary procedure for sampling meant that Educational Psychologists had the responsibility for approaching two schools at random. In reality, there may have been a greater inclination to approach schools more likely to respond positively, potentially creating a bias. School who chose to participate may also reflect those with an increased ethos to consider this area important. Furthermore, by the very nature of anonymous and non-compulsory questionnaires, individual members who responded may have been more interested and therefore willing to be involved in this area of need.

It is distinctly possible that there are members of school staff who wish to avoid this area altogether and so made the decision not to complete and submit a questionnaire. In addressing a sensitive area such as loss this is unavoidable and should be taken into account when considering whether survey findings can be generalised.

Opinions presented in questionnaires must be inferred from responses made. Respondents may have been reluctant to reveal a choice that may appear based on lack of knowledge about the issues (Ary *et. al.* 2006). This may be particularly relevant to the school staff survey; 13 respondents indicated personal experience of supporting a child with loss yet 12 did not, implying they had no personal experience of supporting loss which may have affected their responses. It is acknowledged that such surveys are limited by the fact that they are only indirectly measuring the variables that we are concerned about.

2.5 Future directions

A range of school staff perceptions have been obtained to address three questions, providing illuminating evidence of the current issues associated with loss for schools. Addressing levels of staff confidence is likely to be an appropriate goal for further Educational Psychology work and further research could now focus on specific areas in more detail. Revisiting school staff with summarised findings to confirm, reaffirm and amend ideas is likely to be an appropriate next step. The use of focus groups made up of school staff and semi-structured interviews following targeted action from Educational Psychology Service could help monitor any shift in the capacity of school based staff to support loss.

Phase Two extends this research to explore the views of students, parents, staff and Educational Psychologists in relation to one model of targeted school-based intervention to address the effects of loss in young people.

Section Three

Phase 2: The 'Loss and Change' Programme: A case study of an Educational Psychology Service group intervention to support secondary age students who have experienced loss

3.1 Abstract

This second phase of a two part research design investigates how an Educational Psychology Service can increase the capacity of schools to support pupils who have experienced loss. Following a survey design identifying staff attitudes on the issue of loss for schools, a multi-method case study approach is used to research the implementation of a 6-week 'Loss and Change' intervention programme. Seven secondary age students participated in the group intervention for pupils who have experienced loss, facilitated by two Educational Psychologists working alongside a member of school staff. A grounded theory approach analysed data from observation, semi-structured interviews and self-report measures. Eight key processes that impact on the effectiveness of the programme are identified and the positive effects spanning social, emotional and behavioural mechanisms are reported for six of the participants. Potential implications of this model of practice for Educational Psychology Services seeking to develop the capacity of schools to support loss are discussed.

3.2 Tables and Figures

Summary of Tables

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3.3 Introduction

3.3.1 Purpose

A multi-disciplinary strategy group to address provision for children and young people that have experienced loss has been active in this large local authority for the past two years. As part of this endeavour, the Educational Psychology Service has developed a school-based intervention targeting pupils who have experienced loss through a range of circumstances. The 'Loss and Change' programme is designed for use with small groups of children and young people across different age ranges and has been initially piloted in two schools within the authority.

The Local Authority in which this research is situated has been allocated funding for inclusion in a national programme to target mental health in schools (TaMHS, DCSF 2008b). The implementation of bereavement and loss groups is one model of intervention proposed in the project plan (Morgan & ESCC 2010). Consequently, the purpose of this case study is to explore the potential of this model of intervention for schools and Educational Psychology Services to work in collaboration to address loss. Findings will directly inform the TaMHS (DCSF 2008b) initiative in this local authority to ensure practice is effective, sustainable and appropriate.

3.3.2 Research problem

The experience of loss during childhood is identified as a substantial risk to emotional health and well-being and subsequent educational success of children (Abdelnoor & Hollins 2004a; Goldman 2001; Holland 2003; Schlozman 2003; McLanahan 1999). Loss has also been shown to have the potential for ongoing problems in mental health and behaviour (Dowdney 2000). Despite this understanding, it is suggested that links between loss and ongoing difficulties in children often observed in schools are not always made (Ross & Hayes 2004).

Schools are being increasingly identified as a crucial forum whereby children who may be experiencing the effects of loss can be identified and supported. Current research however reports a lack of confidence and training in this area (Holland 2008). Phase one of this research surveyed school staff perspectives on loss within the local authority. It found that school staff directly support pupils with loss experiences in a variety of ways and there exists a high expectation that this forms part of their role. In contrast, their self-reported levels of confidence were found to be much lower suggesting a gap between expectation and capacity to deliver. Staff also indicated a desire and need for more training and supervision to scaffold the role they play.

Support services have a pivotal role to play in ensuring that children who may require additional intervention are able to access it before the effects of loss become detrimental in the longer term. A recent report on sustainable approaches to in-school support for emotional, health and well-being in secondary schools proposes a model whereby a CAMHS worker or counsellor practice in the school setting alongside school staff (Street, Allan & Goosey 2009). Educational Psychologists are well placed for this model of working as they have a thorough understanding of the complexities existing within school systems and associated contextual factors.

In order to determine the effectiveness of such a model, investigation is required. It is not appropriate to simply introduce a new model of working without ensuring that the intervention itself is appropriate and that it is a feasible model for school staff to take on. In studying the processes and outcomes of an example of such working, this case study provides rich information about how such practice can support the emotional health and well-being of the seven student participants across a three month period. On a wider level it informs future implications for collaborative models of working to build the capacity of schools for loss.

3.2.3 Theoretical background

a) Models of loss

In establishing appropriate intervention for children and young people who have experienced loss, theoretical models should shape practice. Task theory proposed by Worden (1983) suggests there are certain tasks that individuals need to work through: accepting the reality of the loss, working through the pain of the grief, adjusting to the environment where the person is missing and to emotionally relocate the key figure and move on with life.

Stage models propose that there is a continuous order to the grief process, with difficulties arising when an individual becomes 'stuck' in a particular stage (Kubler-Ross 1969; Bowlby-West 1983). Whilst these models are often applied to those who have experienced loss through bereavement, Longfellow (1979) has highlighted similar reactions to loss in children of divorcing parents, particularly as a process extending over time, often involving multiple changes rather than a single event (Hetherington 1999; Wallerstein & Kelly 1980). The associated literature review (appendix 43) provides extensive review of such models and how they inform practice in this area.

b) Stages of intervention

Literature suggests that provision of support during times of grief offers young people the opportunity to gain strength, develop coping skills and increase sensitivity to others in pain (Christian, 1997; Charkow 1998; Westmoreland 1996). Care does need to be taken to ensure the effects of loss are not always assumed to be significantly detrimental. The grief cycle, although painful and often unpleasant, is a healthy, normal process and for many children separation, loss and change can be important experiences for creating growth, development and internal strength (Youell 2006). Additionally, the majority of children from divorced families are

emotionally well-adjusted (Amato 1994, 2000; Hetherington 1999). However, adopting an extreme normalising view may mean children are left to manage when they are not coping. The role of appropriate, targeted intervention is therefore a complex one, requiring a considered approach.

Risk and resilience factors require consideration when proposing that school based intervention for loss is appropriate. Circumstances following loss are highlighted as an essential contributory factor in ongoing positive and negative effects in children (Silverman & Worden 1993; Kelly & Emery 2003). If it is not simply the loss event itself which can cause ongoing negative effects but the circumstances following a loss then the post-loss environment is clearly important. By ensuring protective experiences and creating appropriate support following the loss, negative effects could be ameliorated and positive outcomes achieved. Research on fostering resilience in children, post-divorce, suggests that the absence of risk factors does not equate to protection, implying it is not enough to simply have no risk factors. Instead, it indicates the need for active intervention to create positive outcomes (Pedro-Carroll 2005). Ensuring there is access to this is therefore essential and schools are well situated adopt such a protective role.

Preventative interventions for emotional health and well-being have been classified into three categories: universal, selective and indicated (Mrazek & Haggerty 1994). Universal preventative interventions target whole populations not identified as being particularly at risk e.g. SEAL programme (DCSF 2005); addressing loss proactively in the curriculum (Holland, Dance, MacManus & Stitt 2005). Selective interventions are targeted at those with an increased risk of developing an emotional disorder due to biological, social or psychological risk factors. Indicated preventative interventions however are intended for those who are presenting with longer term effects associated with emotional disorders (Liddle & MacMillian 2010). Applying these intervention categories to loss provides

a useful framework. Melvin and Lukeman (2000) further summarise the range of interventions that have been explored for loss across different settings, applying a time-line to indicate when such intervention would ideally take place (appendix 26). This framework follows the idea that different tasks are completed at sequential stages, yet draws attention to the fluid nature of response and intervention. It upholds that timings are not fixed and that many interventions can be used at any stage on their own or in combination.

As developmental stages are thought to impact upon children's response to loss (Christian 1997; Atwood 1984; Worden 1991), children's needs must be judged in light of their requirements for further development. Adopting this view would suggest that qualitatively different kinds of interventions may be required at different ages rather than a 'one size fits all' approach.

Young people at the adolescent stage of development already find themselves in a state of transition where ambivalence with parents and school can be frequent as they 'split' to form their own identity (Melvin & Lukeman 2000). The intensity of emotions and feelings within this age group can lead to a range of reactions from withdrawal to conflict with parents and inappropriate behaviour in the classroom (Ross & Hayes 2004). It has been suggested that there is an increased potential for things to go wrong at secondary level. In her work applying attachment theory to adolescents, Louise Bomber (2009) proposes that "against a backdrop of loss, the mix of transitions from class to class, teacher to teacher and hormones can be disastrous" (p31)

The importance of peers at this developmental stage is highlighted across research as a key factor (Ross & Hayes 2004, Melvin & Lukeman 2000, Dyregrov 2004). Shriner (2001) theorises that adolescents typically feel what is happening to them is unique and incomprehensible, preferring support from someone who has been through a similar experience.

c) The role of Educational Psychology Services and schools in interventions for loss

A survey by the National Children's Bureau, (Penny 2007), found that carers and practitioners would like to see more specialist support, either for carers or directly offered to children and young people as one-to-one or group-work. A 2003 survey showed that 83% of childhood bereavement services are located in the voluntary sector (Rolls & Payne 2003) and Stokes *et. al.* (1999) point out that statutory services have not taken up this work in the past.

The increased emphasis on school playing a part in comprehensive CAMHS may indicate a more specific role for statutory services in this area. It has been suggested that there is often a 'chasm in children's services between schools and teachers on one hand and non-educational services to children on the other' (p13 Gilligan 1998). In reality, school is a potential source of vital educational and social experiences, especially for children at risk (Gilligan 1998). Psychoanalytic perspectives highlight the role schools play in providing a 'container' for pupils, creating a safe emotional space where they are able to process difficult experiences and the associated feelings (Bion 1962; Youell 2006).

Promoting Children's Mental Health within Early Years and School Settings (DFEE 2001) includes 17 case studies briefly describing a range of interventions. Peer support strategies such as nurture groups and circle time are included in these and Educational Psychologist involvement is frequently indicated. Only two however have loss as a focus and none describe an approach specifically designed for children who have been bereaved (Ross & Hayes 2004). Holland (2000) did find that the Educational Psychology Service was the most likely outside agency to be consulted for support after a pupil had experienced a loss (42% of schools) suggesting that schools are aware support for loss is available from this service. Educational Psychology Services also provide high level 'critical

incident' care and are heavily involved in developing such guidelines with schools.

Ross and Hayes (2004), two practicing Educational Psychologists, researched a group intervention based on Worden's (1991) stage model of loss in a primary and a secondary school. They reported positive effects on cognitive motivation and suggested this would positively impact on psychological well-being. Additionally, the study reports how they worked with school staff in developing their ability to carry on with such support. Ross and Hayes (2004) conclude that Educational Psychologists have an important role in removing the 'taboo' of discussing death in schools. By working in this way with schools, not only can direct support be offered to the children but staff can develop skills and confidence through working alongside the Psychologist (Ross & Hayes 2004).

With the move towards more systemic working and consultative models in Educational Psychology (Gillham 1978) there is much scope for Psychologists working in schools to become increasingly involved with school based group interventions. Abdelnoor and Hollins (2004) suggest person-mediated intervention, where the therapist or psychologist meets their client's needs by guiding and supporting a third party in implementing the provision. Such an approach could be ideally placed at the door of Educational Psychology.

d) Why a group intervention?

Several researchers recommend the use of group work with children who have experienced loss (Webb 1993; Pfeffer, Jiang, Kakuma, Hwang & Metsch 2002; Tonkins & Lambert 1996; Ross & Hayes 2004, Klicker 2000). In 1985, Yalom proposed the idea of groups offering a safe environment based on commonality which has laid the theoretical foundations for therapeutic group work (Yalom 1985). Webb (1993) proposed that group-work facilitates the ability to cope with a loss by being in the company of others who are experiencing the same thing. In their own words,

teenagers have offered advice to other children experiencing loss. In an article advising on loss, the first suggestion students made was to 'join a support group', naming the support from others going through the same experience as the reason for this (Black 2005). Charkow (1998) cited benefits gained from a group intervention which focused specifically on the sharing of experiences and emotions with others in a similar situation. Dimond and Jones (1983) suggest two theories of identity formation that underpin the group mechanism. One, identity is developed through one's interactions with significant others, and two, reference groups are a means by which one defines and evaluates oneself (Goldberg & Leyden 1998)

Principles from attachment theory can help understand why a group approach might be effective for supporting students with loss.

Adolescence is a phase of life in which separation is 'the challenge at hand' (Brisch 2009). Detaching from the family can be facilitated by adolescents forming groups that then represent the new 'emotional safe haven' replacing the safe base originally provided by the primary attachment figure (Brisch 2009 p16). Where students have experienced previous losses, adolescence could be a time where these feelings are re-triggered and a revisiting of emotion can occur. At this time, arguably more than ever, creating a safe group to facilitate peer support may be the most appropriate form of intervention.

Goldberg and Leyden (1998) reported on a school based programme for students experiencing loss, which developed emotional and intellectual skills to allow a SHIFT (Safe, Hopeful, Inclusive Environment for Feelings and Thoughts) from silence to active talk about death and grief. One mechanism thought to benefit the students was that children heard about others who experienced the death of a significant other and are dealing with similar issues (Goldberg & Leyden 1998). School based intervention groups for children of divorcing parents have shown positive effects with reduced levels of aggression and depression, less need for mental health services and enhanced self-concept (Schreier & Kalter 1990).

Whilst such research would indicate that small group work may be appropriate to extend into schools, the views of young people must be taken into account when considering this. It may be that school provides a 'safe haven', a place where young people do not feel they have to talk about what has happened to them. A retrospective case study by Abdelnoor and Hollins (2004b) explored the experiences of adults who had been bereaved when they were at school. It found individuals reported difficulties accepting help when teachers tried to offer it. One participant said "it was a relief to get to school and put it out of my mind" (p91 Abdelnoor & Hollins 2004) suggesting that care must be taken when considering interventions for this group and assumptions should not be made about what is best for children and young people.

3.3.4 Research Aims

In recent years, Educational Psychology Services have become more actively involved in providing support for schools around loss. Presently, there is little research specifically reflecting this increased involvement and what does exist is mostly anecdotal evidence (Ross & Hayes 2004). Lowton and Higginson (2003) recommend that future research needs to concentrate on finding the most effective way of supporting children, their families, and teachers. This case study aims to address the dearth of research in this area and provide an example of how Educational Psychology Services can work pro-actively with schools to support students with loss.

The case example aims to uncover a) the key processes that impact on the effectiveness of the intervention to inform its development, b) the impact for the seven student participants in this particular group case and c) the potential for this model to be implemented as part of Educational Psychology practice to support loss and develop the capacity of schools. Such research will be of interest to schools that are eager to build in-house provision to address the emotional health and well-being of its pupils and

Educational Psychologists who wish to work in collaboration with school staff to increase their capacity to support loss.

3.2.5 Research Questions

1. What are the key processes that impact on the effectiveness of the 'Loss and Change' model of group intervention?
2. What is the impact of a 6 week group intervention on the emotional health and well-being of a group of secondary age students?
3. What are the emergent issues for Educational Psychology Services in embedding this model of intervention within schools?

3.4 Method

3.4.1 Research Design

This two phase research investigates how Educational Psychology Services can develop the capacity of schools to support young people who have experienced loss. Phase two follows a survey in Phase One and adopts a flexible case study design to research three research questions.

Information is collected through a series of data collection techniques including descriptive and reflective observation, semi-structured interviews pre and post intervention, a standardised measure and a semantic differential scale.

A grounded theory method (Glaser & Strauss 1967) is used for data analysis to uncover key process that affect the programme. Interview data from the student participants, parents (pre and post intervention), Educational Psychologist facilitators and school support staff are thematically analysed to identify perceptions regarding the impact of this particular group intervention on the student participants. The emergent implications for Educational Psychology practice are drawn together to suggest what needs to be considered when developing a school based intervention for supporting children and young people with loss.

3.4.2 Sampling

Seven student participants for this case study were identified using criterion-based sampling. A consultation between Educational Psychologist facilitators and key school staff used an initial proposal that determined the criteria for inclusion (appendix 27). These criteria were informed by theoretical knowledge relating to the framework formulated by Melvin and Lukeman (2000; appendix 26). For students to be offered a place in the group, their loss experience had to be more than six months ago with continuing effects evident in the areas of social, emotional, behavioural or learning.

Six students were initially identified and parents/carers were contacted with information (appendix 28/37). They were provided the opportunity to meet with the researcher to explain both the aims of the group and the research element. Four agreed for their child to be involved, two declined indicating they felt it was not needed. A further three sets were then approached and seven students were finally allocated a place in the group dependent on their informed consent. Following an opportunity for the student participants to meet with the researcher, all seven individuals agreed to join the group. Anonymity was ensured. Four females and three males were included ranging from the ages of 12 to 14 (Year 8–Year 10).

In order to protect the identity of participants, individual loss experiences have not been outlined in detail here. Participants had experienced a range of losses including family breakdown, death of primary care givers, grandparents and siblings and ‘looked after’ factors including parent imprisonment.

Two Educational Psychologists who devised the programme facilitated the group. A member of school support staff, previously trained by a Primary Mental Health Care Worker to offer active listening for students who have experienced loss, joined the group sessions to learn more about facilitating this intervention. These staff members participated in providing data to inform the case study.

3.4.3 Data Collection

Appendix 29 provides a detailed summary of data collection methods for this case study.

a) Observation

The researcher conducted observation across all 7.5 hours of group intervention whilst the two Educational Psychologists facilitated the group. An ‘observer as participant’ stance was adopted whereby the ‘researcher

interacts with subjects enough to establish rapport but does not become directly involved in the behaviours or the activities of the group' (p475 Ary *et. al.* 2006). The status as observer was known to all participants. Field notes were recorded in each 1.5 hour long session with two coded components a) descriptive observations and b) reflective observations (appendix 38). Due to the nature of the intervention it was not possible to video or audio record the sessions as this would have breached the conditions of informed consent.

b) Semi-structured interviews

Pre-intervention interviews were conducted with seven parents, two in person and five by telephone interview due to parental preference. Post-intervention interviews took place one month after the last session with six parents. Following the intervention, a group semi-structured interview involving six student participants was audio recorded then transcribed, along with an interview with the member of school staff and interviews with the group facilitators. One parent was unavailable for interview due to personal circumstances. Semi-structured interviews followed a pre-constructed checklist and continued until all points were covered (see appendix 31-35 for all interview schedules)

c) Additional measures

An adolescent well-being scale devised by Birleson (1981) was used to measure any change in the seven participants, pre and post intervention. This is an 18 item self-report questionnaire relating to different aspects of the young person's life and how they feel about these. The scale is intended to enable practitioners to gain more insight into how an adolescent feels about their life and is validated for children between the ages of 7 and 16.

Alongside this, a semantic differential measure was completed by six student participants following the intervention to measure their attitude

towards the group (appendix 36). This is a flexible approach devised by Osgood *et. al.* (1957) for measuring attitudes towards any concept or activity. A bipolar adjective scale was selected for use in this case study to ensure adjective pairs would be relevant to this intervention (figure 1)

Figure 1: Bipolar adjective scale

Fun								Boring
Important								Pointless
No use								Helped
Difficult								Easy
Worthless								valuable
Interesting								dull
Would not recommend								Would recommend
Looked forward to it								Did not look forward to it

Eight adjective pairs were selected that contained an evaluative dimension. This type of semantic differential scale is a useful technique for measuring attitudes towards programmes (Divesta & Dick 1966).

3.4.4 The ‘Loss and Change’ intervention programme

The programme has been developed by two Educational Psychologists working for the local authority. Both professionals have specific responsibility for supporting schools with critical incidents and delivering county wide training for bereavement and loss. The Educational Psychologists are part of the county bereavement strategy group and have attended 5-day international training on critical incidents. The programme was originally written to support students in primary school and then adapted to address the needs of secondary pupils, taking into account the key developmental tasks relevant at this age.

The intervention comprises of six sessions of 1.5 hours duration and is offered to 6-8 targeted pupils at a time. School staff are supported in identifying students appropriately through consultation with Educational Psychologists, informed by Melvin and Lukeman’s (2000) theoretical framework on interventions for loss (appendix 26). The parameters for

inclusion in the group are based on having experienced a significant loss more than 6 months ago which is continuing to have ongoing effects with regard to emotional health and well-being. A range of ages and mixed gender groups are sought in order to create an ongoing support network across year groups in schools. Best practice approaches outlined in research for a school based programme for young people experiencing loss through divorce are adhered to (Pedro-Carroll 2005 appendix 30).

As part of validation procedures, the programme was piloted in two primary schools to support the emotional health and well-being of targeted pupils. The programme was then adapted through joint evaluation of pilot sessions and further developed for use with secondary age students (see appendix 41 for example of session plan)

3.4.5 Psychological approaches underpinning the Loss and Change Programme

A range of psychological techniques and approaches underpin the Loss and Change Programme in structure, process and content:

Group structure as safe base: Adolescents who have experienced the loss of key attachment figures can have a greater need for a secure base from which to move forward with less anxiety (Bomber 2009). In using a group approach to intervention, the group can contain uncomfortable emotions that may be triggered when revisiting loss experiences. By ensuring the group sessions are in the same place, at the same time each week, students are able return to the group for support and security, reassured that they will find acceptance there. Creating an atmosphere in which students can share experiences, reduce feelings of isolation and feel safe that what they say will be respected and kept confidential is a major objective throughout the programme (Pedro-Carroll 2005).

Narrative Approaches: Following the proposal by Bruner (1986) that narratives can support an individual's construction of reality, stories are

used throughout the intervention to help explore loss and change. This involves creating opportunities for participants to discuss difficult feelings, re-visit memories and allow for normalisation to take place. Pre-published stories are also used in a narrative approach with the aim of providing metaphors to help participants address and express feelings. These help children explore themes relating to separation, death and loss (Cook & Dworkin 1992, Zambelli & DeRosa 1992)

Resilience based approaches: As the programme progresses, the focus shifts to building resilience. Social problem solving, developing interpersonal skills and appropriate ways to express emotions are incorporated to help individuals develop a sense of what they can and cannot control.

Emotional Literacy: Loss can trigger in children complex feelings that are difficult to cope with or comprehend (Pedro-Carroll 2005). In particular, ambivalent feelings can cause confusion. Part of the programme addresses the range of emotional responses and helps students to identify the physiological impact of such emotions. Included within this is some training in simple relaxation techniques to equip participants with strategies they can use independently to self-regulate emotional responses.

Expressive techniques: Creative activities can be used in a safe way to facilitate students and adults working closely with each other (Earl 2009). Such non-verbal activities provide a vehicle for participants to express their thoughts and ideas around loss and opportunities for drawing to support emotional expression are created (Finn 2003). Additionally, creative approaches provide a buffer to allow individuals to make a real connection with each other, helping individuals feel in touch with each other without continual exposure to the threat of conversation (Earl 2009). Art activities are used not only to develop recognition, identification, and the labeling of

feelings; but also to provide each child with a personal resource portfolio to take when the group programme ends.

3.4.6 Procedures

An initial meeting with the Student Support Co-ordinator agreed the research proposal offered to the secondary school (appendix 27). Through consultation and following an 'indicated' prevention approach (Mrazek & Haggerty 1994) students were identified who may benefit from the group. Additionally, a member of school staff with a specific remit for this area was identified to join the group in a shadowing capacity. Parent consent was sought first through an initial letter (appendix 28), leaflet detailing the group (appendix 37) and a follow up phone call from the Student Support Co-ordinator. At this stage, four parents gave consent, two declined. Invites were then extended to further identified students and seven student participants were given parental permission to be approached about joining the group.

These students then attended a meeting with the researcher, providing the opportunity for more information to be shared and for the potential participants to ask further questions. At this time, participants were also given further written information (appendix 37). Research details were explained to both parents and students and participants were reassured of anonymity. All students provided written informed consent following this meeting. One week prior to the group commencing, participants completed the Adolescent Well-being scale (Birelson 1981) and all parents were interviewed in person or by telephone (example in appendix 39). One month after the final group sessions, students completed a second Adolescent Well-Being Scale and 6 parents completed a follow up interview.

The group sessions were scheduled for an afternoon so students would be able to return to their tutor group and then home rather than have to attend class following the group. Students were offered the option to stay

in the library with staff following the session if they felt unable to return to tutor time because of their emotional state. Further to this, students were informed that they were able to speak with the member of staff associated with the group at any other time if they wished to, to ensure continuity of care outside of the group sessions.

3.4.7 Ethical Considerations

Approval from the University of Exeter's ethics committee was obtained in February 2009 (appendix 42). All participants in this study were given an option of whether to attend and were assured of individual and group confidentiality. Parental consent was obtained initially to ensure it was agreed for students to be approached. Once this had been given students were invited to a meeting with the researcher to gain further information about the research element. All seven participants provided written informed consent to join the group, be observed and partake in an audio recorded group interview following the last session. Each participant was informed that they could leave the group and research at any time.

3.4.8 Data Analysis

A case study design was used whereby the group as a whole became the case. As it was the social unit as a whole which is under analysis, to divide the individuals in reporting is not appropriate. However, some reference has been made to particular participants in order to detail specific processes.

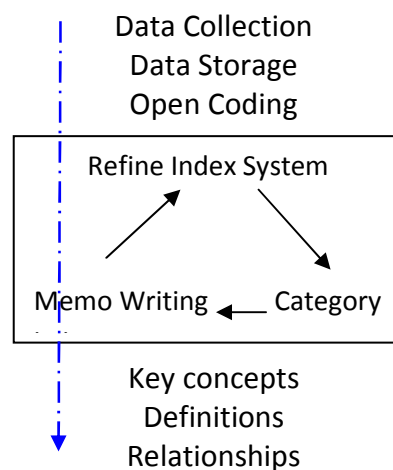
Observational data was transcribed and subjected to analysis using a grounded theory approach (appendix 38 for example of observation data). Grounded theory is particularly suited to the study of local interaction and meanings as related to the social context in which they actually occur (Pidgeon & Henwood 1997). Being data driven rather than theory driven, this method was chosen to explore the psychological processes at work within this case study that particularly supported the emotional health and

well-being of its participants. Using both verbal and non-verbal information, observations focused on interpersonal interactions, responses to task and the discourse within the group. This approach was also used to identify key perceptions on the impact of the group as reported by the students, staff, parents and facilitators. Qualitative analysis was then triangulated with inventory measures and interview data to evaluate the impact of the group on emotional health well-being of this particular case.

3.4.9 Qualitative Analysis Procedure

The researcher worked through the basic data, generating codes to refer to low level concepts. These were then analysed and interpreted to more abstract categories. Categories were then used as the basis for emerging themes, constantly modified and developed as data from the range of sources was triangulated. Open coding enabled the researcher to get close to the intricate aspects of the data. This was followed by refining the index system, writing memos and integrating categories (figure 2).

Figure 2: Visual progression of qualitative data analysis:



Each transcribed unit of data was scrutinised for meaning and importance. Once a concept was identified it was coded within emergent areas under a specific concept heading. As analysis progressed concepts required continual refining and modifying. Concepts were never static as many

concept categories began to form higher order interpretations as soon as they were recorded. Some concepts, when analysed at a closer level were actually expressing two different ideas and needed to be divided whilst others conceptualised the same factors so were eventually merged together. Constant comparison was required as connections between categories emerged demanding a progression from a descriptive to a more abstract level of thinking. The analysis was then made more explicit by the formation of a definition once categories had reached saturation.

Using this method provided a model for research that is flexible, enabling relevant processes to emerge from information which was loosely structured and initially disorganised. Data was then ready to be used for interpretive analysis which can help unravel the multiple perspectives and realities for the research participants within this case study.

3.5 Results

Data are presented in two sections relating directly to research questions 1 and 2. Research question 3 is answered in the discussion using the presented results. Key emergent processes within this intervention are presented through analysis of observational data triangulated with interview data. The outcomes of the group are then presented in relation to the effect of the intervention on the emotional health and well-being of the students.

3.5.1 Research Question 1

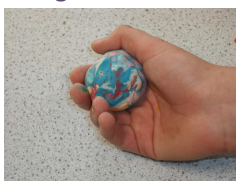
What are the key processes that impact on the effectiveness of the 'Loss and Change' model of group intervention?

Eight key themes emerged from analysis of descriptive and reflective observations and semi-structured interviews with student, staff and facilitator participants. These key themes reflect the processes identified in this case study as influencing the effectiveness of the Loss and Change

Programme. They are presented in table 1 with a summarising definition and illustrative data.

Table 1: Key themes, illustrative data and definitions of emergent processes

Key theme	Definition
Safe space	The presence of a safe environment supported student participants in sharing more challenging thoughts and feelings. This was influenced physically, through group location and seating structures within the sessions and emotionally, through agreeing confidentiality and the setting of boundaries. The principles of containment emerged as key to creating this safe space.
Illustrative data	<p><i>"I think it provided a place where she could off-load and say things that she might not be able to say to other people or people she sees everyday" (parental interview post intervention)</i></p> <p><i>"students seemed to need things to touch or maybe have a barrier between them to help talk about more uncomfortable feelings" (facilitator interview post intervention)</i></p>
Peer interaction	The make-up of the group was of evident importance from the start. Patterns in physical proximity throughout the sessions reflected the underlying emotions, occasional tensions and comfort students found within the group.
Illustrative Data	<i>"(Anon) more reluctant today, took himself away from the group at this point and drew 3D figures. He went on to explain that drawing things like this keeps him calm" (descriptive observation, session 4)</i>
Emotional expression	Emotions were continually discussed by most students throughout each session and regression to earlier developmental states emerged in their preference for creative materials. Some students displaced discussion about emotion onto external objects and metaphors (figure 3).
Illustrative data	<i>"I think he finds it easier now to talk to other people. He used to hold everything up inside but now he's better at letting it out and talking to others about how he feels" (parental interview post intervention)</i>
Figure 4	<i>"when (anon) was making his face/stone, he used different colours to mix up and represent the idea of 'confused', was very keen to then take this home" (Descriptive observation session 3)(Figure 4)</i>
Patterns of discourse	Discursive interactions increased when participants were free to communicate using their own language. Metaphoric language embedded in current teenage culture represented underlying ideas.




Illustrative Data	<p>1st student: "I haven't had a bad life" 2nd student: "Yeah well, I've had a ****life, mum's a ****head and I've moved like 6 times"</p> <p>'Confused.com', written by (anon) drawn at the bottom of the body – took this idea on and repeated it throughout the session – is this his way of explaining how he feels? (reflective observation, session 3)</p>
Nature of activities	<p>The frequency and intensity of verbal discussion increased when participants were engaged in practical, creative activities. Open-ended tasks increased individual responses, compared to more structured tasks, and greater self expression was evident when these activities were used (figure 5)</p>
Illustrative Data Figure 5	<p>"The cathartic quality of physically making something seemed to release the communication and talking about more difficult areas (Reflective observation – Session 3)</p> <p>Student A: "You didn't get told what to make – you could make what you want"</p> <p>Student B: "Yeah, you could let your stress out by doing something with your hands" (Student discussion in group interview post intervention)</p>
	
Transitions	<p>Increased patterns of externalising behaviour were evident at times of transition, particularly entering and leaving the group each week. Specific objects appeared to adopt a transitional purpose for some participants.</p>
Illustrative Data	<p>"Pattern seems to be in each week that first five minutes are 'high' ...do then settle in to the session and calm down" (Reflective observation session 5)</p> <p>"(anon)asked me if she could take home photographs of the group and carefully wrote on the back the activity, date and what she thought of it" (descriptive observation – session 6)</p>
Peer Support	<p>Incidences of peer support increased as the intervention progressed. Examples of peer support transcended gender and age in the latter half of the programme.</p>
Illustrative Data	<p>One student talked about visiting the cemetery and getting upset and crying. One of the group offered to go with her next time (Descriptive observation – Session 3)</p>
Duration of intervention	<p>The length of the programme could have benefited from being longer to create more opportunities for building resilience</p> <p>"longer period of time may have been useful to cover more coping strategies/moving on ideas which the students could then transfer to other parts of their lives" (facilitator interview)</p> <p>"I think it should go on a bit longer, maybe like 8 weeks" (student interview)</p>

Figure 3: A photograph of the expression of emotions through creative metaphor



Figure 4: A photograph of students using 'kinaesthetic' tasks within a group session



Figure 5: A photograph of a multi-coloured 'stress ball' made by one participant representing a confusion of emotions.



3.5.2 Research Question 2

What is the impact of a 6 week group intervention on the emotional health and well-being of a group of secondary age students?

a) Parent/Carer responses

Parents/carers reported on observed differences in their children one month following the last group session. All six parents who provided information reported a positive change in their child and a range of effects were indicated (table 2).

Table 2: A summary of parent reported effects

Reported Impact	Frequency of report
Positive change in emotional response (e.g. calmer)	2
Increased ability to talk about feelings	5
Decrease in negative behaviour (e.g. reduction in detentions)	2
Positive shift in attitude (towards learning and others)	4
Increased support towards others	2
Increased confidence	2

Whilst reported effects from all six parent interviews were positive, one parent reported continued effects and potentially enhanced concerns since the group had finished:

“She is still carrying a huge amount of anger and is experiencing frequent ‘let downs’ by her mother so I am still very concerned about her emotional well-being. Now she has had the opportunity to talk about stuff and we have started to talk more between us I think we are both realising that her situation is affecting her more maybe than we realised”

One parent highlighted the difficulty in attributing positive effects to the intervention itself:

“Overall he is becoming a lot calmer, I don’t know whether that’s directly as a result of the group but he definitely is being able to provide more input into how he is feeling about things”

b) Student Self-Report including measures

In a semi-structured group interview participants were asked to consider any changes they felt had occurred as a result of engaging with the intervention (Table 3).

Table 3: Student self-reported effects

Area of reported impact	Illustrative comment
Interaction with others	<i>“Helped with situations at home, sort of, maybe..like me and my mum used to argue a lot over stupid stuff and ever since I’ve started the group me and my mum have got on”</i>
Handling feelings	<i>“I can control different emotions easier, am better than before about this”</i> <i>“Helped me to calm down, the relaxation activities actually worked. I use it in class when I get annoyed with the teachers – count to 10 don’t work for me”</i>
Talking to others	<i>“I used to get embarrassed talking about things that had happened and now I can”</i> <i>“Can talk to my friends about stuff – don’t really talk to my family, this has stayed the same”</i> <i>“Can talk about stuff more in the group, obviously not all stuff because there’s some things that I don’t want to”.</i>

Six students completed the Adolescent Well-being Scale (Birleson 1981) a week before the intervention started and a month after the last session. Low scores reflect a higher level of well-being with a score of 13 or more

considered a potential indicator of a depressive disorder. Table 4 presents the total scores calculated from the Adolescent Well-being Scale at different points in the case study.

Table 4: Table of total scores on the Adolescent Well-Being Scale (Birelson 1981)

ID	Pre Intervention	Post Intervention	Change
1	9	9	0
2	13	13	0
3	11	5	-6
4	11	9	-2
5	6	5	-1
6	13	12	-1
7	n/a	n/a	n/a

Four students' self-report measures decreased across the intervention and two students' self reports remained the same. No students showed an increase in score although one student's scores were inaccessible due to their fluctuation in attendance and engagement with the group.

c) Participant views

Student participants, parents and staff were asked to report their opinions regarding the group through semi-structured interviews. Students were also asked to record on a bipolar adjective rating scale their judgements about the programme they were involved in. The following key themes were derived from this feedback data:

Table 5: Key emergent themes from feedback following intervention

Key theme	Illustrative data
The intervention as a group format was deemed important by both students and parents	<i>“was nice to be in a group for once rather than on your own. When it’s face to face it’s really awkward, it’s more difficult to express your feelings” (student)</i>
Participants thought about the group at other times	<i>“I had a dream about the group, when I was a bit upset I would think about the group” (student)</i>
The group intervention became a motivator for some students to attend school.	<i>“I’ve been looking forward to the group every Monday” (student)</i> <i>“It’s made me come to school” (student)</i>
Having an available provision for more vulnerable students was seen as important	<i>“I think the group has been a very good thing, there are always going to be students who are more vulnerable and it is good to have something like this for them to access (Parent)”</i>
The group would be recommended to others by parents and students	<i>“I would say that it’s a really good group, you get stuff out of it and you can trust the people in there” (student)</i> <i>“I would really recommend other students doing a group like this. I think it would be great if this provision was available for her brother...he sees a counsellor but I think it would help him to be part of a group” (parent)</i>
Peer support was identified as a key factor	<i>“If you done it on your own, you would feel like it’s only happened to you, if you done it in a group you know that it’s not just you, it’s other people as well” (student)</i> <i>“Sometimes you feel it’s just you it’s happened to. Now I know that it’s like 1 in 4 its happened to” (student)</i>
Student participants reported that some activities were less useful	<i>“The first aid kit activity got confusing, could have done something different like draw out your first aid kit” (student)</i> <i>“Would be good to do more active stuff, like cooking or some stuff outside” (student)</i>
Students had strong views on who should facilitate the group	<i>“If it was a teacher or something like from your maths class, then that wouldn’t be good because then every maths lesson they might be like keeping an eye on you and then it would be awkward” (student)</i> <i>“If you tell someone you don’t know that well then they listen more” (student)</i> <i>“Like what (anon) does, not like a counsellor but you can talk to her, she’s a listener, should get them to run it” (student)</i>

d) Semantic Differential Scale

Six student participants completed an eight point bipolar adjective scale measuring evaluative opinions regarding the group. This is based on a seven point scale where 0 is the maximum negative score and 56 the maximum positive score. All students presented positive scores regarding the group ranging from 37 to 54 with a mean score of 48.6 (see appendix 40). This indicates that on the adjective pairs presented, all students had positive views about the group intervention with a highly positive mean score.

3.6 Discussion

This case study investigated the implementation of one type of intervention, devised by the Educational Psychology Service to address the needs of pupils who have experienced loss. Whilst there was an evaluative element to this case, the main aim was to provide information about the processes and outcomes of such a model of service delivery to inform future EP practice in building the capacity of schools to support loss.

3.6.1 Key findings:

1. There are a number of processes, underpinned by psychological principles, which had an impact on the effectiveness of this intervention and therefore need to be considered for future groups.
2. Triangulated data indicates that this intervention had a positive impact on the emotional health and well-being of six of its participants. One student was unable to access the programme consistently.
3. Key factors require consideration if practitioners wish to implement the programme in schools as part of Educational Psychology practice, particularly if the focus is on developing an 'in-house' provision. These are; duration of the programme, staff facilitators, required contexts, resources and implementation

3.6.2 Processes

An essential part of any case study is identifying key programme components and practices that account for positive outcomes (Grych & Fincham 1992). Eight processes were identified as having an impact on the effectiveness of the group and were summarised in the results section.

Emotional expression threaded through the whole programme. Active, creative activities appeared to unlock emotional discourse which increased at these times and a range of medium was used to express this. Using such

activities provided a non-threatening means of exploring affective responses (Dalley 1990), particularly those of an ambivalent nature. One participant chose a card depicting a stone with a hole in the middle, indicating that she was drawn to that one because “I often feel empty inside”. Humour infiltrated sessions and was seen to be used as a defence mechanism to diffuse emotions.

Regression to earlier states was frequently evident throughout the group. Students wanted to use play dough, were transfixed by simple picture stories and engaged readily with board games. The safety of the group and permission to do this emerged as important to the students and appeared to help participants relax and engage with activities that they initially indicated were too young for them.

Peer support was identified as one of the strongest benefits of this group intervention and became more cohesive as the programme ran its course. In semi-structured interview, student participants indicated that having a mixed age and gender group supported group cohesion; “it helped because now I can talk to other people in the other year groups” (student participant). This links to research by Yalom (1985) on the commonality element to groups as supporting emotional expression, a mechanism that was observed in this intervention.

Patterns of physical proximity emerged through observation and appeared to reflect interpersonal interactions. At times within the sessions, individuals would take themselves out of the group to work independently, particularly when emotions were running high, and then gravitate back towards the rest of the group. In creating an environment where students had the freedom and physical space to group themselves, these processes could happen naturally on a needs basis.

Periods of transition were identified as one of the most challenging times for the participants. Students frequently entered the room with some ‘bravado’, jostling, laughing and joking with one another, perhaps trying to

assert their presence. Once in the group, with the door shut, observed patterns quickly changed and participants would settle and become calm. Interestingly, transitional objects (Winnicott 1969) were formed as students requested to take models they had created home and wrote carefully on back of photographs they had been given. One student spoke of a bracelet her social worker had given her in the past and she reported that wearing it helped her to stay calm.

The principles of containment can be applied to this observed phenomenon at multiple layers. On a macro level, the school provides a structured environment whereby the community within are contained (Youell 2006), at a meso level, the room provides a safe consistent space (emphasising the importance of keeping the room the same each week), and at a micro level organising students closer together round a table appeared to support them more than sitting in a circle with open space in between. Applying such psychoanalytic principles to group intervention for loss would suggest that this model is ideally located in schools as it provides a familiar, containing environment.

Students highlighted the different roles that would be required for anyone facilitating the group and identified that clear boundaries around this would be needed. Implementing this intervention in schools therefore requires a careful consideration of who is most appropriate to take on the group and has implications of schools taking on this model as an in-house intervention.

3.6.3 Outcomes

Positive effects were indicated through analysis of self-report measures, student and parent responses. Together, data suggests that the emotional health and well-being of six of the seven student participants was improved following inclusion in the 'Loss and Change' intervention programme. A range of positive effects were indicated that bridged social, emotional and behavioural benefits. The most reported effect by both

students and their parents was an increased ability to express, share and manage their emotions, supporting their interactions with others and behaviour. Working through the emotional responses associated with loss is one of the key tasks of mourning proposed by Worden (1983) indicating that the group played a part in helping these participants move through the grief process.

For one student, this kind of intervention appeared to be less effective and no measures were able to be determined for this student. Due to personal circumstances the parent of this student was unfortunately unavailable for interview post intervention. The participant was initially keen to join the group and would return each week. However, the participant presented with ambivalence towards the group, often taking themselves off on their own then seeking personal support from the facilitators. This student presented with an insecure-ambivalent group attachment, characterised by intense fluctuation between group activities and individual activities, yet not truly engaging with either, leaving and entering the room itself frequently (Brisch 2009). They appeared to want to access support but found it challenging to engage with emotional relationships within the group, preferring instead to engage with facilitators individually.

This individual case highlights the importance of targeting interventions for loss particularly carefully yet also demonstrates how this task is not a simple one even when careful guidelines are adhered to. As Ross and Hayes (2004) have indicated in their group work on loss, the differentiation between normal and complex grief processes is crucial when considering appropriate intervention. As the intervention progressed it became more apparent that this student was experiencing unresolved issues that were likely to require more individualised therapeutic intervention. This example emphasises the need for pre-intervention consultation with school staff to be rigorously structured and informed by theory on loss intervention, to ensure students are able to access the provision most suitable to their needs.

3.6.4 Methodological considerations

A case study design was chosen to ensure a richness of data from contextually based qualitative sources. However, as this case study follows a single case design it must be acknowledged that there may be alternative explanations for the positive shifts reported following the intervention. For example the potential maturation effect where the child may change naturally over the course of an intervention (Robson 2002). Indeed one parent mentioned that it was difficult to know whether the change she saw in her child was as a result of them being part of the group intervention or attributed to other factors. Attributing effects is an inherent challenge with exploring the outcomes of such interventions. However, the short duration of the programme compared to the longer period of time required for maturational effects to appear suggests a greater likelihood that the intervention had a positive impact.

In order to draw definitive evidence about the programme's effectiveness, further research using a pre-post multiple case design may be required with the sole purpose of evaluating the programme and measuring its impact compared to a control group. Additionally, follow up measures could be used to identify whether this intervention has a lasting impact on emotional health and well-being for this target group.

The methodological challenges in using such a design for interventions targeting loss are multiple and broadly acknowledged in the field (Doka & Martin 1998). With the effects of loss identified as wide-ranging, highly personalised and significantly influenced by environmental factors following loss, establishing comparable groups at the outset would be a challenging endeavour. Indeed, Allumbaugh and Hoyt (1999) were unable to resolve their research question regarding the benefits of grief intervention due to the difference between the groups in the interventions studied. Replication studies are however required to evaluate the

intervention with different group leaders and different schools to confirm findings (Pedro-Carroll 2005).

3.6.5 What are the emergent issues for Educational Psychology Services in embedding this model of intervention within schools?

This case study explored a weekly intervention over 6 weeks and indicated positive effects within this example of real-world implementation. Data suggests that a longer intervention could be a future development to enable participants to build longer term coping strategies. Other interventions for loss have explored the impact of different implementation structures, for example research on 'The children of Divorce Intervention programme: CODIP' (Pedro-Carroll 2005) has found that 16 weekly sessions rather than twice weekly 8 week programmes had more positive outcomes. A comparison study between the 6-week version and a more extended Loss and Change Programme may be useful to identify which model creates the most positive outcomes.

The effectiveness of intervention programmes depends heavily on the commitment and skills of group leaders (Pedro-Carroll 2005). The facilitators' sensitivity, ability to establish a safe, trusting environment and to encourage children's involvement in the group all contribute to the development of a cohesive group environment. The group in this case study was facilitated by Educational Psychologists. They were external to the school, trained in delivering this kind of intervention and had the professional skills to know how to address issues when they arose in the group.

It cannot be determined from this case study alone that the 'Change and Loss' Programme would have the same outcomes in a different school context, with different participants and different facilitators. Best practice guidelines associated with an intervention for children of divorce (CODIP, Pedro-Carroll 2005) emphasise the need for ongoing training and close

supervision to group leaders in child mental health, group processes and facilitation skills. Pedro-Carroll (2005) suggest that it is not unusual for painful emotions to surface during meetings that require sensitivity, empathy and skilled facilitation. They argue that leaders should therefore be experienced mental health professionals or certainly receive close supervision while conducting groups.

One implication of this case study is that the 'Loss and Change' intervention could be trialled for a collaborative delivery model involving Educational Psychologists and carefully chosen school based staff. This would involve Educational Psychology Services providing training, clear identification pathways based on current research, regular consultation sessions to supervise practice and a comprehensive programme of materials.

Such a model of practice would require further research to establish whether it enhances positive outcomes for the children and young people involved (Han & Weiss 2005). Ongoing evaluations are important if group interventions are to continue in a healthy and constructive way (McConnell & Sim 2000).

A summary of future considerations for practitioners looking to develop this model of working are summarised into factors associated with programme development and those associated with implementing the model (table 6).

Table 6: Future considerations for this model of intervention

Future considerations	
Programme Development	Implementation of model
<ul style="list-style-type: none"> ➤ The physical set up of the group should be kept consistent each week with consideration over seating structures within the group. ➤ A focus on creative activities within the group increases emotional expression and interpersonal discourse. ➤ Extending the group for a longer period to build in the development of coping strategies and resilience building may be appropriate. 	<ul style="list-style-type: none"> ➤ Structured information should inform initial identification of pupils for this intervention. Relevant research should be used to ensure pupils are appropriately placed within a group intervention. A mixture of age and gender is optimum. ➤ Facilitators require training in group processes and recognising non-verbal communications relating to space and proximity. ➤ It may be appropriate for school staff to lead groups such as this but consideration over their current role in school and provision for training and supervision would be required.

3.7 Future directions

The findings of this case study indicate that there is a potential role for Educational Psychologists in building the capacity of schools to support loss through group intervention. Implementing a group approach not only offered direct support to the participating students but enabled school staff to develop their skills in using such an approach. The member of staff involved with this group has now taken on some of the principles and is working with small groups of students with support provided from a member of the Educational Psychology Service through joint facilitation and consultation. The next step will be to develop an understanding of this

collaborative model of intervention, under such real-world conditions to ensure this model of delivery is appropriate, effective and value for money.

Section Four

Research Conclusions

This two phase research project suggests that there is indeed a role for schools to play in supporting early intervention for pupils who have experienced loss. Schools are well positioned to form an essential part of integrated services in developing the emotional health and well-being of children. Presently, school staff adopt a number of roles in supporting loss as an issue that permeates the classroom on a daily basis. Increasing numbers of staff are being given the specific remit to support this area and systems are being developed to address loss universally within the curriculum. Practice however, varies widely across schools and staff perceptions are influenced by range of factors at an individual, situational and contextual level.

This research identifies staff willingness to support this area, an awareness stemming from practical experience of the kind of impact loss can have and a concern for children who may have experienced a range of losses. Schools require support in developing identification procedures to ensure children who require additional provision are able to access it following a range of loss experiences. Additionally, the confidence levels of staff require addressing to ensure they feel capable of supporting this area if they are expected to.

Educational Psychologists are well-placed to promote developments to address these areas of need. They have comprehensive knowledge of school systems, theoretical understanding of child development and the effects of loss on mental health and the ability to co-ordinate, supervise and train staff in meeting such needs. One model of intervention that could be implemented by Educational Psychology Services is presented in phase two with positive reported effects for this cohort of young people.

As a practitioner in education, it has been a long held interest to research the impact of loss in children and young people. Ensuring an evidence based approach to decisions about interventions must lie at the heart of professional practice and working on this project has afforded me many transferable skills in this area. I have since become a 'Loss and Change' programme facilitator and continue to evaluate the impact of this intervention in other schools in the local authority. It has been a valuable opportunity to reflect on my own practice, offer a constructive contribution to service delivery and above all work with a group of highly inspirational students. It is these students who lie at the forefront of this endeavour to ensure support for others like them.

Section Five

5.1 References

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Section Six: Appendices

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Appendix 1

Details of search terms used for literature review

Relevant literature was sourced over a ten month period. The table below presents the search terms used to identify primary source materials. Citation searches sign posted alternative sources of relevant literature and documents were recommended through ongoing liaison with schools and voluntary organisations as part of the research study. Parameters for inclusion of primary sources were that the research could be at least partly generalised to the current research study with adequate reliability and validity, based mainly in countries with education systems similar to the British system, have available access to full information and be relevant to the research questions.

Search Engines	Key words used
<ul style="list-style-type: none">• EBSCO EJS• PsychARTICLES• ERIC Plustext• Education Research Complete• Ingentaconnect• ScienceDirect• Individual searches through specific journals relating to Educational Psychology	<ul style="list-style-type: none">• Loss• bereavement• divorce• children• young people• schools• interventions• impact, group work• attitudes• perceptions

Details of Questionnaires

The management perspective questionnaire can be found at
<http://elac.exeter.ac.uk/limesurvey/index.php?sid=62982&lang=en>

The school staff questionnaire can be found online at
<http://elac.exeter.ac.uk/limesurvey/index.php?sid=84694&lang=en>

Supporting schools in the area of Bereavement and Loss in East Sussex: Management Perspective

This online survey forms part of a research project into the role of schools in supporting young people experiencing Bereavement and/or Loss in East Sussex, conducted by East Sussex Educational Psychology Service and the University of Exeter, School of Education and Lifelong Learning.

The research aims to establish a clearer picture about where support for this particular group of young people would be best targeted in East Sussex Schools and this particular survey seeks the views of management staff in school across East Sussex including primary, secondary and special provision.

It aims to:

1. Develop a clearer picture of factors associated with identifying and supporting young people who have experienced Bereavement and/or Loss in schools.
2. Identify the current capacity of schools to support pupils in this particular area
3. Seek your views on what might still be required to support schools further

Ultimately, this survey offers you the opportunity to share your views on this issue and will be used to inform the Bereavement Strategy Group in East Sussex.

The quantitative and qualitative information this survey gathers will be analysed and presented in the final report. A summarised version of this information will be sent directly to you via e-mail along with information about how it has been used to inform further decisions.

It is fully appreciated that this can be a very sensitive area and that circumstances in each case vary greatly.

Please submit your answers no later than **10th July 2009**

Prevalence of Loss

1:

1. What number of young people in your school have experienced loss through death of a parent?

Please choose *only one* of the following:

- 0
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 10-11
- 11-12
- 13-14
- 15-16
- 17-18
- 18-19
- 20+
- Other

2:

2. What number of young people in your school have experienced loss through death of a sibling?

Please choose *only one* of the following:

- 0
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 10-11
- 11-12
- 13-14
- 15-16
- 17-18
- 18-19
- 20+

Other

3:

3. What approximate percentage of young people in your school have experienced loss through parental separation?

Please choose *only one* of the following:

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Other

4:

4. How many young people do you currently have on roll?

Please write your answer here:

Information Sharing

1:

5. How is information usually received regarding a loss through Bereavement?

Please choose the appropriate response for each item:

	A lot	Some	A little	None at all
Telephone Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapevine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting with parent/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil informs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not find out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2:

6. How is information usually received regarding a loss through family breakdown and/or divorce?

Please choose the appropriate response for each item:

	A lot	Some	A little	None at all
Telephone Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapevine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting with parent/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupil informs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not find out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3:

Rate how often you are told what you need to know about a young person's loss situation

1 = Never 3 = Some of the time 5 = Everyday

Please choose *only one* of the following:

1 2 3 4 5

4:

8. How is this information usually shared with your staff?

Please choose the appropriate response for each item:

	A lot	Some	A little	None at all
Staff meeting/briefing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual notice board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written note/memo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grapevine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5:

9. Detail any other ways that information is shared with staff:

Please write your answer here:

6:

10. In your experience, what are the challenges for effective information sharing in this area?

Record your answer

Please write your answer here:

Long term effects of loss

1:

11. Describe what you view to be longer term effects of loss.

Record your answer

Please write your answer here:

2:

12. What number of young people, in your school in the past year, do you feel have been affected by the longer term effects of loss?

Please choose **only one** of the following:

- 0
- 1-5
- 6-10
- 11-15
- 16-20
- 20+

3:

13. What would indicate that a young person may require additional support provision (either from within school resources or outside agencies)

to help them deal with a loss experience?

Please write your answer here:

Provision

1:

14. In the past year, how many times have the following external agencies been involved in supporting young people with loss in your school?

Record 0 if they have had no involvement.

Please write your answer(s) here:

Dragonflies	:	<input type="text"/>
Fegans	:	<input type="text"/>
COPEs	:	<input type="text"/>
Educational Psychology Service	:	<input type="text"/>
YAC	:	<input type="text"/>
Family Support Service	:	<input type="text"/>
Waves	:	<input type="text"/>
Winston's Wish	:	<input type="text"/>
Other	:	<input type="text"/>

2:

15. What kind of provision/intervention/support do they provide?

Record details of type of provision, length of input, whether it is 1:1 or group etc.

Please choose all that apply and provide a comment:

<input type="checkbox"/> Dragonflies	<input type="text"/>
<input type="checkbox"/> Fegans	<input type="text"/>
<input type="checkbox"/> COPEs	<input type="text"/>
<input type="checkbox"/> Educational Psychology Service	<input type="text"/>

<input type="checkbox"/>	YAC	
<input type="checkbox"/>	Family Support Service	
<input type="checkbox"/>	Waves	
<input type="checkbox"/>	Winston's Wish	
<input type="checkbox"/>	Other	

3:

16. Record any other external agencies which provide support around loss for pupils in your school.

Record the name of the service and what they provide.

Please write your answer here:

4:

17. Do you have in-school staff who are specifically responsible for providing support for Bereavement and Loss?

Please choose **only one** of the following:

- Yes
- No

5:

18. If yes: who is responsible for this area in your school and what do they provide?

Outline in the comments section what they provide

Please choose all that apply and provide a comment:

<input type="checkbox"/>	SENCO	
<input type="checkbox"/>	Welfare officer	
<input type="checkbox"/>	Teaching Assistant	
<input type="checkbox"/>	Pastoral Co-ordinator	
<input type="checkbox"/>	Headteacher	

Class
teacher

5:

19. Please detail, if applicable, any further in-school staff who are involved and what support they provide.

Please write your answer here:

Training

1:

20. Have any of your staff accessed specific training in the area of Bereavement and/or Loss?

Please choose *only one* of the following:

- Yes
 No

2:

21. If yes: please detail which staff roles have received training and what type of training this was.

Please write your answer here:

3:

22. To what extent do you feel more training is required for staff in the school.

Please choose *only one* of the following:

- A lot
 Some
 A little
 None at all

4:

23. To what extent do you feel the following roles require training in this area?

Please choose the appropriate response for each item:

	A lot	Some	A little	None at all
Teaching Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Needs Assistants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premises Managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SENCO/INCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral Co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midday Meals Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loss Education

1:

24. To what extent do you feel this area should be addressed through loss education for all young people?

Please choose **only one** of the following:

- Very much so
- To some extent
- To a slight extent
- Not at all

2:

25. To what extent does your school currently address loss through the planned curriculum?

Please choose **only one** of the following:

- Very much so
- To some extent
- To a slight extent
- Not at all

3:

26. If loss is addressed through the general curriculum, please outline the year group and curriculum areas where it is included.

Please write your answer here:

4:

27. Is loss addressed in any other ways within your school?

Please choose **all** that apply:

Circle time

Tutor times

Assemblies

Other:

5:

28. Aside from your critical incident policy, does your school have a policy on supporting pupils with Loss?

Please choose **only one** of the following:

Yes

No

Not sure

Type of Loss

Consider your school's response to loss through a **Bereavement** compared to a **Parental Divorce/Family Breakdown**.

1:

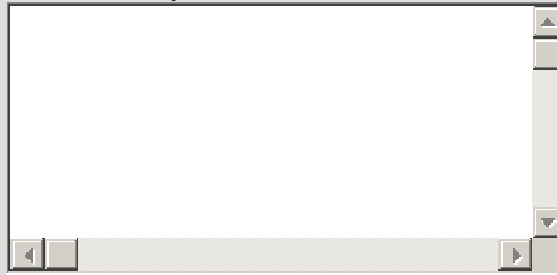
29. How is the school response to loss similar for Bereavement and Parental Divorce/Family Breakdown?

Please write your answer here:

2:

30. How is the school response to loss different for Bereavement and Parental Divorce/Family Breakdown?

Please write your answer here:

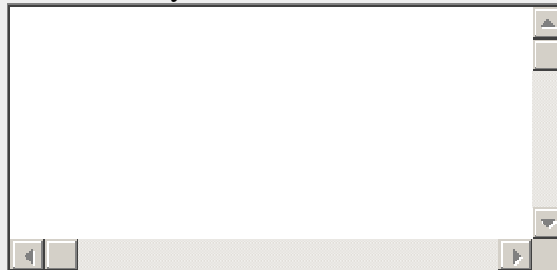


Future Development

1:

31. Detail any further development you feel is needed as a school for supporting pupils in the area of Bereavement and/or Loss.

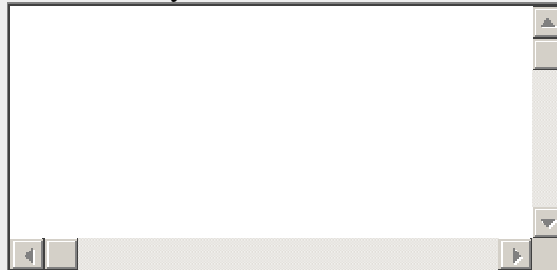
Please write your answer here:



2:

32. Detail any further support you would like as a school for supporting pupils in the area of Bereavement and/or Loss

Please write your answer here:



About You

Please record some details about your role and school.

1:

33. Title of Role

Please write your answer here:



2:

34. Length of time in role at this school

Please choose **only one** of the following:

- Less than 1 year
- 1-2 years
- 2-5 years
- 5-10 years
- More than 10 years
- Other

3:

35. Type of school

Please choose *only one* of the following:

- Infant
- Junior
- Primary
- Secondary
- Special
- PRU
- Other

4:

36 Location of school

Please record the nearest town to your school in East Sussex

Please choose *only one* of the following:

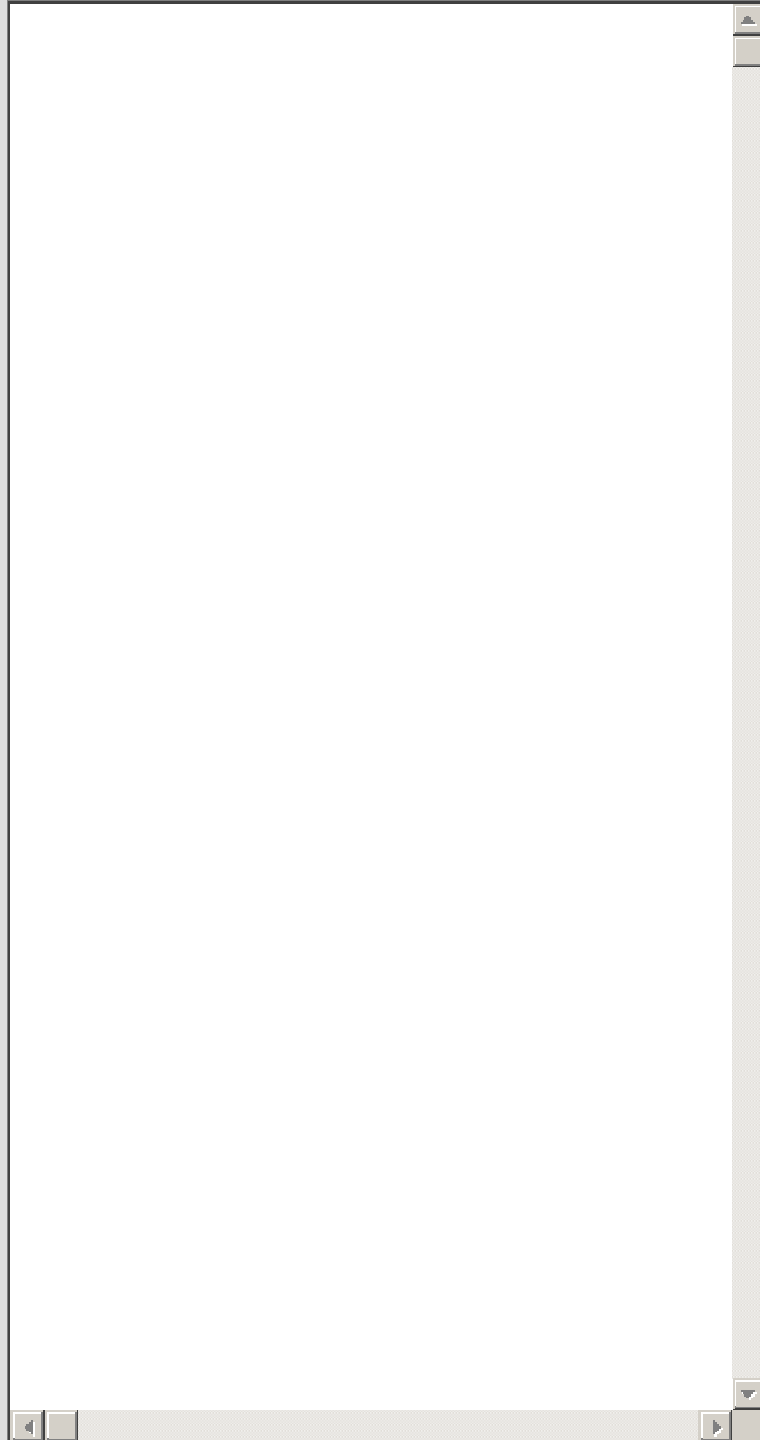
- Eastbourne
- Lewes
- Crowborough
- Hailsham
- Uckfield
- Hastings
- Hailsham
- Bexhill
- Heathfield

Seaford

Other

5: A space has been provided below should you wish to record anything further on this topic

Please write your answer here:



Submit Your Survey.

Thank you for completing this survey..

Supporting schools in the area of Bereavement and/or Loss: School Staff Perspective

This online survey forms part of a research project into the role of schools in supporting young people experiencing Bereavement and/or Loss in East Sussex, conducted by East Sussex Educational Psychology Service and the University of Exeter, School of Education and Lifelong Learning.

Your school has agreed to participate a more focused aspect of the research: school staff perspectives on supporting students who have experienced loss through Bereavement or Family Breakdown.

The goal of this part of the research is to gain a clearer picture of the following:

- 1) Staff perspectives on what constitutes a significant loss
- 2) Staff views on your own role within schools in supporting this group
- 3) Current levels of training and experience within schools
- 4) Future training needs

Ultimately, as a valued member of your school staff team, this survey offers you the opportunity to share your views on this often challenging issue and will be used to identify how external services can best support schools in this area.

The quantitative and qualitative information this survey gathers will be analysed and presented in the final report. A summarised version of this information will be sent directly to you via e-mail along with information about how it has been used to inform further decisions.

All information in final reports will be anonymous and no data will be reported that may enable any participants to be identified. It is fully appreciated that this can be a very sensitive area and that circumstances in each case vary greatly. We ask you to complete the questions with that in mind.

Own Experiences

1:

1. Have you had any direct experience of working with a young person who has been affected by a Bereavement and/or loss?

If you have answered 'no' please pass through the next 4 questions to the next group of questions.

Please choose **only one** of the following:

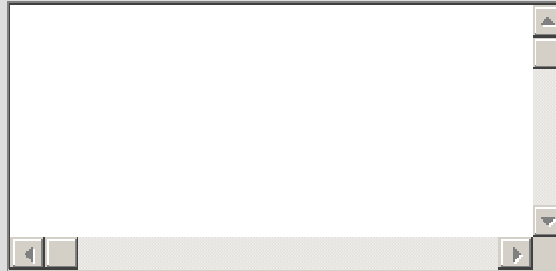
Yes

No

2:

2. If yes, consider one young person and outline the nature of their loss experience.

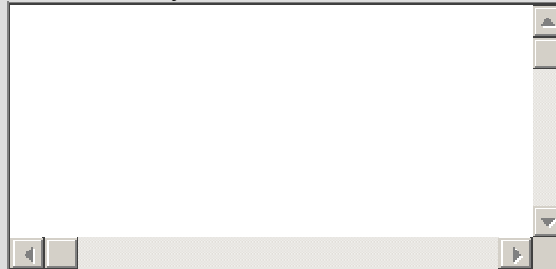
Please write your answer here:



3:

3. If yes, outline how you feel the loss affected that young person

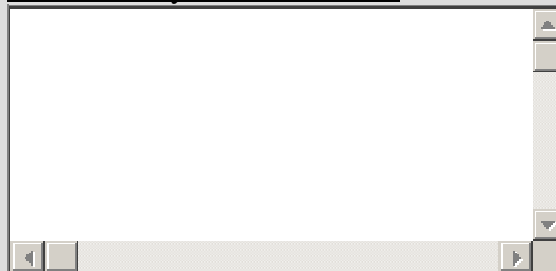
Please write your answer here:



4:

4. If yes, outline the role you played in supporting the young person with their loss.

Please write your answer here:



5:

5. Please provide an approximate number of young people per year with whom you are involved in supporting with a loss experience.

e.g 3 per year

Please write your answer here:



Vignettes

The following offers a set of vignettes. Please read each vignette and provide a rating on the extent to which you feel that situation is likely to put that child at risk of further detrimental effects.
1 = Low risk 3 = Medium risk 5 = High risk

1:

6. The mother of a boy, aged 10, dies. He has two younger siblings and continues to be looked after by his father in the family home.

Rate the extent to which you feel this kind of loss in these circumstances would affect these 3 areas of functioning.

Please choose the appropriate response for each item:

Behaviour (internalising or externalising)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Social and emotional wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Learning/attainment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

2:

7. The parents of a girl, aged 13 decide to separate. She continues to live with her mother and older brother. Her father moves abroad and does not make any more contact with the family.

Rate the extent to which you feel this kind of loss in these circumstances would affect these areas.

Please choose the appropriate response for each item:

Behaviour (internalising or externalising)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Social and emotional wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Learning/attainment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

3:

8. A boy, aged 7, now lives with his mother and brother. His father died unexpectedly of a heart attack the previous year.

Rate the extent to which you feel this kind of loss in these

Please choose the appropriate response for each item:

Behaviour (internalising or externalising)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
--	----------------------------	----------------------------	----------------------------

circumstances would affect these areas.		<input type="checkbox"/>	4	<input type="checkbox"/>	5		
	Social and emotional wellbeing	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Learning/attainment		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		

4:

9. The parents of a girl, aged 13 decide to separate. Both parents continue to live locally. She lives with her mother and older brother and spends time at her father's house at the weekend.

Rate the extent to which you feel this kind of loss in these circumstances would affect these areas.	<u>Please choose the appropriate response for each item:</u>						
	Behaviour (internalising or externalising)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Social and emotional wellbeing		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Learning/attainment		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		

5:

10. The single mother of a boy, aged 10, dies. He is placed into short term foster care with a view to finding him adoptive parents.

Rate the extent to which you feel this kind of loss in these circumstances would affect these areas.	<u>Please choose the appropriate response for each item:</u>						
	Behaviour (internalising or externalising)	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Social and emotional wellbeing		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Learning/attainment		<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
		<input type="checkbox"/>	4	<input type="checkbox"/>	5		

6:

11. The parents of a girl, aged 13 decide to separate. She carries on living with her mother and brother. Her father moves away and she

has telephone contact with him. During the holidays she visits him.

Rate the extent to which you feel this kind of loss in these circumstances would affect these areas.

Please choose the appropriate response for each item:

Behaviour (internalising or externalising)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Social and emotional wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Learning/attainment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

7:

12. The single mother of a boy, aged 10 dies. His aunt agrees to continue caring for him and he goes to live with her, her husband and two children.

Rate the extent to which you feel this kind of loss in these circumstances would affect these areas.

Please choose the appropriate response for each item:

Behaviour (internalising or externalising)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Social and emotional wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Learning/attainment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

8:

13. The father of a boy, aged 7 dies following a 6 month period of terminal illness. His mother continues to look after him and his brother.

Rate the extent to which you feel this kind of loss in these circumstances would affect these areas.

Please choose the appropriate response for each item:

Behaviour (internalising or externalising)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Social and emotional wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

Learning/attainment

<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
<input type="checkbox"/>	4	<input type="checkbox"/>	5		

Identification

1:

14. Young people who have experienced Bereavement and/or Loss will experience many effects as a typical part of coming to terms with their experience.

Rate the extent to which the following effects would alert you to the risk of a significant, detrimental and/or longer term response to loss.

1 = Low risk 3 = Medium risk 5 = High risk

Please choose the appropriate response for each item:

Attention Seeking	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Constant anger	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Sleep or eating disturbances	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Anxiety	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Depression	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Acting Out	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
School Refusal	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Overconscientiousness or neglect of school work	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Physical complaints	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Aggression	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
Isolation	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3

	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Excessive negative behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

2:

15. If you were concerned about a young person who had experienced a loss, to whom would you go for further support/advice?

Please choose *all* that apply:

SENCO/INCO

Teacher

Pastoral Co-ordinator

Welfare officer

Deputy/assistant headteacher

Headteacher

Young Person's Parents

Other:

Role and responsibilities

1:

16. To what extent do you feel it is expected of you, as part of your role, to provide support for a young person experiencing a loss?

Please choose *only one* of the following:

Very much so

To some extent

To a slight extent

Not at all

2:

17. To what extent do you feel able, in your role, to provide support for

a young person experiencing loss?

Please choose *only one* of the following:

- Very much so
- To some extent
- To a slight extent
- Not at all

3:

18. How confident do you feel in discussing Bereavement and/or Loss with a young person?

Please choose *only one* of the following:

- Very much so
- To some extent
- To a slight extent
- Not at all

Loss Education

1:

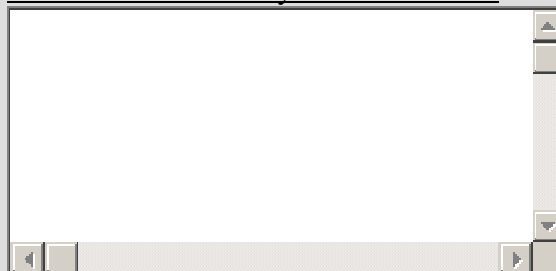
19. Does your school address loss in the general teaching curriculum?

If yes, please record further details about subject and year groups in which loss is addressed.

Please choose *only one* of the following:

- Yes
- No
- Uncertain

Make a comment on your choice here:



2:

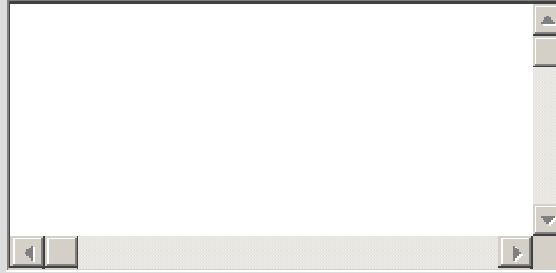
20. Is loss addressed/explored in any other ways within the whole school?

If yes, please record further details about how this is addressed/explored e.g assemblies, special weeks etc..

Please choose *only one* of the following:

- Yes
- No
- Uncertain

Make a comment on your choice here:



3: 21. Do you feel it is appropriate to address loss in the general teaching curriculum?

Please choose *only one* of the following:

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

Training

1: 22. Consider the role you have in school (teaching assistant, administration assistant, teacher etc..).

Do you feel someone in this role should have specific training in supporting young people with Bereavement and/or Loss?

Please choose *only one* of the following:

- Strongly Agree
- Agree
- Undecided
- Disagree
- Strongly Disagree

2:

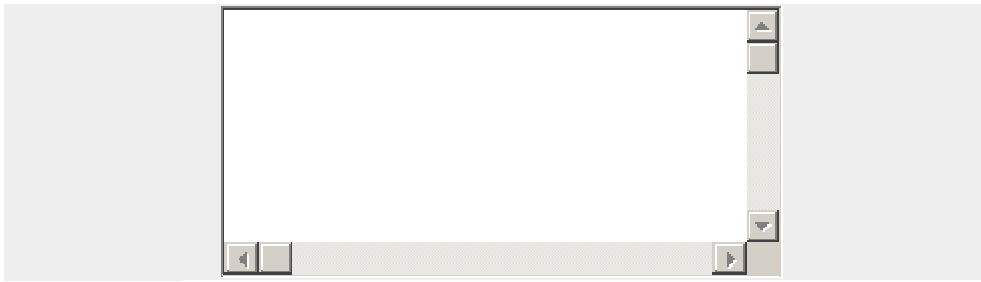
23. Have you ever received specific training for supporting young people with Bereavement and/or Loss?

Please record details of any training in the box

Please choose *only one* of the following:

- Yes
- No
- Uncertain

Make a comment on your choice here:



3:

24. To what extent do you feel trained to support young people in dealing with Bereavement and/or Loss?

Please choose *only one* of the following:

- Very much so
- To some extent
- To a slight extent
- Not at all

4:

25. To what extent would you like to receive initial or further training in supporting young people in dealing with Bereavement and/or Loss?

Please choose *only one* of the following:

- Very much so
- To some extent
- To a slight extent
- Not at all

5:

26. If you were to receive training in this area, please rate the following areas you feel would be most useful to cover.

Please choose the appropriate response for each item:

	Very much so	To some extent	To a slight extent	Not at all
Dealing with immediate effects of loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning about theories of grief and loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways to discuss loss with young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with the long term effects of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

loss				
Knowledge of how to plan loss into the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to work with a small group on loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning how loss can affect a young person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding out about useful resources for this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to work with an individual on loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6: 27. Any other areas?

Please write your answer here:

About You

1: 28. Title of your role

Please write your answer here:

2: 29. Length of time in role

Please choose **only one** of the following:

- Under 1 year
- 1-2 years
- 2-5 years
- 5-10 years
- 10+ years

3:

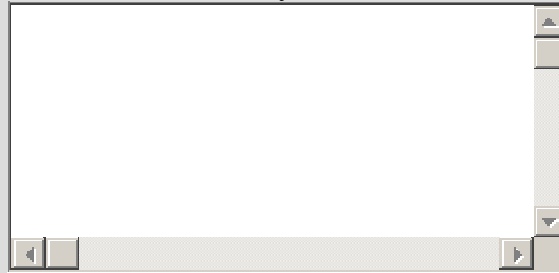
30. Type of School

Please choose **only one** of the following:

- Infant
- Junior
- Primary

- Secondary
- Sixth form
- Special provision (please detail in box)

Make a comment on your choice here:



4: 31. A space has been provided below for anything else you would like to say on this topic

Please write your answer here:



Submit Your Survey.
Thank you for completing this survey..



Semi-Structured Interview Schedule for multi-agency staff

Introduction:

Phase 1 seeks to establish a current picture of perceptions and current capacity for schools in supporting this area. It has been formed of three parts a) wider management perspective to gain frequency statistics of support across a sample of East Sussex schools b) school staff perspectives on their role of supporting this area within 2 schools (secondary and junior) c) multi-agency perspectives.

The aim of this semi-structured interview is to form part c) gaining your perspectives, as members of support agencies who work closely with schools and are involved in supporting young people, many of whom have experienced some form of loss.

The format of the interview will be based on 5 key areas:

1. Identification of 'at risk' group
2. External support and intervention
3. Capacity of schools to provide intervention
4. Responses to different loss experiences (e.g bereavement and family breakdown)
5. Thoughts on future development

Within these areas are stem questions with further prompts to initiate discussion among those in the group. The interview will be semi-structured so whilst I have a format and prompts I may adapt this may be subject to change during the course of the interview depending on responses. Some of the questions may be more relevant to one person than another however I am interested in all your opinions and personal experiences.

This interview will be recorded to aid transcription and I will need written consent from you in order to include your responses in any subsequent analysis.

Individual responses will remain anonymous in any written reports resulting from the study and your responses will be treated in confidence (sign consent)

Please feel free to ask for clarification at any point during the focus group interview.

1. Identification of at risk pupils

Main question	Prompt
Why do you feel it is important to support this group of young people?	
What alerts schools to a young person needing more support?	
In your experiences, what have been	Anything that could have counteracted

the ongoing/long lasting or detrimental effects of loss experiences?	these effects?
How would you identify a young person experiencing further issues around loss?	Any specific criteria or measure that is used?
When would an external agency become involved?	What do you know about the process for this?
At what different levels should support be provided for this group of young people?	Preventative? Immediate/reactive? Longer lasting?
What is the picture of current resources and level of need from your point of view?	Sufficient resources/support? Any mismatch?

2. Support and intervention:

What kind of support do you provide	Direct? Indirect? Specific work on this? General support for schools? How is this organised/structured? How long is support offered?
Do you support any strategic/development work in increasing provision?	
What do you feel is the most effective support provision for this group	
Are there alternative ways that you feel support could be accessed?	Individual? Group work? Immediately following loss? Family work?

3. Capacity of schools for intervention

What are your views on including learning about bereavement and loss in the general curriculum?	Appropriate for children? Benefits of this? Any associated problems with this?
How well equipped do you feel the schools you work with are in dealing with young people who have experienced loss?	Any examples of support from your experience?
What level of responsibility do you feel schools should have in supporting this group?	What are the barriers for schools in taking on more responsibility for this area? What would be needed to support this?
If schools were to continue and/or	Benefits of this? Barriers to this?

increase focus on this area, who, in schools, do you feel should be providing support and/or intervention?	
In your view what type of intervention could be provided by schools? Individual work on loss?	Group work? Work with parents? Benefits of this? Challenges to this?

4. Loss experiences

Consider a schools response to loss through bereavement and family breakdown. How is the response similar/different?	Do you feel any difference in response is appropriate? Why might differences exist? What are the implications for this?
In your experience are there particular factors associated with different types of loss?	

5. Future developments

In your view, where does further support/work with schools need to be targeted?	
How could the area of loss be tackled to improve the support for young people?	Barriers to this? Ways to overcome any barriers?

Is there anything further with regard to schools supporting this group that has not been covered in this interview?

Thanks to all of you for helping me with this project and giving up your time.

Appendix 4

Information for Educational Psychologist regarding sampling procedures

What sampling involves:

1)	Select two of your patch schools, a primary and a secondary and send them the <u>attached email</u> to someone you know in management (e.g SENCO, Pastoral Co-ordinator or Head teacher) asking for their agreement to complete an online questionnaire in June. The wording for this email is attached and simply cut and paste it into a new email.
2)	Also attach the poster (see attached) to your email. This provides further details about the research study, the online questionnaire and their part in it.
3)	Copy me into the emails you send (wendy.thomas@eastsussex.gov.uk) I will need to keep track of who has been approached.
4)	Forward on their return emails (either yes or no) directly to me. This will help me make a database of contact email addresses for participants. More information and the online link can then be sent directly to them in June.
5)	Send all returns onto me by no later than Wednesday 20 th May This time frame is important as I will be aiming for the online survey to go live in the first week of June.

Further details for information:

- Once I have the 2 returns for each EP across the local authority, I will be sending out more information and the link to the online questionnaire **directly** to those who have agreed to participate.
- I will let you know when this happens and when the questionnaire has gone live (beginning of June). If you happen to be visiting the participating schools after this time, a quick reminder or discussion about whether the questionnaire has been completed or not would be very helpful. They will have the whole of June to complete it and does not have to all be done in one go because the program saves it.

Email information sent to management staff

**Bereavement and Loss Research Project
East Sussex Educational Psychology Service and the
University of Exeter**

Firstly, thank you for agreeing to complete this online questionnaire to establish how your school currently supports young people who have experienced different losses.

As mentioned in the initial information, this online survey is an essential part of the project as it will develop a much clearer picture about

- 1) the support schools are currently able to access,
- 2) the issues involved for schools in supporting this specific area
- 3) where the Educational Psychology Service can best target future support.

Currently, 20 schools across East Sussex have agreed to provide information for this project and we hope to have received this round of data by July 2009 to begin analysis of these findings.

This is the link that will provide access to your survey:

<http://elac.exeter.ac.uk/limesurvey/index.php?sid=62982&lang=en>

You will be able to save your answers and revisit the questionnaire over the next four weeks. Please ensure you have submitted your final survey no later than **10th July 2009**. You will receive a reminder email a week before this date.

I would like to take this opportunity to offer my thanks for your participation in this project. A summary of the findings and how the research will inform future support will be sent to you in the next academic year.

If you have any further questions, queries or comments about the process please do contact me by this email address.

Kind Regards

Wendy Thomas
Lead Researcher

Details of participants

Breakdown of details for school staff participants:

Type of school	Number of staff	Breakdown of staff role
Primary school (inc. Junior)	12	Assistant Headteacher Head of English/class teacher 4 Teaching assistants 10 Teachers
Secondary school	13	Cover Supervisor Senior Teaching Assistant Inclusion Manager School welfare officer Headteacher SENCO 2 miscellaneous

Breakdown of multi-agency participants:

- School nurse
- Speech and language therapist
- Specialist language facility teacher – KS1
- Specialist language facility teacher – KS2
- Language and Learning support teacher
- Behaviour Support Service teacher
- Family support worker

Pilot group for questionnaire development:

- 1 Acting Head teacher
- 2 Head of Key Stage 1
- 1 Head of Key Stage 2
- 4 Educational Psychologists
- 2 Class teachers
- 2 Teaching Assistants

Appendix 7

Conceptual Framework

1st Level = Relevant identified area from literature

2nd Level = Key aspects of the area

3rd Level = Questions/focus for consideration

Perceptions	1 st level	2 nd level	3 rd level
	Responsibility		
		External/Internal?	
		Key roles in school	
		Level of support responsible for	
		Views on who is responsible	Views the same as others/different?
	Effect of loss		
		How loss affects young people	Behaviour? Learning?
		How long effects last	
		What the effects are	
		Static/changing?	Revisited?
	Interventions		
		Views on what is effective	
		What approach	Group/individual/ whole school
		At what level	Preventative or reactive?
		Curriculum level? – Loss Education	Where in curriculum?
			At what age?
	Constitution of loss		
		'Loss' as a definition	
		Different circumstances	Divorce, separation, death

		Views on severity	Perceived on event or response
Experiences	Dealing with this area		
		Encountered challenges	
		Overcoming challenges	
		Lasting effects – pupils and staff	
		Support accessed	
Current Capacity			
	Training	Experienced training	
		Accessed training	
		Confidence levels	
		Who should have the training?	
	Resources	Staffing roles	
		Time	
		Information/practical resources	Knowledge of where to find
			Knowledge of what is available
	Policy	Current policies in place	
		Need for them	Usefulness?
			Whole school approach?
Group	Criteria	Measures used	
			Circumstances
			Impact
			Exhibiting effects
		Different measures – cross agency	
Support	Target	Views on where most appropriate	Training level Staff External/internal Individual/group
		Most effective	Type of support
			Measure of effectiveness
		Role of agencies	EPS and others

Appendix 8

Excerpt from one semi-structured interview (multi-agency perspective)

<p>Q What level of responsibility do you feel schools should have in supporting this group? Prompts: What are the barriers for schools in taking on more responsibility for this area? What would be needed to support this?</p>
<p>....Actually, it must give you an awful lot of guilt sometimes if you know this is happening in a certain child's life, but that in the ever busy place that is classrooms and education at the moment, you have not got the time yourself to think, I need to spend time with this child and you can't do it. I've found with our TAP meetings, that having your service (Copes), is just fantastic, it's something we've never had before, but to have that now where you can say this class teacher is struggling, we can put in this bit of support to help that child, it's brilliant.</p>
<p>I think the issue about guilt, is an enormous issue, in the primary sector, for all classteachers, guilt is a part of the process of education now, look at the way our deputy head works, primary function is to evaluate your performance statistically and will routinely say, you do realise this is the most important year of a child's life, they won't have this time again, so if they hadn't had enough to do, they feel time is running out. Easy to get hooked up into thinking that you're not meeting a child's need, that i'm doing everything wrong, then put into that equation something which of itself is immensely emotionally charged, that can be a recipe for mega emotional stress for teachers and you see some teachers crumble under the weight of, actually I really can't do that anymore, can't face everyone thinking I'm doing a bad job.</p>
<p>Other thing that may impact on school staff ability to be able to respond to their children's losses will be what's going on in their own lives</p>
<p>Issue there about your own personal capacity to manage that situations, ability to manage that depends on how you conceptualise the issue yourself, so if teachers are under an enormous amount of pressure, anything that happens to a child they will see in pathological terms, this is a problem which requires some external support to solve, but if you were feeling relatively grounded and a child says my nan's died, you would think yes that's sad, but that's what happens, part of life and is not pathological in itself so wouldn't rush off to the SENCO</p>
<p>It's not just dealing with the child who is having the difficulty, clearly different at secondary, in a primary situation, often got the parents on a regular basis, as class teacher you are the first port of call, you've got the relationship with them, which on one hand can be a very positive thing but on the other hand be massively detrimental because you can be subject to some quite difficult behaviours which if you aren't supported in dealing with that, that can cause stress</p>
<p>Particularly around family breakdown</p>
<p>INA in tears recently because she was being pulled in three different places, one the child, one the teacher and her expectations and the other the parent and their expectations, to the point of which she was going home to her husband and saying why have I taken on this role? And she happens to be an extremely competent, very caring and very intelligent assistant who has taken on board all the advice she has been given and yet she is being undermined and yet if you said that to the school they would be horrified because they don't see that that's what they are doing, goes on a lot at a level which we don't know about because she won't have verbalised that to anyone else, she can do it to me because I'm safe, as we go into schools we are safe because we're not part of the staff, goes back to when working with a child and thinking you're not the right person for them to be talking to but that might be actually why they've chosen you because you aren't threatening, you're one step away and have more time and a</p>
<p>different manner,</p>

Some ways its more important for TAs and INAs because they are more likely to receive any disclosures and behaviours because the children feel safe and comfortable with them because they have a much closer relationship
Within that we need clarity about role responsibility, because schools are poor at establishing that
I think schools are often good at saying we need to establish some nurture but possibly less good at providing nurture for the school team, and there are some schools were there are very cohesive teams, do think this is massively important because if you have a healthy team you are more likely to have some sort of cohesion about roles and responsibilities, or if you're not in that situation and the team is not emotionally healthy then the poor child at the bottom is almost
In another dysfunctional system, going from one into another, schools were there are real hierarchies in school team
Lot of low morale at the moment, SENCOs being told they're taking classes, situation at the moment with regard to redundancies, financial situation putting more pressure at the moment
Expectations on people have changed, when first started teaching and when I did my teacher training the set text was 'how to meet the needs of children', now it is how to teach literacy, so when I go into teaching the assumption was to meet the needs of children and the majority role of that would be to meet their educational needs but you were also expected to meet social, emotional and behavioural needs. What seems to have changed over the years is that I'm told I'm there to primarily teach concrete skills but in reality the level of need has probably grown not decreased in terms of their emotional and social presentation,
The expectation is that I won't prioritise that. IN reception what is measured, is their performance in basic skills, so it would be very difficult to go to my head and deputy and say I'd like to refocus my curriculum so children are more supported socially and emotionally because to do that something else would have to go and despite what heads and deputies say about believing in PSHE, if push comes to shove and that competes against curriculum attainment, PSHE would be lost.
But I would also say that is partly school specific because I think there are some schools where that is not always the case, I think we're almost of the third shift, gone through the literacy and numeracy push and I am hopeful and trustful that what were are doing is moving on to saying learning is important but that if we don't get the other bit right learning is not going to happen, but I don't think it's filtering through quickly enough, might have a school that's very clear about it and committed to it but then they might have someone coming in who is a school improvement partner who is saying what about your level 3s. What we are talking about and why, the problem that we've got is that schools are so different, theoretically working within the same remit but in practice probably aren't in terms of structure etc.

Appendix 9

Example of qualitative open ended responses from management online questionnaire

Detail any other ways that information is shared with staff

Information is shared verbally with those staff who are in a position to support the child.

See end

Through weekly agenda meetings and also email.

The above covers all the ways information is shared.

We have a regular time<x>tableted diary meeting each week, with a section on sensitive information.

During PAsotoral Meetings

Meetings between SENCo and Raising Achievement Co-ordinators/pastoral managers; joint agency working

Email

N/A

In your experience, what are the challenges for effective information sharing in this area?

Ensuring that those people who need to know are aware but that sensitive information is guarded more carefully.

Number of staff, confidentiality in some cases, lack of or 'late' information received from parents

Not everyone is in attendance at all meetings.

Sharing information on a needs know basis v making sure the right people know, not wanting their to be in

correct information circulated. giving appropriate and respectful support to student, family and other key people at the appropriate time.

Time when staff are not with children.

parents oftn share information withthe ember of staff they know best. Time limitations mean that sometimes thismember of staff forgets to inform those working directly with the child immediately

Ensuring that all staff who need to know are made aware including staff who may job-share or be away at the time the information is first receieved.

Within school, many local staff with inter-relationships may be a confidentiality issue.

Sufficient time to ensure a full picture of the situation is shared. Debriefing time for the adult who may have had an upset child expressing their experiences.

Ensuring staff read their mail

Staff absence - may not then hear.

parents not informing you - as we are a small school communication within school is very good.

The problems with a need to know basis, at times you need to know it before you actually find out!

honesty and time

It is an emotional time for all involved and other parents don't feel able to share.

Once a member of

staff is aware there is a support network for the children and families in school.

Describe what you view to be longer term effects of loss.

Limited progress following a year after the loss. Depends on the circumstances of the loss e.g death of parent is likely to affect for longer than a parent leaving. Long term effects could be school refusal, emotional and behavioural effects.

Emotional 'vulnerability', impact on academic achievement in some cases, often unable or unwilling to explore feelings

Loneliness, anger, confusion, attachment, underachievement, anxiety, loss of self esteem, can lead to attention seeking and anti social behaviour or self harm and school phobia.

Attendance issues may occur particularly if the loss has resulted in the YP becoming a young carer.

Anxiety. Insecurity. Underachievement. Sadness. Depression. Anger. Blame.

self esteem loss (children blame themselves for family breakdown) taking on adult roles with parent remaining breakdown of relationship with estranged parent- confusion because the parent who remains is often bitter difficulties with relationships drop in academic performance- sometimes not regained anger which can lead to self harm or harm of others anti social behaviour

Lack of progress, disengaging with learning, disengaging from friendship circles, changes in behaviour.

Vital to offer counselling at time of loss, to avoid long-term emotional problems, anxiety, attachment disorders.

Insecurity, low self-esteem, fear of forming relationships and resentment for those adults/ people who are still in their lives.

barriers to learning. emotional and/ or social problems loss of confidence/ self-esteem.

Anger, depression and becoming emotionally withdrawn. Unable to develop longterm relationships

Withdrawal, behaviour, tears, lack of concentration, absences, regression in academic work.

the loss being dealt with initially and then forgotten about until an issue arises - longer term effects can be easily missed especially if children don't have the opportunity to talk.

Loss of confidence in young people, particularly in terms of how fragile existence can be; may also manifest 'don't care' attitude to cover up pain and feelings of loss;

also sense of "it doesn't matter" or "I don't matter" as a consequence of a key family member / mentor having 'left' the child, and the child feeling that no-one else is interested in what happens for them.

Attitude towards others can also be shown: resentment to others not in the situation, resentment of those 'left'; anger and / or withdrawal.

Disaffection

Loss is so difficult to deal with because there are initial upsets and then people are expected to get over it and get on with it. I find staff and parents are not always as sympathetic when issues arise further down the track, 6 months, a year or two years later.

Children often find these emotions difficult to deal with as they struggle to relate them to the loss.

What would indicate that a young person may require additional support provision (either from within school resources or outside agencies) to help them deal with a loss experience?

Continued effects, behaviour disturbances, depression, ongoing difficulties within the family dynamics,

the circumstances of the loss e.g if sudden and dramatic, support is offered immediately.

'wobbly' behaviour or emotional responses, a general change in demeanour/ academic performance, parents sometimes ask for some support, occasionally the child will ask.

Student/parent/carer/ or other professional referral. outcome of a meeting such as a CAF or other Multi Agency meeting

Behaviour issues. Underachieving. Attention seeking. Tearfulness. Quietness. Change of character.

withdrawal from social interaction anti social behaviour frequent crying unsafe behaviour lack of engagement with learning finding it hard to maintain friendships temper outbursts poor behaviour with parent but not at school fall off of learning progress

Any of the answers to Q.11. Also the child may appear to want to talk about their loss and an adult in school may notice this need.

Preliminary information sent to schools by Educational Psychologists

Research Project
Addressing the need for school-based support
for young people experiencing Bereavement
Loss

Your chance to have your say

The X Educational Psychology Service and the University of Exeter are currently involved in a research project on the role of schools in supporting young people who have experienced bereavement and/or significant loss.

Part of this research aims to identify:

- a) what support X Schools are currently able to access for helping pupils with loss
- b) how X Schools approach this area of need and identify those pupils in need
- c) staff perceptions in X Schools about how to move forward with supporting this group of vulnerable young people.

By gaining a clearer picture of factors associated with this area, the X Bereavement Strategy group will be able to use this information to inform future developments in supporting young people with this area.

Ultimately, this research seeks to identify where schools might wish to target extra support and gain a clearer picture of what is going on for young people who have been affected by loss in X

As someone in a management role within your school, you are invited to take part in this exciting and worthwhile project. This is an opportunity for you to have your say about this area of need and your views will form part of future plans.

What it will involve:

- a) Completion of an online anonymous questionnaire, made up of under 20 questions on this area. Questions are targeted towards

your management perspective and seek information about how this area is approached in your particular school.

- b) This online questionnaire should take no longer than 45 minutes in total to complete and you have the opportunity to save questions and revisit them at a time convenient for yourself.
- c) The questionnaire will come online at the beginning of June 2009 and you will have a period of 4 weeks in which to complete it.
- d) All information you include will be entirely anonymous with regard to analysis of findings.
- e) If you agree, your school will be acknowledged with thanks in any potential publication of the research.
- f) You will be sent a summary of all research findings and how this has informed future developments.

At the beginning of June 2009, you will be sent a high priority email with further information and the link to your online questionnaire. Instructions about this will be included in this email.

Your participation is greatly appreciated and your views will become an integral part of this research project into young people and loss in X

Please find attached some further information about this research in poster format.

If you have any further questions please contact the researcher by email on X

Poster of information sent to management participants

UNIVERSITY OF EXETER

East Sussex County Council

Educational Psychology Service

Education Research Opportunity

School views on supporting young people who have experienced bereavement and /or loss

Your chance to have your say

Research Outline

As part of the Educational Psychology Service, this doctoral research seeks to identify school perspectives and needs in supporting their pupils with the challenging area of Bereavement and Loss.

The main research aims are:

1. To identify what role schools could have in supporting this area
2. To identify how 'at risk' young people are identified in schools
3. To establish what is currently available for schools to support loss
4. To identify how the Educational Psychology Service could best target support.

Management Perspective

We are currently seeking a representative sample across East Sussex to gain the management's perspective on this area.

Are you a...

Head teacher?

SEMCO?

Pastoral Co-ordinator?

Would you be prepared to spend less than 40 minutes completing a short online questionnaire to have your school's views represented on this important subject?

Please note:

- All views will remain anonymous.
- You will receive a summary of findings.
- Final reports will be seeking publication.

You will have already have been approached by the Educational Psychologist for your school by email. If you do wish to take part please reply to them confirming your agreement. For any further questions, contact Wendy Thomas by email at wendy.thomas@eastsussex.gov.uk

Information sent to school staff

UNIVERSITY OF EXETER

East Sussex County Council

Educational Psychology Service

Education Research

A chance to have your say

School staff perspectives on supporting young people who have experienced bereavement and /or loss

Project Outline

This research project seeks to identify school perspectives and needs in supporting students with the challenging area of Bereavement and Loss.

The goal of this part of the research is to gain a clearer picture of the following:

- 1) School staff perspectives on what constitutes a significant loss
- 2) Staff views on their own role within schools in supporting this group
- 3) Levels of training and experience within schools and future training needs

Why X?

X School have agreed to whole staff involvement in this project for the following reasons:

It builds on the excellent support currently in place in school for addressing the needs of this group of students.

As a national challenge school and a pilot for the **TAMHS** (Targeted Mental Health in School) project next year, X are well placed to participate.

The second phase of this project will offer X a small group intervention (along with in-house training) for supporting young people with loss.

What this will involve from you....

All staff in X will be asked to complete a questionnaire on your views about this area. This will take between 15-30 minutes of your time.

This is an online survey and the link will be sent through to your school email in June with further information on how to complete it. You will have a period of 4 weeks to complete your questionnaire. This online programme will allow you to save answers and return at convenient times.

All answers will be anonymous and a summary of findings will be sent through to you in the next academic year. If you have any further questions, comments or queries, please contact the main researcher on wendy.thomas@eastsussex.gov.uk

With thanks in anticipation

Consent form for Semi-Structured Interviews

Focus Group Semi Structured Interviews

I give permission to partake in a semi-structured interview in a focus group as part of the above research project on

I understand that my responses will be transcribed and used as part of the data analysis and that they will be made anonymous.

I also give permission to be voice recorded to aid subsequent transcription.

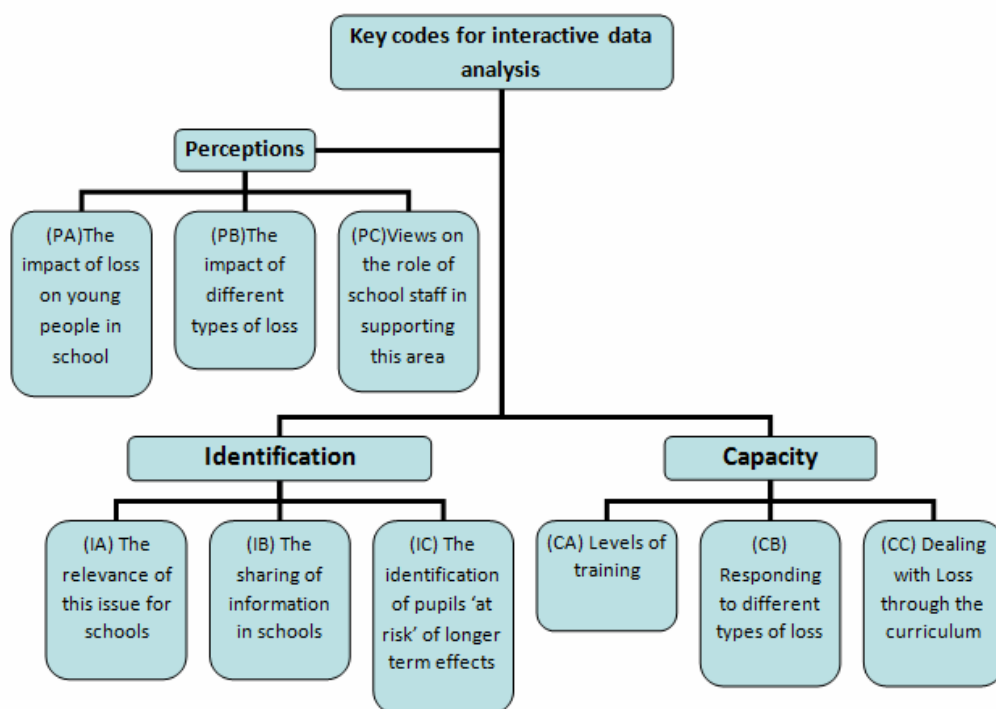
Name:

Signature:

Date:

Summary of qualitative codes for interactive analysis

- Source identification: MAI (Multi-agency interview), SSQ (school staff questionnaire) MSQ (Management staff questionnaire)
- Categorising Codes:



Excerpt of coded data

Perceptions

PA: The impact of loss on young people in school

MAI: It's important from the perspective of general emotional wellbeing, anything that is impacting on this is going to affect how they are presenting or achieving in school

MAI: General times of real vulnerability which they are perhaps not used to

MAI: Often referrals we receive would be around changes in behaviour. So they might be acting out or becoming more withdrawn.

MAI if they have lost a parent particularly, then they are petrified it is going to happen again to the other parent, triggers those feelings

MAI: And his older brother, was having counselling for several years after he died, actually found out that he had accepted it more than anyone else in the family. **However dad was using him as a companion** so he was staying up late because dad needed someone, and there is a threat that dad might be ill.

MAI: Impacts on family dynamic – takes a bit of time to unpick that to find out what's actually going on because often things can be masked by the bereavement. More general issues of loss are fairly widespread through the family

MSQ: Limited progress following a year after the loss. Depends on the circumstances of the loss
e.g death of parent is likely to affect for longer than a parent leaving. Long term effects
could be school refusal, emotional and behavioural effects.

MSQ: Emotional 'vulnerability', impact on academic achievement in some cases, often unable or unwilling to explore feelings

MSQ: Loneliness, anger, confusion, attachment, underachievement, anxiety, loss of self esteem,
can lead to attention seeking and anti social behaviour or self harm and school phobia.

MSQ: Attendance issues may occur particularly if the loss has resulted in the YP becoming a young carer.

MSQ: Anxiety. Insecurity. Underachievement. Sadness. Depression. Anger. Blame.

MSQ: self esteem loss (children blame themselves for family breakdown) taking on adult roles with parent remaining breakdown of relationship with estranged parent- confusion because the parent who remains is often bitter difficulties with relationships drop in academic performance- sometimes not regained anger which can lead to self harm or harm of others anti social behaviour

MSQ: Lack of progress, disengaging with learning, disengaging from friendship circles, changes in behaviour.

Appendix 15

Table summarising management staff perceptions on effects of loss, categorised into four areas of presentation

Social	Learning/attainment
<ul style="list-style-type: none"> Loneliness, attachment difficulties with relationships disengaging from friendship circles attachment disorders fear of forming relationships and resentment for those adults/ people who are still in their lives. social problems loss of confidence/ self-esteem. Unable to develop longterm relationships Withdrawal breakdown of relationship with estranged parent- Attitude towards others can also be shown: resentment to others not in the situation, resentment of those 'left'; anger and / or withdrawal. <p>N=10</p>	<ul style="list-style-type: none"> Limited progress following a year after the loss, could be school refusal impact on academic achievement in some cases underachievement, school phobia Attendance issues may occur particularly if the loss has resulted in the YP becoming a young carer. Underachievement drop in academic performance- sometimes not regained Lack of progress, disengaging with learning, barriers to learning. lack of concentration regression in academic work. absences, <p>N=10</p>
Emotional	Behaviour
<ul style="list-style-type: none"> emotional Emotional 'vulnerability', often unable or unwilling to explore feelings anger, anxiety loss of self esteem Anxiety Sadness Depression Anger Blame Insecurity confusion, self esteem loss (children blame themselves for family breakdown) confusion because the parent who remains is often bitter anger which can lead to self harm or harm of others anxiety, Insecurity, low self-esteem, emotional problems anger, depression becoming emotionally withdrawn may also manifest in a 'don't care' attitude to cover up pain and feelings of loss; Children often find these emotions difficult to deal with as they struggle to relate them to the loss. <p>N= 26</p>	<ul style="list-style-type: none"> behavioural can lead to attention seeking and anti social behaviour self harm taking on adult roles with parent remaining anger which can lead to self harm or harm of others anti social behaviour changes in behaviour behaviour, tears <p>No=9</p>

Table of perceived effects that may indicate additional support is required for pupils

Social	Learning/Attainment
<ul style="list-style-type: none"> • withdrawal from social interaction • finding it hard to maintain friendships • withdrawn • Inability to cope with day to day routines of school and school-based interactions • sudden need for attachment/dependence on staff / peers; <p>N=5</p>	<ul style="list-style-type: none"> • academic performance, • Underachieving • lack of engagement with learning • fall off of learning progress • A child not making adequate progress regardless of ability. • Lower than expected results • sudden absence <p>N=8</p>
Emotional	Behaviour
<ul style="list-style-type: none"> • depression • emotional responses • anxiety • over-emotional • inability to express emotions • angry • depression • suicide suggestions • A change in self esteem/confidence. <p>N=9</p>	<ul style="list-style-type: none"> • behaviour disturbances • 'wobbly' behaviour • general change in demeanour • Behaviour issues • Attention seeking • Tearfulness • Quietness. • Change of character. • anti social behaviour • frequent crying • unsafe behaviour • temper outbursts • poor behaviour with parent but not at school Behaviour deteriorates • Changes in behaviour e.g withdrawn, bad behaviour • self harm • change in behaviour or attitude to staff / peers or learning • withdrawal from routines • A change in behaviours. • Threat of harm to self or others in reaction to situation of loss of control. • Changes in personal appearance <p>N=20</p>

Appendix 16

Mean staff ratings regarding indicator of risk for longer term effects

1 = low risk 3 = Medium Risk 5 = High risk	N	Mean	Std. Deviation
Depression	23	4.3	.69
Aggression	23	4.2	.73
Anger	23	4.1	.95
Excessive negative Behaviour	23	4.0	.90
Isolation from peers	23	4.0	.74
Anxiety	23	3.9	.99
Physical Complaints	23	3.7	.76
Attention Seeking Behaviour	23	3.7	1.3
Sleep or eating disturbances	23	3.7	.87
School refusal/attendance problems	23	3.6	1.07
Acting out	21	3.6	1.02
Throwing self into work/neglect of work	23	3.6	.89
Valid N (listwise)	21		

Raw Data School Staff Personal Experiences

Nature of loss experience	How it affected that young person	How you supported the young person
A pupil whose brother was killed in a road accident	On a number of different levels - the pupil felt helpless, went through a period where they would not attend school, the sought counselling then did not attend. On return to school and in subsequent months they felt 'under pressure' because they were now an only child.	I maintained regular contact with them through school email, dropping them informal emails regularly to ask how things were, what was happening in school etc etc. I got them involved in a range of projects (keeping busy I suppose is the best way to describe this). There was very little direct discussion about bereavement - but a few years later they expressed thanks for 'all I had done' - although I didn't actually think I had done that much.
Mother left the family and did not maintain any contact.	They were very angry and confused. This often manifested itself in their behaviour both inside and outside school. This included self harming.	Someone for them to talk to who was not going to push them away.
Female student who's grandmother had dies and she felt that she was only person in the world she was close to	Affected her greatly. First death in her life.	listening, talking, empathy, patience
Year 8 student lost his Grandfather to whom he was very close and to date has not grieved properly.	Tremendously - the student spent a lot of time with his Grandfather and was a huge influence on his life.	I read the letter he was to read out at the funeral and we talked about the loss and how it would affect the whole family.
Year 11 student who lost her 18 year old sister to a long term heart condition.	Her way of dealing with the loss appeared to involve throwing herself into her studies	Supported her academically and gave her as much positive support as possible. She appeared to welcome the distraction of GCSEs.
Father died when very young & at same time as sibling born	Angry -10 years later .First met student on arrival in Yr 7	Giving time out after anger caused student to leave class. Giving access to Winston's wish site etc. Firm but caring boundaries for expected behaviour in school
A child had loss its mum to cancer although this happened a couple	I think the child was young at the time of loss. The child appeared happy with family life and school life.	I didn't

of years before the child was in my class.		
Moving into to full time care away from their family.	Greatly in many aspects.	I was there for them to talk to help them through their school day.
When upset sometimes would say it was because his baby sister had died.	Was very easily distressed by other children's actions and words.	I found that he was able to talk to me when he wanted to.
This particular child lost his sister to cot death.	He had a very low self esteem, found it hard to make friends.	Supported him in class and outside with friendship groups.
Child's mother died from cancer	Child wanted adult attention. Needed to feel special. Wanted to talk.	Was available to talk to him. Gave him space when he wanted to be alone.
Taken into care by the local authority. Emotional abuse	Confusion anger mixed with relief	Arranged COPES support and play therapy. Arranged 1-1 support. Provided calming down space. Involved Test and the virtual school. Arranged and worked with BSS to support
Uncle committed suicide.	Doesn't like to talk about subjects dealing with death, e.g. WW2	Talked to her about it. Dealt sensitively, if at all, with the subject of death in future lessons.

Further comments?

Teaching Assistants are closer to the students both emotionally and pastorally and it would be a great idea if more were trained to deal with bereavement and loss. We can often pick up on slight changes in behaviour in students and know that something is wrong. Early intervention would prevent students from internalising the burden of guilt/loss and grief. An Inset or two on this would be GREAT as we are often involved in boring education theories that don't really apply to us. We would feel special!!

The examples given where we were asked to rate emotional well being completely depends to the type of family network the child has and their understanding of the issue. if the parents dramatise the situation or they are not coping themselves then these children will be far more affected than those with strong family networks who offer child friendly information and not adult related facts.

Appendix 18

Comparison of means for all vignettes and perceptions of staff: ANOVA and Post Hoc

Breakdown of statistical analysis: Comparison of means for all vignettes and perceptions of staff on how much they are likely to affect a young person with regard to behaviour, social/emotional and learning.

Analysis of Variance – Vignette Means

		Sum of Squares	df	Mean Square	F	Sig.
Behaviour	Between Groups	54.155	7	7.736	11.152	.000
	Within Groups	120.708	174	.694		
	Total	174.863	181			
Social	Between Groups	39.668	7	5.667	9.934	.000
	Within Groups	98.686	173	.570		
	Total	138.354	180			
Learning	Between Groups	45.585	7	6.512	7.973	.000
	Within Groups	137.227	168	.817		
	Total	182.813	175			
Total	Between Groups	384.498	7	54.928	9.195	.000
	Within Groups	1045.381	175	5.974		
	Total	1429.880	182			

Post Hoc Comparison – Tukey Test

Multiple Comparisons

Tukey HSD

Dependent Variable	(I) Scenario	(J) Scenario	Mean Difference (I-J)	Std. Error		Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound		Lower Bound	Upper Bound
Behaviour	1.00	2.00	-.30632	.24838	.921	-1.0684	.4558	
		3.00	.04150	.24838	1.000	-.7206	.8036	
		4.00	.95455(*)	.24838	.004	.1925	1.7166	
		5.00	-1.00198(*)	.24838	.002	-1.7641	-.2399	
		6.00	.54545	.25113	.374	-.2251	1.3160	
		7.00	-.17589	.24838	.997	-.9380	.5862	
		8.00	-.17589	.24838	.997	-.9380	.5862	
	2.00	1.00	.30632	.24838	.921	-.4558	1.0684	
		3.00	.34783	.24561	.849	-.4057	1.1014	
		4.00	1.26087(*)	.24561	.000	.5073	2.0144	
		5.00	-.69565	.24561	.094	-1.4492	.0579	

		6.00	.85178(*)	.24838	.017	.0897	1.6139
Dependent Variable	(I) Scenario	(J) Scenario	Mean Difference (I-J)	Std. Error		95% Confidence Interval	
			Lower Bound	Upper Bound	Sig.	Lower Bound	Upper Bound
		7.00	.13043	.24561	.999	-.6231	.8840
		8.00	.13043	.24561	.999	-.6231	.8840
	3.00	1.00	-.04150	.24838	1.000	-.8036	.7206
		2.00	-.34783	.24561	.849	-1.1014	.4057
		4.00	.91304(*)	.24561	.006	.1595	1.6666
		5.00	-1.04348(*)	.24561	.001	-1.7971	-.2899
		6.00	.50395	.24838	.466	-.2581	1.2660
		7.00	-.21739	.24561	.987	-.9710	.5362
		8.00	-.21739	.24561	.987	-.9710	.5362
	4.00	1.00	-.95455(*)	.24838	.004	-1.7166	-.1925
		2.00	-1.26087(*)	.24561	.000	-2.0144	-.5073
		3.00	-.91304(*)	.24561	.006	-1.6666	-.1595
		5.00	-1.95652(*)	.24561	.000	-2.7101	-1.2029
		6.00	-.40909	.24838	.721	-1.1712	.3530
		7.00	-1.13043(*)	.24561	.000	-1.8840	-.3769
		8.00	-1.13043(*)	.24561	.000	-1.8840	-.3769
	5.00	1.00	1.00198(*)	.24838	.002	.2399	1.7641
		2.00	.69565	.24561	.094	-.0579	1.4492
		3.00	1.04348(*)	.24561	.001	.2899	1.7971
		4.00	1.95652(*)	.24561	.000	1.2029	2.7101
		6.00	1.54743(*)	.24838	.000	.7853	2.3095
		7.00	.82609(*)	.24561	.021	.0725	1.5797
		8.00	.82609(*)	.24561	.021	.0725	1.5797
	6.00	1.00	-.54545	.25113	.374	-1.3160	.2251
		2.00	-.85178(*)	.24838	.017	-1.6139	-.0897
		3.00	-.50395	.24838	.466	-1.2660	.2581
		4.00	.40909	.24838	.721	-.3530	1.1712
		5.00	-1.54743(*)	.24838	.000	-2.3095	-.7853
		7.00	-.72134	.24838	.078	-1.4834	.0407
		8.00	-.72134	.24838	.078	-1.4834	.0407
	7.00	1.00	.17589	.24838	.997	-.5862	.9380
		2.00	-.13043	.24561	.999	-.8840	.6231
		3.00	.21739	.24561	.987	-.5362	.9710
		4.00	1.13043(*)	.24561	.000	.3769	1.8840
		5.00	-.82609(*)	.24561	.021	-1.5797	-.0725
		6.00	.72134	.24838	.078	-.0407	1.4834
		8.00	.00000	.24561	1.000	-.7536	.7536
	8.00	1.00	.17589	.24838	.997	-.5862	.9380
		2.00	-.13043	.24561	.999	-.8840	.6231
		3.00	.21739	.24561	.987	-.5362	.9710
		4.00	1.13043(*)	.24561	.000	.3769	1.8840
		5.00	-.82609(*)	.24561	.021	-1.5797	-.0725
		6.00	.72134	.24838	.078	-.0407	1.4834

		7.00	.00000	.24561	1.000	-.7536	.7536
Dependent Variable	(I) Scenario	(J) Scenario	Mean Difference (I-J)	Std. Error		95% Confidence Interval	
			Lower Bound	Upper Bound	Sig.	Lower Bound	Upper Bound
Social	1.00	2.00	-.05534	.22523	1.000	-.7464	.6358
		3.00	.04348	.22272	1.000	-.6399	.7269
		4.00	.91304(*)	.22272	.002	.2297	1.5964
		5.00	-.73913(*)	.22272	.024	-1.4225	-.0557
		6.00	.58103	.22523	.171	-.1101	1.2721
		7.00	-.08696	.22272	1.000	-.7703	.5964
		8.00	-.19170	.22523	.990	-.8828	.4994
		2.00	1.00	.05534	.22523	1.000	-.6358
	3.00	.09881	.22523	1.000	-.5923	.7899	
	4.00	.96838(*)	.22523	.001	.2773	1.6595	
	5.00	-.68379	.22523	.055	-1.3749	.0073	
	6.00	.63636	.22772	.103	-.0624	1.3351	
	7.00	-.03162	.22523	1.000	-.7227	.6595	
	8.00	-.13636	.22772	.999	-.8351	.5624	
	3.00	1.00	-.04348	.22272	1.000	-.7269	.6399
	2.00	-.09881	.22523	1.000	-.7899	.5923	
	4.00	.86957(*)	.22272	.003	.1862	1.5530	
	5.00	-.78261(*)	.22272	.013	-1.4660	-.0992	
	6.00	.53755	.22523	.255	-.1536	1.2287	
	7.00	-.13043	.22272	.999	-.8138	.5530	
	8.00	-.23518	.22523	.967	-.9263	.4559	
	4.00	1.00	-.91304(*)	.22272	.002	-1.5964	-.2297
	2.00	-.96838(*)	.22523	.001	-1.6595	-.2773	
	3.00	-.86957(*)	.22272	.003	-1.5530	-.1862	
	5.00	-1.65217(*)	.22272	.000	-2.3356	-.9688	
	6.00	-.33202	.22523	.820	-1.0231	.3591	
	7.00	-1.00000(*)	.22272	.000	-1.6834	-.3166	
	8.00	-1.10474(*)	.22523	.000	-1.7959	-.4136	
	5.00	1.00	.73913(*)	.22272	.024	.0557	1.4225
	2.00	.68379	.22523	.055	-.0073	1.3749	
	3.00	.78261(*)	.22272	.013	.0992	1.4660	
	4.00	1.65217(*)	.22272	.000	.9688	2.3356	
	6.00	1.32016(*)	.22523	.000	.6290	2.0113	
	7.00	.65217	.22272	.073	-.0312	1.3356	
	8.00	.54743	.22523	.233	-.1437	1.2385	
	6.00	1.00	-.58103	.22523	.171	-1.2721	.1101
	2.00	-.63636	.22772	.103	-1.3351	.0624	
	3.00	-.53755	.22523	.255	-1.2287	.1536	
	4.00	.33202	.22523	.820	-.3591	1.0231	
	5.00	-1.32016(*)	.22523	.000	-2.0113	-.6290	
	7.00	-.66798	.22523	.066	-1.3591	.0231	
	8.00	-.77273(*)	.22772	.019	-1.4715	-.0740	
7.00	1.00	.08696	.22272	1.000	-.5964	.7703	

		2.00	.03162	.22523	1.000	-.6595	.7227
		3.00	.13043	.2272	.999	-.5530	.8138
Dependent Variable	(I) Scenario	(J) Scenario	Mean Difference (I-J)	Std. Error		95% Confidence Interval	
					Sig.	Upper Bound	Lower Bound
			Lower Bound	Upper Bound		Lower Bound	Upper Bound
Learning	8.00	4.00	1.00000(*)	.22272	.000	.3166	1.6834
		5.00	-.65217	.22272	.073	-1.3356	.0312
		6.00	.66798	.22523	.066	-.0231	1.3591
		8.00	-.10474	.22523	1.000	-.7959	.5864
		1.00	.19170	.22523	.990	-.4994	.8828
		2.00	.13636	.22772	.999	-.5624	.8351
		3.00	.23518	.22523	.967	-.4559	.9263
		4.00	1.10474(*)	.22523	.000	.4136	1.7959
	1.00	5.00	-.54743	.22523	.233	-1.2385	.1437
		6.00	.77273(*)	.22772	.019	.0740	1.4715
		7.00	.10474	.22523	1.000	-.5864	.7959
		2.00	.09091	.27250	1.000	-.7455	.9274
		3.00	.09091	.27250	1.000	-.7455	.9274
		4.00	1.22727(*)	.27250	.000	.3908	2.0637
		5.00	-.54545	.27250	.484	-1.3819	.2910
		6.00	.72727	.27250	.140	-.1092	1.5637
	2.00	7.00	-.04545	.27250	1.000	-.8819	.7910
		8.00	-.04545	.27250	1.000	-.8819	.7910
		1.00	-.09091	.27250	1.000	-.9274	.7455
		3.00	.00000	.27250	1.000	-.8365	.8365
		4.00	1.13636(*)	.27250	.001	.2999	1.9728
		5.00	-.63636	.27250	.281	-1.4728	.2001
		6.00	.63636	.27250	.281	-.2001	1.4728
		7.00	-.13636	.27250	1.000	-.9728	.7001
	3.00	8.00	-.13636	.27250	1.000	-.9728	.7001
		1.00	-.09091	.27250	1.000	-.9274	.7455
		2.00	.00000	.27250	1.000	-.8365	.8365
		4.00	1.13636(*)	.27250	.001	.2999	1.9728
		5.00	-.63636	.27250	.281	-1.4728	.2001
		6.00	.63636	.27250	.281	-.2001	1.4728
		7.00	-.13636	.27250	1.000	-.9728	.7001
		8.00	-.13636	.27250	1.000	-.9728	.7001
	4.00	1.00	-1.22727(*)	.27250	.000	-2.0637	-.3908
		2.00	-1.13636(*)	.27250	.001	-1.9728	-.2999
		3.00	-1.13636(*)	.27250	.001	-1.9728	-.2999
		5.00	-1.77273(*)	.27250	.000	-2.6092	-.9363
		6.00	-.50000	.27250	.597	-1.3365	.3365
		7.00	-1.27273(*)	.27250	.000	-2.1092	-.4363
		8.00	-1.27273(*)	.27250	.000	-2.1092	-.4363
		1.00	.54545	.27250	.484	-.2910	1.3819
5.00	2.00	.63636	.27250	.281	-.2001	1.4728	
	3.00	.63636	.27250	.281	-.2001	1.4728	
	4.00	1.77273(*)	.27250	.000	.9363	2.6092	

		6.00	1.27273(*)	.27250	.000	.4363	2.1092	
Dependent Variable	(I) Scenario	(J) Scenario	Mean Difference (I-J)	Std. Error		Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound	Lower Bound	Upper Bound	Lower Bound	Upper Bound
Total	6.00	7.00	.50000	.27250	.597	-.3365	1.3365	
		8.00	.50000	.27250	.597	-.3365	1.3365	
		1.00	-.72727	.27250	.140	-1.5637	.1092	
		2.00	-.63636	.27250	.281	-1.4728	.2001	
		3.00	-.63636	.27250	.281	-1.4728	.2001	
		4.00	.50000	.27250	.597	-.3365	1.3365	
		5.00	-1.27273(*)	.27250	.000	-2.1092	-.4363	
		7.00	-.77273	.27250	.093	-1.6092	.0637	
	7.00	8.00	-.77273	.27250	.093	-1.6092	.0637	
		1.00	.04545	.27250	1.000	-.7910	.8819	
		2.00	.13636	.27250	1.000	-.7001	.9728	
		3.00	.13636	.27250	1.000	-.7001	.9728	
		4.00	1.27273(*)	.27250	.000	.4363	2.1092	
		5.00	-.50000	.27250	.597	-1.3365	.3365	
		6.00	.77273	.27250	.093	-.0637	1.6092	
		8.00	.00000	.27250	1.000	-.8365	.8365	
	8.00	1.00	.04545	.27250	1.000	-.7910	.8819	
		2.00	.13636	.27250	1.000	-.7001	.9728	
		3.00	.13636	.27250	1.000	-.7001	.9728	
		4.00	1.27273(*)	.27250	.000	.4363	2.1092	
		5.00	-.50000	.27250	.597	-1.3365	.3365	
		6.00	.77273	.27250	.093	-.0637	1.6092	
		7.00	.00000	.27250	1.000	-.8365	.8365	
		2.00	-.26087	.72072	1.000	-2.4720	1.9503	
	1.00	3.00	.00000	.72072	1.000	-2.2112	2.2112	
		4.00	2.86957(*)	.72072	.002	.6584	5.0807	
		5.00	-2.43478(*)	.72072	.020	-4.6459	-.2236	
		6.00	1.50791	.72887	.439	-.7282	3.7441	
7.00		-.47826	.72072	.998	-2.6894	1.7329		
8.00		-.39130	.72072	.999	-2.6025	1.8199		
1.00		.26087	.72072	1.000	-1.9503	2.4720		
3.00		.26087	.72072	1.000	-1.9503	2.4720		
2.00	4.00	3.13043(*)	.72072	.001	.9193	5.3416		
	5.00	-2.17391	.72072	.058	-4.3851	.0372		
	6.00	1.76877	.72887	.235	-.4674	4.0049		
	7.00	-.21739	.72072	1.000	-2.4286	1.9938		
	8.00	-.13043	.72072	1.000	-2.3416	2.0807		
	1.00	.00000	.72072	1.000	-2.2112	2.2112		
	2.00	-.26087	.72072	1.000	-2.4720	1.9503		
	4.00	2.86957(*)	.72072	.002	.6584	5.0807		
3.00	5.00	-2.43478(*)	.72072	.020	-4.6459	-.2236		
	6.00	1.50791	.72887	.439	-.7282	3.7441		
	7.00	-.47826	.72072	.998	-2.6894	1.7329		

		8.00	-.39130	.72072	.999	-2.6025	1.8199	
Dependent Variable	(I) Scenario	(J) Scenario	Mean Difference (I-J)	Std. Error		Sig.	95% Confidence Interval	
			Lower Bound	Upper Bound	Lower Bound	Upper Bound	Lower Bound	
	4.00	1.00	-2.86957(*)	.72072	.002	-5.0807	-.6584	
		2.00	-3.13043(*)	.72072	.001	-5.3416	-.9193	
		3.00	-2.86957(*)	.72072	.002	-5.0807	-.6584	
		5.00	-5.30435(*)	.72072	.000	-7.5155	-3.0932	
		6.00	-1.36166	.72887	.575	-3.5978	.8745	
		7.00	-3.34783(*)	.72072	.000	-5.5590	-1.1367	
		8.00	-3.26087(*)	.72072	.000	-5.4720	-1.0497	
		5.00	1.00	2.43478(*)	.72072	.020	.2236	4.6459
	5.00	2.00	2.17391	.72072	.058	-.0372	4.3851	
		3.00	2.43478(*)	.72072	.020	.2236	4.6459	
		4.00	5.30435(*)	.72072	.000	3.0932	7.5155	
		6.00	3.94269(*)	.72887	.000	1.7065	6.1788	
		7.00	1.95652	.72072	.125	-.2546	4.1677	
		8.00	2.04348	.72072	.093	-.1677	4.2546	
		6.00	1.00	-1.50791	.72887	.439	-3.7441	.7282
		2.00	-1.76877	.72887	.235	-4.0049	.4674	
	6.00	3.00	-1.50791	.72887	.439	-3.7441	.7282	
		4.00	1.36166	.72887	.575	-.8745	3.5978	
		5.00	-3.94269(*)	.72887	.000	-6.1788	-1.7065	
		7.00	-1.98617	.72887	.122	-4.2223	.2500	
		8.00	-1.89921	.72887	.161	-4.1354	.3369	
		7.00	1.00	.47826	.72072	.998	-1.7329	2.6894
		2.00	.21739	.72072	1.000	-1.9938	2.4286	
		3.00	.47826	.72072	.998	-1.7329	2.6894	
7.00	4.00	3.34783(*)	.72072	.000	1.1367	5.5590		
	5.00	-1.95652	.72072	.125	-4.1677	.2546		
	6.00	1.98617	.72887	.122	-.2500	4.2223		
	8.00	.08696	.72072	1.000	-2.1242	2.2981		
	8.00	1.00	.39130	.72072	.999	-1.8199	2.6025	
	8.00	2.00	.13043	.72072	1.000	-2.0807	2.3416	
		3.00	.39130	.72072	.999	-1.8199	2.6025	
		4.00	3.26087(*)	.72072	.000	1.0497	5.4720	
5.00		-2.04348	.72072	.093	-4.2546	.1677		
6.00		1.89921	.72887	.161	-.3369	4.1354		
7.00		-.08696	.72072	1.000	-2.2981	2.1242		

* The mean difference is significant at the .05 level.

Appendix 19

Summary of mean ratings for related vignettes: Analysis of variance and post hoc comparison

Care conditions following bereavement of mother

Vignette Code	Summary of content	N	Mean Behaviour rating of risk*	Mean Social/emotional rating of risk*	Mean Learning/attainment rating of risk*	Mean Total of risk* (Descending order)	S.D	Post Hoc Comparison Tukey Sig. Differences <0.05 level
*Respondents rated from 1 (low risk) to 5 (high risk) that the loss experience would lead to ongoing detrimental effects								
E	Boy, aged 10, mother dies and is placed in foster care	23	4.9565	4.9565	4.5455	14.2609		a,g
G	Boy, aged 10, mother dies and is taken care of by aunt	23	4.1304	4.3043	4.0455	12.3043		e
A	Boy, aged 10, mother dies and is taken care of by father	23	3.9545	4.2174	4.0000	11.8261		e
(Behaviour: $f = 10.4, df = 2,67, P < .000$ Social/emotional $f = 8.9, df = 2,68, P < .000$ Learning: $f = 2.5, df = 2,65, P < .089$ Total: $f = 7.288, df = 2,68, P < .001$)								

Expected/unexpected bereavement of father

Vignette Code	Summary of content	N	Mean Behaviour rating of risk*	Mean Social/emotional rating of risk*	Mean Learning/attainment rating of risk*	Mean Total of risk* (Descending order)	S.D	Post Hoc Comparison Tukey Sig. Differences <0.05 level
*Respondents rated from 1 (low risk) to 5 (high risk) that the loss experience would lead to ongoing detrimental effects								
H	Boy, aged 7, father dies of terminal illness	23	4.1304	4.4091	4.0455	12.2174		
C	Boy, aged 7, father dies unexpectedly	23	3.9130	4.1739	3.9091	11.8261		
(ANOVA of Total $f = .304, df = 1,45, P < 0.58$)								

Conditions following separation of parents

Vignette Code	Summary of content	N	Mean Behaviour rating of risk*	Mean Social/emotional rating of risk*	Mean Learning/attainment rating of risk*	Mean Total of risk* (Descending order)	S.D	Post Hoc Comparison Tukey Sig. Differences (on total) <0.05 level
*Respondents rated from 1 (low risk) to 5 (high risk) that the loss experience would lead to ongoing detrimental effects								
B	Girl, aged 13, parents separate, no further contact with father	23	4.2609	4.2727	3.9091	12.0870		D
F	Girl, aged 13, parents separate, holiday contact with father	22	3.4091	3.6364	3.2727	10.3182		
D	Girl, aged 13, parents separate and has regular contact with father	23	3.0000	3.3043	2.7727	8.9565		B
(ANOVA of Total $F = 8.30, df = 2,67, P < 0.01$)								

Appendix 20

Analysis of variance for related vignettes: conditions post death of mother (vignette A/E/G)

		Sum of Squares	df	Mean Square	F	Sig.
Behaviour	Between Groups	13.010	2	6.505	10.435	.000
	Within Groups	40.520	65	.623		
	Total	53.529	67			
Social	Between Groups	7.507	2	3.754	8.931	.000
	Within Groups	27.739	66	.420		
	Total	35.246	68			
Learning	Between Groups	4.030	2	2.015	2.518	.089
	Within Groups	50.409	63	.800		
	Total	54.439	65			
Total	Between Groups	76.551	2	38.275	7.288	.001
	Within Groups	346.609	66	5.252		
	Total	423.159	68			

Tukey HSD

Dependent Variable	(I) Vignette	(J) Vignette	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
			Lower Bound			Upper Bound	Lower Bound
Behaviour	1.00	5.00	-1.00198(*)	.23545	.000	-1.5667	-.4372
		7.00	-.17589	.23545	.736	-.7406	.3889
	5.00	1.00	1.00198(*)	.23545	.000	.4372	1.5667
		7.00	.82609(*)	.23282	.002	.2676	1.3845
	7.00	1.00	.17589	.23545	.736	-.3889	.7406
		5.00	-.82609(*)	.23282	.002	-1.3845	-.2676
Social	1.00	5.00	-.73913(*)	.19117	.001	-1.1975	-.2808
		7.00	-.08696	.19117	.892	-.5453	.3714
	5.00	1.00	.73913(*)	.19117	.001	.2808	1.1975
		7.00	.65217(*)	.19117	.003	.1938	1.1105
	7.00	1.00	.08696	.19117	.892	-.3714	.5453
		5.00	-.65217(*)	.19117	.003	-1.1105	-.1938
Learning	1.00	5.00	-.54545	.26970	.115	-1.1928	.1019
		7.00	-.04545	.26970	.984	-.6928	.6019
	5.00	1.00	.54545	.26970	.115	-.1019	1.1928
		7.00	.50000	.26970	.161	-.1474	1.1474
	7.00	1.00	.04545	.26970	.984	-.6019	.6928
		5.00	-.50000	.26970	.161	-1.1474	.1474
Total	1.00	5.00	-2.43478(*)	.67577	.002	-4.0551	-.8145
		7.00	-.47826	.67577	.760	-2.0986	1.1420
	5.00	1.00	2.43478(*)	.67577	.002	.8145	4.0551
		7.00	1.95652(*)	.67577	.014	.3362	3.5768
	7.00	1.00	.47826	.67577	.760	-1.1420	2.0986
		5.00	-1.95652(*)	.67577	.014	-3.5768	-.3362

* The mean difference is significant at the .05 level.

Analysis of variance of related vignettes: Expected vs unexpected death of father

ANOVA

		Sum of Squares	df	Mean Square	F	Sig.
Behaviour	Between Groups	.543	1	.543	.656	.422
	Within Groups	36.435	44	.828		
	Total	36.978	45			
socioemotional	Between Groups	.622	1	.622	1.436	.237
	Within Groups	18.623	43	.433		
	Total	19.244	44			
Learning	Between Groups	.205	1	.205	.262	.611
	Within Groups	32.773	42	.780		
	Total	32.977	43			
Total	Between Groups	1.761	1	1.761	.304	.584
	Within Groups	255.217	44	5.800		
	Total	256.978	45			

Analysis of variance and post hoc comparisons for related vignettes:
Conditions post family breakdown (B/F/D)

		Sum of Squares	df	Mean Square	F	Sig.
Behaviour	Between Groups	19.012	2	9.506	14.122	.000
	Within Groups	43.753	65	.673		
	Total	62.765	67			
SocEmotional	Between Groups	10.840	2	5.420	6.629	.002
	Within Groups	52.324	64	.818		
	Total	63.164	66			
Learning	Between Groups	14.273	2	7.136	8.319	.001
	Within Groups	54.045	63	.858		
	Total	68.318	65			
Total	Between Groups	113.312	2	56.656	8.303	.001
	Within Groups	443.555	65	6.824		
	Total	556.868	67			

Tukey HSD

Dependent Variable	(I) Vignette	(J) Vignette	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
			Lower Bound			Upper Bound	Lower Bound
Behaviour	2.00	4.00	1.26087(*)	.24193	.000	.6806	1.8412
		6.00	.85178(*)	.24467	.003	.2649	1.4386
	4.00	2.00	-1.26087(*)	.24193	.000	-1.8412	-.6806
		6.00	-.40909	.24467	.224	-.9959	.1778
	6.00	2.00	-.85178(*)	.24467	.003	-1.4386	-.2649
		4.00	.40909	.24467	.224	-.1778	.9959
SocEmotional	2.00	4.00	.96838(*)	.26964	.002	.3214	1.6154
		6.00	.63636	.27262	.058	-.0178	1.2905
	4.00	2.00	-.96838(*)	.26964	.002	-1.6154	-.3214
		6.00	-.33202	.26964	.439	-.9790	.3150
	6.00	2.00	-.63636	.27262	.058	-1.2905	.0178
		4.00	.33202	.26964	.439	-.3150	.9790
Learning	2.00	4.00	1.13636(*)	.27926	.000	.4660	1.8067
		6.00	.63636	.27926	.066	-.0340	1.3067
	4.00	2.00	-1.13636(*)	.27926	.000	-1.8067	-.4660
		6.00	-.50000	.27926	.181	-1.1703	.1703
	6.00	2.00	-.63636	.27926	.066	-1.3067	.0340
		4.00	.50000	.27926	.181	-.1703	1.1703
Total	2.00	4.00	3.13043(*)	.77031	.000	1.2828	4.9781
		6.00	1.76877	.77902	.067	-.0997	3.6373
	4.00	2.00	-3.13043(*)	.77031	.000	-4.9781	-1.2828
		6.00	-1.36166	.77902	.195	-3.2302	.5069
	6.00	2.00	-1.76877	.77902	.067	-3.6373	.0997
		4.00	1.36166	.77902	.195	-.5069	3.2302

* The mean difference is significant at the .05 level.

Non-parametric statistical analysis

Kruskal-Wallis Test for all vignettes

Vignette codes:

5	Boy, aged 10, mother dies and is placed in foster care
7	Boy, aged 10, mother dies and is taken care of by aunt
8	Boy, aged 7, father dies of terminal illness
2	Girl, aged 13, parents separate, no further contact with father
3	Boy, aged 7, father dies unexpectedly
1	Boy, aged 10, mother dies and is taken care of by father
6	Girl, aged 13, parents separate, holiday contact with father
4	Girl, aged 13, parents separate and has regular contact with father

Ranks

Area	Scenario	N	Mean Rank
Behaviour	1.00	22	92.30
	2.00	23	103.37
	3.00	23	86.28
	4.00	23	44.33
	5.00	23	146.72
	6.00	22	60.84
	7.00	23	97.85
	8.00	23	99.02
	Total	182	
Social	1.00	23	93.54
	2.00	22	96.00
	3.00	23	86.43
	4.00	23	48.72
	5.00	23	140.39
	6.00	22	61.27
	7.00	23	96.76
	8.00	22	104.39
	Total	181	
Learning	1.00	22	96.18
	2.00	22	91.98
	3.00	22	91.30
	4.00	22	43.91
	5.00	22	126.50
	6.00	22	60.64
	7.00	22	98.75
	8.00	22	98.75

Area	Scenario	N	Mean Rank
	Total	176	
Total	1.00	23	94.28
	2.00	23	98.37
	3.00	23	88.09
	4.00	23	43.57
	5.00	23	143.59
	6.00	22	62.32
	7.00	23	102.50
	8.00	23	102.00
	Total	183	

Test Statistics^{a,b}

	Behaviour	Social	Learning	Total
Chi-Square	59.117	51.275	41.510	51.751
df	7	7	7	7
Asymp. Sig.	.000	.000	.000	.000

a. Kruskal Wallis Test

b. Grouping Variable: Scenario

Test Statistics(e)

	Behaviour	Social	Learning	Total
N	182	181	176	183
Median	4.0000	4.0000	4.0000	12.0000
Chi-Square	53.957(a)	46.942(b)	38.850(c)	44.717(d)
df	7	7	7	7
Asymp. Sig.	.000	.000	.000	.000

a 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 8.0.

b 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 9.2.

c 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 6.6.

d 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 9.0.

e Grouping Variable: Scenario

Vignette comparisons: Conditions following family breakdown B/F/D

A Kruskal-Wallis test comparing three related vignettes.

Ranks

	VAR00001	N	Mean Rank
Behaviour	2.00	23	48.57
	4.00	23	24.04
	6.00	22	30.73
	Total	68	
Socio-emotional	2.00	22	44.77
	4.00	23	26.22
	6.00	22	31.36
	Total	67	
Learning	2.00	22	44.30
	4.00	22	24.34
	6.00	22	31.86
	Total	66	
Total	2.00	23	46.48
	4.00	23	24.35
	6.00	22	32.59
	Total	68	

Test Statistics(a,b)

	Behaviour	Socio-emotional	Learning	Total
Chi-Square	20.837	11.980	13.255	15.244
df	2	2	2	2
Asymp. Sig.	.000	.003	.001	.000

a Kruskal Wallis Test

b Grouping Variable: vignette

Related vignettes: Conditions following death of parent E/G/A

Ranks

	Scenario	N	Mean Rank
Behaviour	1.00	22	26.89
	5.00	23	48.24
	7.00	23	28.04
	Total	68	
Social	1.00	23	28.96
	5.00	23	46.70
	7.00	23	29.35
	Total	69	
Learning	1.00	22	28.86
	5.00	22	41.64
	7.00	22	30.00
	Total	66	
Total	1.00	23	27.78
	5.00	23	47.65
	7.00	23	29.57
	Total	69	

Test Statistics(a,b)

	Behaviour	Social	Learning	Total
Chi-Square	21.046	15.830	6.953	14.958
df	2	2	2	2
Asymp. Sig.	.000	.000	.031	.001

a Kruskal Wallis Test

b Grouping Variable: Scenario

Related scenarios: Expected and unexpected loss H/C

A Mann-Whitney U test

Ranks

	VAR0000 1	N	Mean Rank	Sum of Ranks
Behaviour	3.00	23	21.87	503.00
	8.00	23	25.13	578.00
	Total	46		
Social/emotional	3.00	23	20.54	472.50
	8.00	22	25.57	562.50
	Total	45		
learning	3.00	22	21.48	472.50
	8.00	22	23.52	517.50
	Total	44		
total	3.00	23	21.59	496.50
	8.00	23	25.41	584.50
	Total	46		

Test Statistics(a)

	Behaviour	Social Emotional	Learning	Total
Mann-Whitney U	227.000	196.500	219.500	220.500
Wilcoxon W	503.000	472.500	472.500	496.500
Z	-.870	-1.418	-.558	-.983
Asymp. Sig. (2-tailed)	.384	.156	.577	.326

a Grouping Variable: Vignette

Data relating to experiences and perceptions on dealing with loss in the school curriculum

Staff ratings regarding addressing loss within the curriculum

Ratings (1=not at all, 2=to a slight extent, 3, to some extent 4 = very much so)	N	Mean	Std. Deviation
Ratings for the extent to which staff feel loss should be addressed in the curriculum	16	3.3750	.50000
Ratings for the extent to which it is currently addressed in the curriculum	16	2.3750	.50000
Valid N (listwise)	16		

Coded data regarding loss in the curriculum

MSQ: Science - life cycles PSHE curriculum - SEAL materials year 6

MSQ: It is addressed through PSHE, through the SEAL materials in several Year Groups. It is also addressed a little through RE and some History work. It tends to be incidental, and discussed specifically, as and when the need arises.

MSQ: Sort of with some via SEAL and RE - needs to be better I think.

MSQ: PSHE/Science-Life cycles/RE/SEAL. All through school in differentiated and age appropriate ways.

MSQ: It is included in PSHE throughout school.

MSQ: We focus on a whole-school PSHE unit on 'Changes' in the summer term each year, to prepare for transition. Loss features as part of this unit, but only in a small way. Stories are used throughout the year to familiarise the children with loss on different scales. Assemblies are also used to talk about Loss-whole school.

MSQ: Through the PSHE curriculum -SEAL materials. Matters arising in circle time.

all year groups through PHSE; circle time etc.

MSQ: PSHE

MSQ: PSHE

MSQ: PSHE/SEAL - yearly within each class curriculum eg reception class look at Sunflowers dying.

Year 9 RE lessons, approximately 2 hours of teaching.

MSQ: Included in PSHE curriculum and RE curriculum.

MSQ: Small groups via connexions

MSQ: It may be discussed at other times if the situation arises a need is identified.

MSQ: Nurture groups

MAI: The expectation is that I won't prioritise that. In reception what is measured, is their performance in basic skills, so it would be very difficult to go to my head and deputy and say I'd like to refocus my curriculum so children are more supported socially and emotionally because to do that something else would have to go and despite what heads and deputies say about believing in PSHE, if push comes to shove and that competes against curriculum attainment, PSHE would be lost.

MAI: But I would also say that is partly school specific because I think there are some schools where that is not always the case, I think we're almost of the third shift, gone through the literacy and numeracy push and I am hopeful and trustful that what we are doing is moving on to saying learning is important but that if we don't get the other bit right learning is not going to happen, but I don't think it's filtering through quickly enough, might have a school that's very clear about it and committed to it but then they might have someone coming in who is a school improvement partner who is saying what about your level 3s. What we are talking about and why, the problem that we've got is that schools are so different, theoretically working within the same remit but in practice probably aren't in terms of structure etc.

MAI: Could deal with loss in circletime and through books

MAI: I think it's very important, teachers need to be very clear about what they're doing in those circumstances, teachers deal with those issues with a group of children very well in terms of how you might think about this and how you might feel. In terms of ongoing emotional support for children within that context who might find that difficult raises a whole load of other issues about boundaries, roles and responsibilities and the realities of doing that, and if teachers are going to be encouraged and which I believe is right, to deal with bereavement really well then they need to understand what others might need about what to do where to go and when to stop

MAI: What concerns me is that you're dealing with a huge area of children's lives and you talking generally about loss, how it impacts on some individuals if you're not trained enough to understand how that might impact on that individual what actually happens to them after that, probably still going to be quite affected by it.

Appendix 23

Summary of data regarding support provided by school staff

Role	No. of Schools	Type of support provided
SENCO	6	<p>“Frontline”</p> <p>“A listening ear, some play or art based activities as appropriate, TLC, a ‘bolt hole’ for times of feeling overwhelmed”</p> <p>Referrals and signposting to other agencies</p> <p>Support for other adults in school</p> <p>Links to parents</p>
TA	6	<p>3 schools: specifically trained TAs provide counselling support.</p> <p>3 schools: TAs facilitate nurture/talk groups.</p> <p>Buddy system for pupils if it is required.</p> <p>Several teaching assistants offer nurture based on individual need. This may be a 1:1 cookery session with a parent and child after school.</p>
Pastoral	4	<p>Provides a contact for the family who can direct and source information. Delivers a programme of activities focused around bereavement and loss Organise agencies. link to parents</p>
Head	4	<p>A 'bolt hole' for staff when feeling overwhelmed</p> <p>Overall responsibility and delegates.</p> <p>Information basis and Child Protection officer</p>
Teacher	3	<p>All class teachers expected to support children in their class and identify those that might be at risk</p> <p>Informed and know who to signpost to. Relate well to pupils in their class</p> <p>Day to day support/ nurture/ availability.</p> <p>Link with family</p> <p>Most Class teachers and TAs are willing to listen and encourage children to talk about their feelings within a 'safe' environment.</p>
Tutor	1	<p>Can go and discuss feelings/anxieties at any time</p>

Appendix 24

Analysis of variance for perceptions regarding role and level of training/confidence and comparisons between staff groups.

Condition 1 = Expected in role to support

Condition 2 = Able in role to support

Condition 3 = Confident to support

Condition 4 = Feel trained to support

Condition 5 = Like more training

ANOVA

Rating

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	44.323	4	11.081	19.571	.000
Within Groups	61.146	108	.566		
Total	105.469	112			

Post Hoc Comparisons

Dependent Variable: Rating

Tukey HSD

(I) Condition	(J) Condition	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
		Lower Bound	Upper Bound	Lower Bound	Upper Bound	Lower Bound
Expected	Able	.56522	.22188	.088	-.0504	1.1808
	Confident	.82609(*)	.22188	.003	.2105	1.4417
	Feel trained	1.84190(*)	.22439	.000	1.2193	2.4644
	Like training	.29644	.22439	.679	-.3261	.9190
Able	Expected	-.56522	.22188	.088	-1.1808	.0504
	Confident	.26087	.22188	.765	-.3547	.8765
	Feel trained	1.27668(*)	.22439	.000	.6541	1.8992
	Like training	-.26877	.22439	.753	-.8913	.3538
Confident	Expected	-.82609(*)	.22188	.003	-1.4417	-.2105
	Able	-.26087	.22188	.765	-.8765	.3547
	Feel trained	1.01581(*)	.22439	.000	.3933	1.6384
	Like Training	-.52964	.22439	.134	-1.1522	.0929
Feel trained	Expected	-1.84190(*)	.22439	.000	-2.4644	-1.2193
	Able	-1.27668(*)	.22439	.000	-1.8992	-.6541
	Confident	-1.01581(*)	.22439	.000	-1.6384	-.3933
	Like training	-1.54545(*)	.22687	.000	-2.1749	-.9160
Like training	Expected	-.29644	.22439	.679	-.9190	.3261
	Able	.26877	.22439	.753	-.3538	.8913
	Confident	.52964	.22439	.134	-.0929	1.1522
	Feel trained	1.54545(*)	.22687	.000	.9160	2.1749

* The mean difference is significant at the .05 level.

Appendix 25

Table of mean ratings for each set of staff group relating to perceptions of role

Type of role		Feeltrained	Liketraining	Expected	Able	Confident
Leadership staff	Mean	1.6667	3.0000	3.6667	2.6667	2.6667
	N	3	3	3	3	3
	Std. Deviation	1.15470	1.00000	.57735	.57735	.57735
Teaching Assistants	Mean	2.0000	3.4000	3.2000	3.2000	3.0000
	N	5	5	5	5	5
	Std. Deviation	1.00000	.89443	.83666	.83666	1.00000
Teachers	Mean	1.2727	3.0909	3.4545	2.6364	2.2727
	N	11	11	11	11	11
	Std. Deviation	.46710	.83121	.52223	.50452	.78625
SENCO/Inclusion	Mean	2.3333	3.3333	3.6667	3.6667	3.3333
	N	3	3	3	3	3
	Std. Deviation	1.15470	.57735	.57735	.57735	.57735
Total	Mean	1.6364	3.1818	3.4545	2.9091	2.6364
	N	22	22	22	22	22
	Std. Deviation	.84771	.79501	.59580	.68376	.84771

Analysis of variance and post hoc comparisons found no statistically significant differences among the ratings for members of staff holding different roles in schools

Appendix 26

Use of Melvin and Lukeman's (....) Intervention framework to illustrate where work is focused.

Table 3. Interventions

Time/level of intervention	Examples
General education – information generally available	Children's books (see list in Fredman, 1997) Good Grief programmes (Ward & Associates, 1996a, 1996b)
Preparatory/anticipatory work when a death is expected	Groups in hospices (Zambelli & DeRosa, 1992) Information-giving (Rosenheim & Reicher, 1985) Work Books (Heegard, 1991)
Following a death	Consultation to adults (Turner, 1997) Family support Staff support Community outreach Bereavement counselling (CRUSE) (Heiney et al., 1993) (Fredman, 1997)
Following death in special circumstances	Post-traumatic stress counselling (Black, et al., 1992; Dyregrov, 1991; Dyregrov et al., 1987; Udwin, 1993).
At a later stage	Groups (Krasner & Beinart, 1989; Bisson & Cullum, 1994; Lohnes & Kalter, 1994) Winston's Wish (Pennington & Stokes, 1998; Stokes & Crossley, 1996) Referral to child and adolescent mental health services for individual and /or family work
When things are not moving on/unresolved issues	Family therapy (Gelcer, 1983; Kissane & Bloch, 1994; Sutcliffe, Tufnell, & Cornish, 1998) Individual psychotherapy (Judd, 1989).

Criteria for inclusion

Loss more than 6 months ago

Moved through initial stages of grief and anger cycle

The dotted lines indicate that the divisions are not fixed and there can be overlap. Many of the examples of the interventions may be used at any stage, singly or in combination.

Focus at this stage to support moving on at secondary effect and later

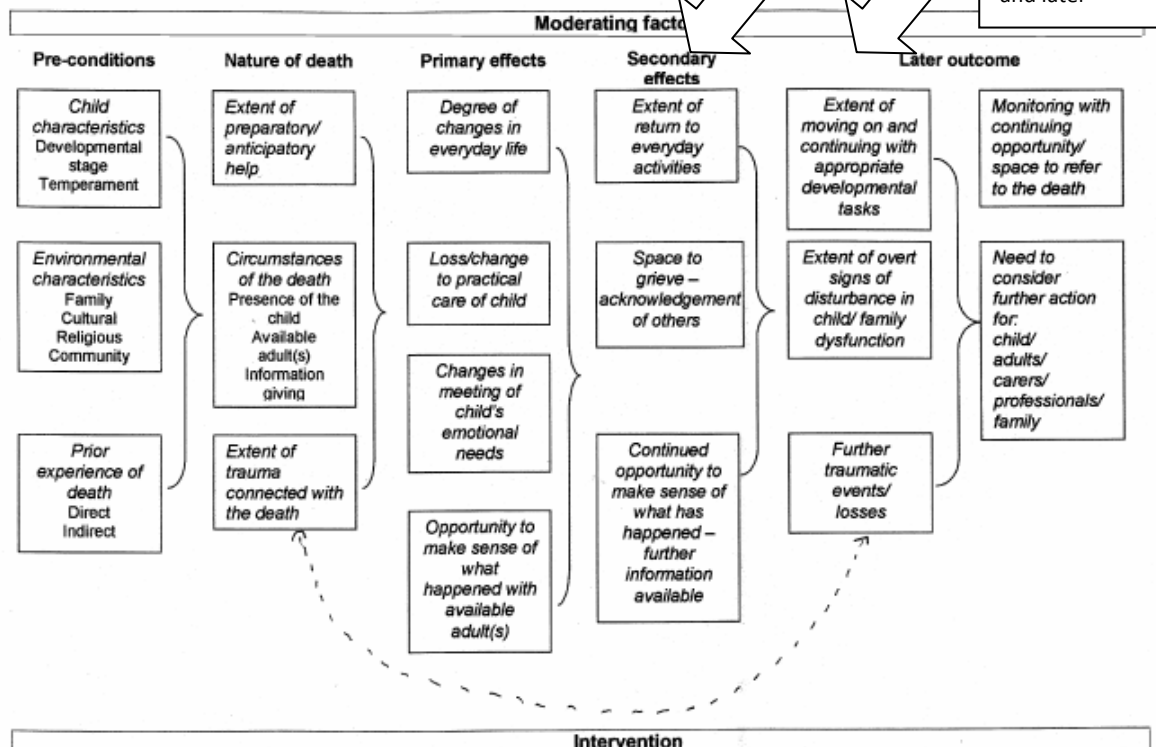


Figure 1. Map for assessing need for referral/appropriate intervention

Proposal: Loss and Change Group Intervention

Summary: A 6-week intervention (1 session each week) focusing on talking about feelings and developing effective coping strategies for young people who have experienced loss (either through bereavement or family breakdown).

Considerations for inclusion in the group:

- Students need to be currently in KS3 (yrs 7-9 inclusive)
- Involving 6-8 students
- Students who have experienced a loss more than 6 months ago which is having a continuous effect on their emotional and psychological well-being. This may be affecting learning or behaviour in school. It is important that the loss has been experienced enough time ago for them to have moved through the initial stage of grief and be ready to begin supportive work based on talking through feelings.
- Carefully consider the group dynamic. For a therapeutic group to be successful it must include a range of personalities and have presenting concerns which are not all manifesting in challenging behaviour.
- Those partaking in the group are required to take responsibility for their attendance and agree to commit to the group for the duration of the intervention. The 'group' itself and how it forms becomes an important part of building a safe, supportive environment.

Additional staff involvement:

- The EPS would like members of staff to have access to this intervention as a training opportunity and are keen to invite 2 members of staff to the sessions in a shadowing/learning capacity.
- The EPS would then be available for ongoing support for those staff in running further group work dealing focused on pupils who have experienced loss. All materials will be provided for the school for ongoing group work.

Measure of Impact:

- As part of evaluating both the intervention and how the EPS work with school staff on supporting new developments in the area of mental health, it is hoped that this group will become a case study for a research study.
- This will involve obtaining qualitative information through observing and evaluating each session and semi-structured interviews with a) the pupils in the group b) the school staff involved in facilitating the group b) the EPs running the group. We hope also to do pre-post measures using

measures of emotional well-being to identify whether the group has had an impact on this area.

- Informed consent: This will need to be obtained from a) the pupil b) their parents. This would be done through a written letter and a follow up face-face meeting to explain the group and the research element.

Time-scale/implementation:

It is proposed that the group would run after the October break from Monday 9th November – Monday 14th December. This group is best arranged for the afternoon session, so pupils do not have to return to class following, what can be, sensitive discussion.

Benefits for X:

Work on this area complements the TaMHS agenda which looks to address young people at risk of ongoing mental health difficulties. A large amount of research indicates that secondary school age pupils who have experienced loss are at risk of lower attainment, ongoing psychological and emotional difficulties and increased problems with behaviour.

Proposed meeting dates:

1. Planning meeting: Following TAP meeting 6.10.09

Involving: WT (research/school EP), appropriate management staff

Aims: Identify appropriate students for inclusion, identify staff for training involvement, organise consent letters and student/parent meetings.

2. Implementation meeting: TBA (not Wednesdays)

Involving: Management staff, identified support staff, X (EP for bereavement and loss), X(EP for bereavement and loss), X (research/school EP)

Aim: To confirm arrangements for the group, to provide an overview of course content and clarify roles within the intervention for support staff

Copy of parent/carer consent form for student participants

Dear Parent/Carer

Re: Loss and Change Group Opportunity

As part of the school's pastoral support programme, two members of the Educational Psychology Service will be running a 6-week support group in X school on Monday afternoons during November and December 2009. The aim of this group is to provide a support network for identified Key Stage 3 and 4 students who have experienced either a significant loss or recent changes and who may benefit from access to a supportive group.

We would like to offer ----- the opportunity to join this group, subject to their agreement, and ask you for your consent in approaching them about this opportunity. The attached flyer provides you with an outline of the group and the kind of activities your child will be able to engage with.

In order to evaluate the effectiveness of the group in supporting young people in dealing with loss or changes, this group is to be part of a research project. This is not focused on the participants but rather how effective the group is and whether it could be run by school staff in the future. Your child will remain entirely anonymous throughout the research and in no way be identifiable in any research report.

In order for your child to access this opportunity, please complete the consent form below. We also invite you to come and meet with Wendy Thomas from the Educational Psychology Service on 15th October at _____ to gain more information about the project and group. Please indicate on the form below if you would like to attend this meeting.

We feel this is a very valuable opportunity for _____ and hope you will agree.

Yours sincerely

Loss and Change Group Permission Slip

I do/do not give my permission for _____ to join the Loss and Change group and understand that this will be part of a research project where my child will remain entirely anonymous.



Please tick one of the following options

I would like to attend the meeting time offered above on 15th October

I do not need to meet but would like to discuss the group by telephone

I do not need to attend the meeting time offered on 15th October or discuss by telephone

Appendix 29

Data Collection outline

Method	Details	Comment	Materials
Parent Interviews Pre-Intervention	Individual interviews (person or telephone by parent choice) to gain information re loss experiences and previous support.		Interview schedule
Participant Observation	Observer as participant 6 x 1.5 hours over 2 month period (Nov-Dec 2009) Record descriptive and reflective observations (demarcate) in field notes (Coded DO and RO)	Be aware of possible observer effect and observer expectation Incorporate observations of TA observing the group in a training capacity into field notes (demarcate these)	Observation record for each session with predetermined codes Field note book with predetermined codes to track each type of observation
Participant Interview – student	Post intervention Semi-structured focus group interview with participating students. (Dec 09)	Ensure views from everyone are obtained	Semi-structured interview schedule
Participant Interview – staff	Interview with member of staff observing the group to identify potential for in-school intervention to continue. Obtain attitudes on this. (Dec 09)	Be aware of ensuring true views are obtained.	Interview schedule – open ended.
Participant Interview – Facilitators	Interview with 2 EP facilitators	Need to be done in pair	
Attitude scale	Bipolar adjective scale to obtain individual participants response to group (Dec 09)	Complete individually to prevent inter participant bias/discussion	Bipolar adjective scale
Interview with parents	Telephone interviews with parents to establish response following intervention		Interview schedule

Best practice approaches for implementing children's programmes (Pedro-Carroll 2005)

1. Utilise a children's programme with an evidence base of effectiveness and a focus on children's strengths
2. Keep children's developmental needs a primary factor in group composition and programme content. Children may be intimidated in groups with much older children. Keep age ranges for each group between two and three years.
3. Ensure a safe and supportive group environment by establishing rules and setting limits on inappropriate behaviour
4. Provide skills training in factors known to relate to better adjustment for children in the aftermath of loss (i.e problem solving, coping skills, help seeking, differentiating solvable versus unsolvable problems).
5. Select group members carefully, excluding those with severe difficulties. Provide referrals for children needing more intensive services.
6. Provide ongoing training and close supervision to group leaders in child mental health, group processes and facilitation skills.
7. Keep groups balanced by age, gender, and limit the number of participants. Large groups (more than eight) reduce opportunities for meaningful sharing.
8. Provide information and resources to parents on ways they can foster their children's resilience and healthy adjustment and promote healthy parent-child relationships.
9. Convey a message of hope and confidence in children's strengths and abilities
10. Conduct evaluation as part of an ongoing effort to assess a program's effectiveness with diverse groups. Above all 'do no harm' and monitor the progress of each participant.

Parental interview - CONFIDENTIAL

As part of information gathering to prepare for the group and contribute to the research would you be happy to answer some questions surrounding the experiences your child may have had?

If there is a question you are not comfortable with you can pass on to the next.

This information will remain anonymous in any research document.

With your permission it may be shared with the facilitators of the group to help plan appropriately.

- 1) Please outline any loss experience that your child may have experienced?
- 2) How do you feel this has affected them?
- 3) Outline any opportunities for support they have had access to (out of school, family, in school?)
- 4) How do you feel they have responded to this support?
- 5) Is there anything further you feel would be useful for them to address?
- 6) Are there any changes you hope to see as a result of them participating in the group?
- 7) Feel free to share any further comments, thoughts or suggestions

Where 0 is not at all and 10 is very much so, please could you indicate the extent to which you feel the loss experience continues to affect your child's emotional well-being.	
Do you permit this information to be used anonymously in a research report?	
Are you happy for this information to be shared with the group facilitators?	
Would you be willing to have a follow up conversation by telephone in February about how you feel this group has supported your child?	

Telephone parental interview 2 - CONFIDENTIAL

As you know your child participated in the Loss and Change group last term at X.
As agreed I wanted to give you the opportunity to share your thoughts about the impact of the group. Would you be okay to answer a few questions relating to this?

If there is a question you are not comfortable with you can pass on to the next.

Again any information will remain anonymous research documents

- 1) Have you noticed any difference in their responses or behaviour during the group or afterwards?

- 2) Did your child mention the group with you when it was running?
(Positive? Thoughts?)

- 3) How do you feel they have responded to the support provided?

- 4) Anything additional you feel may have been useful or you would have hoped to see?

Where 0 is not at all and 10 is very much so, please could you indicate the extent to which you feel the loss experience continues to affect your child's emotional well-being.	
---	--

Facilitator Interview

- 1) What do you feel have been the benefits of the group for the students who have been included?
- 2) Are there any aspects that you feel have been less useful for the students involved?
- 3) Which activities do you feel were most beneficial in supporting students particularly with loss and change issues? Anything you think could be changed or included or would like to do more of? Anything you would have done differently?
- 4) How do you feel this worked with an older set of students? Challenges/changes?
- 5) Which particular students do you feel gained the most/least or need ongoing support?
- 6) How do you think this type of provision could become part of the school support programme? Barriers to this?
- 7) What would be the next steps in achieving this? (resources, training, set up etc.)
- 8) Any further comments/suggestions

Appendix 34

Student semi structured interview schedule - L&C group

As you know, we have now completed the 6 week loss and change support group and this has been part of a research project to see if this kind of group would be useful to other students in other schools.

This group interview is a chance for us to discuss together your thoughts about the group, what was useful for you, any parts that were more difficult to deal with or anything you think could be added into another group.

As we are in a group, I will be leading the discussion and making sure that everyone has the opportunity to say what they think. It will be really important that we follow the group rule and when someone is speaking they have the floor. This interview will be voice recorded so I can type up what you have said afterwards.

- 1) How did you feel when you were asked to join the group?
 - Reason for being asked?
 - Feelings around this?
 - Main questions you had at this point?
 - What information was/would have been helpful to begin with? Any improvements on this?

- 2) When you knew it was a group set up to talk about changes and losses you have experienced, did this affect how you felt about joining the group?
 - How did it affect?
 - What did it change?

- 3) The group has been led by two adults who you did not know and are not in school normally. How do you think this help or hindered the usefulness of the group?
 - What was good about this?
 - What could be different?
 - Do you think the group could run if it was led by members of staff in school?

- 4) There were lots of different activities that happened during the sessions (recap on these), which do you think were the most...
 - Interesting?
 - Exciting?

Thought provoking
Useful to support in understanding
how loss and change can affect us?
How did these activities help you with
dealing with anything?
Which do you feel were the least
useful?
Are there any more you would like to
see included?

- 5) This kind of support was provided as a group rather than individually. What do you think were the benefits of this?
Any disadvantages?
Suggestions for future groups?
Balance of gender?
Age of students included?
- 6) Are there any ways you think joining the group has helped you?
(scaffold with ratings if need be)
Any change in yourself?
Dealing with feelings?
Coping strategies?
Talking to others?
Doing things with people in other year groups?
- 7) Have you thought about the group at any other times?
When did you think of it?
Did thinking of it change anything you did?
Talk about it to anyone else?
- 8) Is the group something you would recommend to someone else?
What would you recommend/what would you not recommend?
Kinds of things you would say to someone?
How could it be useful for any age of young person?
- 9) If a similar group was to be offered in school again, to what extent would you be interested in joining it again?
Improvements/changes that could be made to it?
- 10) Any other comments or suggestions about your participation in the loss and change group?

TA Interview schedule - L&C group

These questions are as part of the group evaluation and will cover two areas
 1) aspects of the group with regard to effectiveness 2) potential for the group
 to become embedded within school provision.

- 1) What do you feel have been the benefits of the group for the students who have been included? What aspects most useful?
- 2) Are there any aspects that you feel have been less useful for the students involved?
- 3) Which activities do you feel were most beneficial in supporting students particularly with loss and change issues? Anything you think could be changed or included?
- 4) Around school have you noticed any differences in how the group have presented? Any comments/notes from other members of staff?
- 5) How did you feel when you were asked to join the group in a shadowing capacity?
- 6) How do you feel the group would/could run if facilitated by members of school staff? Any challenges in this?
- 7) How do you think this type of provision could become part of the school support programme?
- 8) Who would be the key people to support in setting this type of provision up?
- 9) What, from your perspective, would be the next steps in achieving this? (resources, training, set up etc.)
- 10) Any further comments/suggestions

On a scale of 0 to 10 where 0 is not confident and 10 is very confident, how would you feel about becoming a facilitator for a group like this?	
On a scale of 0 to 10 what do you think is the likelihood of this becoming an ongoing provision within school	

Bipolar adjective scale completed by students following the intervention

Loss and Change Group

Fun								Boring
important								Pointless
No use								Helped
difficult								Easy
Worthless								valuable
interesting								dull
Would not recommend								Would recommend
Looked forward to it								Did not look forward to it

Any other comments:

Leaflet of information sent to parents


Contact

[Removed for confidentiality]

Researcher/EPS details


School Details

Loss and Change Group



Educational Psychology Service
X Secondary School
University of Exeter


What will the group provide?



An opportunity to share feelings and develop understanding through a range of creative activities including art, craft, and role play.


This is a safe and supportive group aiming to help members feel comfortable about sharing their thoughts and feelings

When will the group happen?



Monday afternoon session each week for 6 weeks

9th November 2009 – 14th December 2009



What does the research involve?

The Educational Psychologist for X school, Wendy Thomas, is researching the group as part of a University Doctorate. The aim of the research is to see whether the programme is effective in supporting young people.

It is hoped that this group could then continue running in X and other schools with school staff leading the group.

Wendy will be joining the sessions and talking to those involved to find out their views on how useful the group is.

Your child will also be asked to join a group discussion following the 6 weeks to share their views on what activities were most useful.

You will receive a flyer summarising the research findings in June 2010.



Please note: The research is entirely anonymous and no student will be identified at any point. Your child can choose to withdraw from the group at any time.

Appendix 38

Example of observation data

Session 1 Observation	3 boys/4 girls 2 EPs leading Art room at top of school Large space Circle of chairs.	
Activity	Descriptive Observations	Reflective observations
Explanation of who the leaders are Rules Whiteboard	Pupils in circle on same size chairs – two wheely chairs Hands up to show responses “I want to write the rules – yeah me too” Exploration of the rules Want them to listen to you Don’t talk when other people are talking Don’t spread round things that have been said in the room No put downs Guided by leader Don’t have to say anything you don’t want to Revisit them every time they come in	Cautious at first – comfortable in banter response to each other Ownership within the group appears important Clear ideas about rules and what is important – see if they continue to adopt these throughout remainder of sessions
Discussion about loss and change	Look at the name of the group and explanation of what it is about What kind of losses might you have experienced Pet – run away or die Can use lose in different ways – there are different ways to use that words Suggestions given from group Lose brain – lose some skills you have leaned Phone/bag when shopping Something very precious to you Sometimes you might look back and thing about the things you’ve lost Moving to a new school, secondary school – starting at the bottom all over again When you get old – small part away along that life Journeys – we all have crossroads in our life where you can go one way or go another – we can look at our lives in that way Small way along that. Some might	Considering, listening, offering ideas

	<p>be good experiences some might not be so nice but all of it together makes the journey individual for us. We have been thinking in different ways about our journey so far and how we can help understand that How we can support each other to do that – share that and understand other people</p>	
<p>Activity Draw beginning of life path – options stepping stones, vivid things - positive/negative Tables coloured pens activities</p> <p>Photocopies of life stories</p>	<p>Description of activities Students go to tables – mainly in pairs – girls sit together, boys sit together. 1 student first to go does to sit on own. When invited to join another group doesn't want to – face expression closed/downcast/looks upset. Group observations: Can only focus on one group at a time so some aspects of group discussion may have been missed at this point in time. Talking to each other throughout the activities – e.g 'you've put that in 'very good' part you pratt' – yeah I meant to, what that you're mum and dad split up? Yeah he was a pratt. I haven't had a bad life' - yeah well i've had a shit life...mum's a piss head, moved like 6 times I don't know what happened at three 2 boys also talking to each other 1 boy on own – talking to a facilitator quietly about what has happened in his life. Needed to go to welfare before end of session – last 10 minutes – keen to come back week later though. Group all recorded a lot of info on sheets – my wierd life....used within that</p>	<p>All focused looking and attending – on head in hands</p> <p>Actually being focused on doing something seemed to help encourage discussion – looking down at what they were doing – able to talk freely through the task and lots of discussion happened between the pairs.</p> <p>Communicating through the language that is familiar to them – open space and environment seemed important to them , you can't put piss head – reassurance that can seemed to free up . Is there the possibility that students could feel bound by school rules if run in schools? Context specific behaviour – on two sides – rules but also social group type approach – often seen at the beginning of sessions when competing for wheely chair and speaking out at the start – very quickly come on board with main part of session – quite a different demeanour at this point Views of own life coming out through writing and drawing – my weird life.</p>
<p>Back in group close session</p>	<p>Discussion and feedback to the rest of group – 3 keen to offer something. One – 2 brothers who died before I was born has affected my whole life – I wouldn't be here – mum would</p>	<p>Is this evidence of how viewing own life – placement in family came out a lot and how this forms part of their identity. Where lived featured highly on sheets – names of streets and</p>

	<p>have wanted them Grandad died the day before I was born Hard to think of stuff – different things that could have happened – e.g might not have been born Don't mind if you read it. I want to share it – didn't use good/bad – too hard to do that as you can feel good and bad about the same things e.g my brother being born Grandfather died on mothering Sunday J- make us the people we are. We as people change all the time and all the things that happen to us affect who we are and shy we are – next week we will look at the emotional stuff around change</p>	<p>detailed – map of life – guides us to where we are now. High focus on detail?</p>
<p>Relaxation exercises Equipping them with the skills to do this themselves</p>	<p>Feet flat on floor – oxygen down through body Breathing activities – Thinking about colours – favourite colour peaceful colours etc.. All engaged in this Say how you're feeling Don't know Tired Bored of school Tired Happy Happy – this is cool, a good way of going to sleep Sick</p>	<p>All engaged and following what been asked to do Need time and space to do this – not rushed at the end Asked how feeling – is this too much for them – direct response is challenging – could be done in an indirect way? Through analogy or choosing a card or colour to represent how feeling at the end.</p>

Example of interview raw data

Parental interview 2 - Confidential

As you know your child participated in the Loss and Change group last term at X. As agreed I wanted to give you the opportunity to share your thoughts about the impact of the group. Would you be okay to answer a few questions relating to this?

If there is a question you are not comfortable with you can pass on to the next.

Again any information will remain anonymous research documents

8) Have you noticed any difference in their responses or behaviour during the group or afterwards?

- She brought home the volcano and shared it with her brother. She helped him to make a spider picture where they drew legs and wrote the different issues concerning him on the legs. They worked together really nicely on this and she has been more open about talking through difficult things. She has always been really protective of her brother and hasn't want to talk about things as she hasn't wanted to upset anyone but since she has done the group has been much more open.
- I think it has really benefited her as she talks more openly at home and is able to converse with me more assertively. She has been able to say recently that she feels we need more family time and has been able to realise that this is not a negative thing to say but is being more honest with her own feelings.

9) Did your child mention the group with you when it was running? (Positive? Thoughts?)

- Talked about making the volcano and that she had talked through different things in the group
- Also talked about friends she had made in the group

10) How do you feel they have responded to the support provided?

- Feel she really benefited from having her own space and time for her to think through and talk about some of the things she has experienced.
- I think it has helped her to feel that she's not alone and that other people have suffered from different experiences not just her. Helped her to realise it's okay to feel different emotions – used to hide a lot of these and keep it inside. Been an eye opener for her I think.

11) Anything additional you feel may have been useful or you would have hoped to see?

- I would really recommend other students doing a group like this. I think it would be great if this provision was available for her brother in school or when he comes to secondary school. He sees a counsellor but I think it would help him to be part of a group.
- I think all children should be offered this as they often bottle things up because they don't want to upset their parents.
- Feel it is 100% worth it
- It really gives them the idea that they are worth it.

Where 0 is not at all and 10 is very much so, please could you indicate the extent to which you feel the loss experience continues to affect your child's emotional well-being.	5
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Appendix 40

Summary of bipolar adjective scale responses:

ID	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Tot
1	7	6	7	7	7	6	7	7	54
2	7	7	7	4	7	7	7	7	53
3	7	6	5	7	7	7	7	7	53
4	7	5	6	5	5	7	7	7	49
5	7	5	3	6	5	6	7	7	46
6	5	3	6	6	3	4	6	4	37
Tot	40	32	34	35	34	37	41	39	

Appendix 41

Example of session plan for the programme

Loss and separation week 1

Session Plan

Focus: Introducing Change

<p>Aims/ Objectives:</p> <ol style="list-style-type: none">1. Pupils to get to know each other2. Pupils to develop group rules3. To enable pupils to understand that change happens all the time.
<p>Resources:</p> <p>Draw on your Emotions – Sunderland & Engleheart (1996)</p> <p>Coloured pens/pencils</p> <p>Flipchart and pens</p>
<p>Lesson Plan:</p> <ul style="list-style-type: none">- Circle time- introductions, group rules, icebreaker games.- Group to consider rule agreement for the group and record on flipchart- Discuss life as a journey with a beginning and end. Lots of important things happen during that journey and lives change i.e. analogy of train, stopping at station, changing directions.- Discuss how we are born the same yet take different paths and this shapes who we become. We are all part way along that path- Pupils choose to complete one or more of the following and complete in pairs/groups/individually dependent on own wishes:<ul style="list-style-type: none">o Life as a Journeyo Life cross roadso Life Graph- Circle time- affirmation, closing activity.- Relaxation activity
<p>Other Learning Outcomes:</p> <ol style="list-style-type: none">1. Developing confidence within the group2. Listening skills.

Ethical Approval Form

STUDENT HIGHER-LEVEL RESEARCH



School of Education and Lifelong Learning

Certificate of ethical research approval

**STUDENT RESEARCH/FIELDWORK/CASEWORK AND
DISSERTATION/THESIS**

You will need to complete this certificate when you undertake a piece of higher-level research (e.g. Masters, PhD, EdD level).

To activate this certificate you need to first sign it yourself, then have it signed by your supervisor and by the Chair of the School's Ethics Committee.

For further information on ethical educational research access the guidelines on the BERA web site: <http://www.bera.ac.uk/publications/guides.php> and view the School's statement in your handbooks.

Your name: Wendy Thomas

Your student no: 510016666

Degree/Programme of Study: Doctorate in Educational, Child and Community Psychology

Project Supervisor(s): Brahm Norwich and Jo Rose

Your email address

Tel:

Title of your project:

Addressing the need for school-based bereavement and loss intervention in East Sussex: Perceptions, Processes and Outcomes

Brief description of your research project:

The role of X Educational Psychology service in supporting the area of bereavement and loss is currently under development through a multi-agency strategy team. Ensuring the emotional well-being of young people has increasingly become the responsibility of all those involved in services for children. Young people who experience a loss or bereavement are more vulnerable to risks within the education system and therefore it seems likely that schools have a role to play.

Phase one of this research aims to survey attitudes, perceptions and views on the role of schools in supporting young people who have experienced bereavement or loss. It seeks to identify the level at which schools feel equipped to deal with this area and the approaches currently in use. This phase will adopt a survey methodology using both a quantitative method for collecting staff views and qualitative methods through semi-structured interviews of target groups.

Phase two will evaluate one program of support developed for schools by the Educational Psychology service: a small group 6 session intervention to raise resilience in young people affected by loss. There will be two case studies running concurrently in a primary and secondary setting to provide comparison. This in depth case study will use qualitative methods to monitor and evaluate the effectiveness of the group and provide information for its development. It will research two strands a) the impact on the emotional well-being of the pupils in the group b) the impact on staff confidence in dealing with this area of support.

Information provided by this research will inform strategic development of the multi-agency bereavement strategy group in East Sussex.

Give details of the participants in this research (giving ages of any children and/or young people involved):

Phase 1 participants:

- School staff quantitative questionnaire: A number of schools in the East Sussex area will be offered the opportunity to partake in this part of the research. Schools will include secondary, primary and special settings. School staff will be provided an outline of the research, the opportunity to seek further information and be given a summary of findings.
- Semi-structured interviews: A SENCO cluster group and a multi-agency team have been identified for two focus groups. Additionally, a group of secondary school pupils and a group of primary school pupils will be asked to join a focus group for a semi-structured interview. These will be randomly sampled and both their own and parental consent will be obtained prior to involvement in the interview.

Phase 2 participants:

- The information gathered from Phase 1 will inform the target for specific small group intervention in Phase 2. At this point a group of 6 pupils (aged between 11-14years) will be identified for inclusion in the intervention group and a further group of 6 pupils (aged between 7-11years) will be identified in a primary school for inclusion in a concurrent group. Identified support staff will also be involved as a training opportunity and the effectiveness of this program in skilling staff will also be under research.

Give details regarding the ethical issues of informed consent, anonymity and confidentiality (with special reference to any children or those with special needs) a blank consent form can be downloaded from the SELL student access on-line documents:

I will be following the Code of Ethics and Conduct set out by the British Psychological Society (BPS, 2006). Issues regarding respect, confidentiality, informed consent, safe guarding will be carefully considered as detailed below.

Respect: The views of children, parents and teachers will be paramount in this study. I will ensure that these are listened to, respected, represented and acted upon. I will also endeavor to respect individual, cultural and role differences, including those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status.

Confidentiality: Records of the data collected (including transcripts and any audio recordings) will be stored in a secure and safe place. Electronic information will only be accessed by the researcher with their username and password. This information will be stored on a secure system with recognised virus protection. Electronic and paper information will be locked in a secure building. Information will also be coded to ensure anonymity. This will remain anonymous in the write up of the research. Collected written information will be destroyed by shredding and securely disposing when it is no longer required. Any audio recording will also be disposed of digitally.

Informed Consent: It will be essential to obtain informed consent form parents, both for child participants in the Phase 1 semi-structured interviews and for inclusion in Phase 2 research groups. Records of when, how and from whom consent was obtained, will be recorded. I will also invite the young people to participate in the consent process and ensure that they are aware of what that will involve. Participants will be made aware of how the research finding will be used. Essentially, informed consent will be an ongoing process throughout the research. Participants will be reminded that they have the right to withdraw from the research at any given time and that data related to them will be destroyed.

Safe guarding: It will be made clear to participants that in the exceptional event that there is evidence to raise serious concern about the safety of participants or other people, information will be passed on to relevant bodies in accordance with the Child Protection Act 1989.

Give details of the methods to be used for data collection and analysis and how you would ensure they do not cause any harm, detriment or unreasonable stress:

Data Collection

Phase One:

- Quantitative: A quantitative measure using a questionnaire (2 sides A4) will be used to sample the views of school staff. This questionnaire will involve ratings scales, given options and allow for fuller responses if required. It will also gather demographic information regarding role, length in role, type and geographical location of setting. The geographical location will request broad information to ensure anonymity remains.
- Qualitative: Information to determine the current views and perceptions on school based support for bereavement and loss will be obtained through semi-structured interviews. This will involve a SENCO cluster group, a multi-agency team, a group of secondary pupils and a group of primary pupils. With the consent of participants, interviews will be recorded and transcribed. This will then be coded thematically.

Data Analysis for Phase One:

- Quantitative data will be input into the SPSS statistical package to allow for statistical analysis of the information. This will provide numerical data regarding level of confidence, perceptions of role and current capacities of school. It will provide an overview of the descriptive statistics, including the mean scores, standard deviation and distribution of scores.
- Qualitative information will be transcribed and uploaded to NVivo 5 for thematic coding and further analysis. Differences among views of participants will be explored and cross comparisons made with regard to geographical area and type of school setting.

Data Collection for Phase Two:

The 'Change and Loss' Intervention

Two educational psychologists in East Sussex have developed this small group program. The aim of this six week intervention is for it to be eventually used as an in-house support program where school staff can use the materials. It involves an hour long group session every week exploring issues pertinent to loss and facilitates peer discussion of this area.

The 'Change and Loss' group is not about immediate response to a bereavement or loss. At present it is about supporting children who may have experienced loss in the past and who may benefit from some extra support and guidance in dealing with these issues. Losses may involve bereavement or family breakdown.

Data collection for this phase will be qualitative.

- Reflective accounts using a prompt frame following each session will be obtained from all involved, both the educational psychologists implementing the program and the school staff involved in supporting it. Pupils included in the group will also be asked to evaluate each session through discussion. This information will be transcribed for each session to provide overall information to evaluate the group's effectiveness.
- Semi-structured interviews: Staff involved in supporting the groups will be sampled with regard to impact of the group, own level of confidence, evaluation of materials, future potential to implement a group. The pupils partaking in the intervention will also be invited to join a semi-structured interview to gain their views on the group with regard to impact, effectiveness, strengths and areas for improvement. Parents views will be obtained through structured evaluation prompts regarding impact of the group on their child.

Data Analysis of Phase Two:

- All qualitative information will be transcribed and uploaded to the NVivo 5 program. Data will then be coded and organised thematically to determine the effectiveness of the program in terms of pupil well-being and staff confidence in supporting this area of need. It will also provide information from development of the program and extension of the practical materials.

Give details of any other ethical issues which may arise from this project (e.g. secure storage of videos/recorded interviews/photos/completed questionnaires or special arrangements made for participants with special needs etc.):

During the data collection, data analysis and write up, data (questionnaires, audio recordings, consultation meeting records, observation records, interview data and individual data) will be securely stored in a locked cabinet in a secure building. As previously mentioned, electronic information will only be accessed by the researcher with their username and password. Electronic information will also be stored on a secure system, within a locked building with recognised virus protection. It will be destroyed when it is no longer required.

Give details of any exceptional factors, which may raise ethical issues (e.g. potential political or ideological conflicts which may pose danger or harm to participants):

**Doctorate of Child, Community and Educational Psychology
2007-2010**

Literature Review

**Research Study: Addressing the need for school
based intervention for bereavement and loss in
one local authority**

Student Number: 510016666

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1 Introduction

This paper presents an exploration of the literature associated with research into childhood experiences of loss. Specifically, it critically analyses research on the role of schools and the Educational Psychology profession in supporting this area of need for school age children. The review establishes a framework for my research study set within the current political and psychological context. Additionally, it presents how the study will both complement and extend theoretical and practice-based knowledge in this particular field.

The research study explores the experiences and perceptions of school staff in one local authority regarding the issue of loss in children and young people (phase 1) and the practice of Educational Psychology in working with schools to develop and implement a small group intervention focusing on this area of need (phase 2). The study seeks to determine how schools may play a part in supporting young people who have experienced significant loss. It will explore opinions on this area of need, motivations for involvement and identify any potential barriers to school intervention.

Research on bereavement, separation and loss is vast, spanning numerous research and practice disciplines; health, social care, theology and education. I have therefore categorised the literature into three relevant areas:

- 1) Current debates in the research field relating to childhood experiences of loss, including literature on both bereavement and family breakdown.
- 2) Research specifically investigating the role of schools and attitudes of school staff in supporting young people who have experienced loss.

- 3) Literature on small group interventions for loss and the role of Educational Psychology Services in supporting school staff with implementing such support.

Section A sets the scene of my research study, justifying its position within this topic area and establishing its relevance within the field of Educational Psychology. Detail on how the reviewed literature was selected is also included here. Section B critically reviews the literature, exploring current debates within the field as categorised above. Finally, section C summarises the gaps existing within the available literature clarifying how my research study will address these to develop new knowledge about the role of schools in supporting this area of need.

2. Section A

2.1 What is the relevance of this research topic for children, schools and families and the practice of Educational Psychology within the current educational, political and psychological context?

The loss of a significant person within the life of a child or young person is an event which impacts on emotional and psychological well-being for an indeterminate period of time (Dowdney 2000). For young people at varying developmental stages such a loss can have a prolonged effect on their lives (Dyregrov 1991). Changes in the world around them are said to affect the perceptions they form and influences the individual as they develop (Busch & Kimble 2001).

It has been estimated that between 4 and 7% of children will experience the death of a parent before the age of 16 and that the negative impact of such a loss is magnified in the case of vulnerable or socially disadvantaged children (McCarthy & Jessop 2005). In real terms, this equates to approximately 53 children being bereaved a day or 20,000 bereaved children and young people each year (Childhood Bereavement Network 2005). Loss through bereavement is only one type of experience however.

Family breakdown can also lead to the loss of a significant family member and with divorce on the increase a growing proportion of children are likely to experience these effects (Dowling & Gorrell-Barnes 1999). The simple fact that loss affects a vast number of our children and young people is therefore unarguable.

Accurate statistical information on the prevalence of loss for young people is, however, difficult to obtain. The literature on the frequency of bereavement often reports different figures and the problem of inconclusive data is frequently stated by those researching the field (McCarthy & Jessop 2005; Penny 2007). Could this implicitly reflect a society where, traditionally, bereavement has not been discussed or open for research analysis? Indeed, a literature review funded by the Joseph Rowntree Foundation specifically highlights the lack of explicit data on bereaved children (McCarthy & Jessop 2005) whereas the Office of National Statistics calculates and reports annually on children affected by divorce (Childhood Bereavement Network 2005).

The Childhood Bereavement Network strongly advocates that developing the evidence base surrounding young people and bereavement must become a national priority. They argue that if this area is not properly acknowledged and supported, it can lead to negative outcomes for children, young people and their families with regard to emotional, physical and psychological well-being (Childhood Bereavement Network 2003).

As individuals, children will respond in different ways to any loss they experience. Their developmental age, experiences, personality and the context of their loss are all factors which are thought to impact upon how a child may cope (Holland 2008). Correlational studies however, do suggest they are more vulnerable to lower academic performance (Abdelnoor & Hollins 2004a), to changes in behaviour (Goldman 2001), potential withdrawal (Holland 2003), and regressive behaviour (Schlozman 2003).

There is also evidence that 'significant loss' can have long term effects on mental health and behaviour (Dowdney 2000) and the Youth Justice Trust now identifies loss as a factor in the assessment of young offenders (Childhood Bereavement Network 2005). Relevant research on the short and long term effects of loss is further reviewed in Section 2 of this paper.

With the initiation of the Every Child Matters Agenda (ECM, DfES 2004), ensuring the emotional well-being of young people has increasingly become the responsibility of all those involved in services for children. Young people who experience a loss or bereavement are more vulnerable to risks within the education system (Abdelnoor & Hollins 2004) and government initiatives developed in the last 10 years are increasingly extending the need for schools to ensure holistic care (ECM, DfES 2004; Extended Schools, DfES 2005; Targeted Mental Health in Schools, TaMHS, DCSF 2008).

In November 2008, a new National Advisory Council on Children's Mental Health and Psychological wellbeing was initiated in response to the recommendations of an independent review commissioned by the Government at the end of 2007 (DCSF & DOH 2008). The findings of this review suggest ways in which Children's Services and Child and Adolescent Mental Health Services (CAMHS) could be improved to address the mental health needs of children and young people. A press release in November 2008 outlined the aim of this initiative with the chair of the independent review stating:

"everyone will have a good understanding of what mental health and psychological well-being is, how they can promote resilience in children and young people and where they can go if they need more information and help" (DCSF 2008)

It is clear that promoting mental health and psychological well-being is high on the current political agenda meaning schools are likely to find it increasingly within their remit to address.

At present, local authorities and primary care trusts are working together in pilot areas across the country on a three-year pathfinder programme targeting mental health in school. This 'TaMHS' initiative (DCSF 2008) seeks to identify models of effective working in schools which specifically address the needs of young people aged 5-13 who are at risk of, and/or experiencing mental health problems along with their families. Targeting loss is specifically indicated within the TaMHS guidance document for schools (DCSF 2008) and the schools in which my research study is being conducted have recently become part of this pathfinder project. Consequently, the study will directly contribute to the evidence base of school involvement in supporting mental health at universal and targeted levels.

A recent report on sustainable approaches to in-school support for young people with depression in secondary schools (Street, Allan and Goosey 2009) suggests there is scope for a CAMHS staff member or counsellor working in the school setting alongside school staff. I propose that Educational Psychologists are ideally placed for this model of working and investigate this within my current study. Additionally, school based pathfinder projects funded by Government initiatives require systematic evaluation to demonstrate value for money. Educational Psychologists are able to use their research skills to aid schools in measuring the impact of new models of working.

As has been presented in Section A, the current research study is very well justified in 1) contributing to the evidence base of loss experiences 2) establishing how schools can realistically support the psychological well-being of children who have experienced loss and 3) exploring the practice of Educational Psychology in developing models of working with schools.

2.2 Literature selection

An extensive range of literature is available on the area of loss in childhood and adolescence. Some papers review research specifically to provide

accessible information for staff in understanding the processes and impact of loss on young people they are working with (Dowdney 2000; O'Connor & Templeton 2002; McCarthy & Jessop 2005; Dyregrov 2004). Other papers document specific research which endeavour to answer questions about this area of need and identify some of the factors which may be involved (Abdelnoor & Hollins 2004a; Reid & Dixon 1999). The available literature spans across disciplines which in turn influences the methodology of the published research studies. From clinically based empirical studies (Dowdney et. al 1999) to narrative, ethnographic designs (Macpherson & Vann 1996), there exists a wide range of information to draw on.

Section 2 will now critically explore the literature which has been selected as relevant to my research study. This literature has been sourced over a 10 month period (October 2008-August 2009). In order to identify research that is specifically relevant for preparing this study, searches were focused on the three categories previously outlined in the introduction.

Figure 1 presents the search engines and key words that were used to identify primary source materials. Additionally, citation searches signposted alternative sources of relevant literature and documents were recommended through ongoing liaison with schools and voluntary organisations as part of the research study. Parameters for inclusion of primary sources were that the research could be at least partly generalised to the current research study with adequate reliability and validity, based mainly in countries with education systems similar to the British system, have available access to full information and be relevant to the research questions. National government initiatives were searched through a general internet search engine and information from book chapters has occasionally been included.

Figure 1

Search Engines	Key words used
<ul style="list-style-type: none"> • EBSCO EJS • PsychARTICLES • ERIC Plustext • Education Research Complete • Ingentaconnect • ScienceDirect • Individual searches through specific journals relating to Educational Psychology 	<ul style="list-style-type: none"> • Loss • bereavement • children • young people • schools • interventions • impact, group work • attitudes • perceptions

2.3 Terms of Definition

The broad terms ‘bereavement’ and ‘loss’ encompass a vast range of experiences for young people and are grounded within the individual context in which they occur. To determine the extent of a ‘significant’ loss is dependent upon a wide range of interrelating situation specific factors. Clarification of the terms to be used in this review is therefore important.

One definition which has been suggested in a commissioned report (McCarthy & Jessop 2005), indicates ‘bereavement’ is experienced when any form of relationship is disrupted by death. Lenhardt (1997) proposes that where significant attachments exist there will inevitably be loss subsequent to separation. Loss is defined by Howarth and Leaman (2001, cited in Rowling 2003) as the state of being deprived of someone or something which is valued. For the purposes of my research on schools supporting all kinds of loss experiences, it is appropriate to extend the

definition provided by McCarthy and Jessop (2005) to encompass other sources of disruption in a relationship, for example divorce and separation.

The literature reviewed mainly focuses on 'family' relationships, usually the death or loss of a parent during childhood or adolescent years.

Determining what constitutes a 'significant' loss however is infinitely more complex than this and cannot always be determined by the category of relationship. Rather, it is likely to be based on the meaning that relationship held for that young person (McCarthy & Jessop 2005).

Additionally, each young person's personality and experiences is unique to themselves and following a loss each young person will respond in his or her own way (Penny 2007). It is necessary to be mindful of this when critically reviewing the literature in this field.

3. Section B

3.1 Current debates in the research field relating to childhood experiences of loss, including literature on both bereavement and family breakdown

There exists extensive research into the effects of bereavement and loss on the emotional well-being of young people. Research emerges from health, social care, counselling, theology and, increasingly, education research. Such diversity demonstrates how bereavement and loss is an area which transcends a wide range of disciplines involved with supporting young people and is relevant to all. In this section I will critically explore some of the key psychological models of separation, loss and bereavement. I will also discuss the debates surrounding the impact of different losses and establish any associated potential risk and resilience factors from selected research.

3.1.1. Models of loss

In attempting to research an intervention in this field, it is relevant to explore current psychological theories around the process of loss as this can help determine ideas about the nature and timing of intervention. Melvin and Lukeman (2000) present three models of loss associated with bereavement; a) the stage model of bereavement (Kubler-Ross 1969; Bowlby-West 1983) b) death as a significant stressor always necessitating intervention and c) task theory (Worden 1991).

Kubler-Ross (1982) proposes the stage model of grief, from initial shock and disbelief, to anger, depression then resolution and acceptance of the loss. The stage model suggests there is a continuous order to the process of bereavement and that this includes both a time frame and particular emotional tasks that are needed for each stage. This follows the implication that difficulties are experienced when an individual becomes

'stuck' in a particular stage and particular types of intervention are needed at each stage (Kubler-Ross 1969; Bowlby-West 1983). Elmore (1986, cited in Holland 2000) found this model equally applied to loss through divorce. Smith (1999) argues however, that such stage models are not helpful for young people as it can create the perception that they will 'get over it soon and move on', without needing further support. In fact, Parkes (1986) believes that a more fluid model could be applicable whereby a person moves forward and backward through the stages rather than following a sequential process. Davidson and Doka (1999, cited in Abdelnoor & Hollins 2004b) suggest that childhood grieving differs in that it is interspersed with intervals of normal activity rather than following a steady progression.

Melvin and Lukeman (2000) assert that experiencing the death of someone close is a significant life stressor and that all children who are experiencing a bereavement, regardless of any risk or protective factors need therapy or counselling to support them through the process. The Child Bereavement Network (which includes 250 voluntary sector member organisations across England and the UK) subscribe to this view in their belief statement: 'all bereaved children and young people have the right to information guidance and support to enable them to manage the impact of death on their lives' (p1, Child Bereavement Network 2005). At present, not all children do access support and it is acknowledged that most young people do encounter losses as part of growing up (Holland 2000).

Task theory emerged through the work of Worden (1991) who proposed grief as a series of tasks for the individual who plays an active role in the process. These tasks include accepting the reality of the loss, experiencing the pain of grief and reinvesting energy to move on. Whilst these models of grief are useful as an overview, it must be acknowledged that children should be enabled to develop their experience of loss and resolve it in ways that make sense to them. Melvin and Lukeman (2000) caution that by

working within a particular framework, children who have experienced loss may feel their way of dealing with it is being overshadowed by the application of a theoretical perspective.

Inevitably, research studies attempting to encapsulate models of loss are plagued by methodological limitations due to the complexity of the issues involved (Jessop & McCarthy 2005). Additionally, Melvin and Lukeman (2000) acknowledge that such models can help extend understanding about reactions to various losses yet can also lead to a rather prescriptive approach in the provision of support. It is commonly argued that individual differences and the role of natural support networks are central when processing loss (Webb 1993). However, it is difficult to research this as gaining access to this particular group of children and young people at such a sensitive time is an obvious challenge.

In considering the unique process of loss in children, their developmental stage must be acknowledged as a contributing factor. Children, potentially even more so than adults, are likely to fluctuate through stages of grief. Researchers have attempted to map the components of understanding death onto developmental milestones (Kane 1979; Speece and Brent 1984) however with some disagreement about precise ages and stages. Black (2005) breaks down children's understanding of death into four segments: irreversibility, finality, inevitability and causality, and Christian (1997) proposes that developmental benchmarks map out our stages of emotional understanding, just as they do cognitive progression, with children having to revisit loss with each new, reviewed cognitive and emotional understanding (Atwood 1984, Worden 1991).

For those working with children in school this theory can have implications for example, if a secondary school teacher is unaware that a child experienced a significant loss five years previously and a change in behaviour is occurring, subsequent response to that behaviour may be

inappropriate. Indeed, Abdelnoor and Hollins (2004a) suggest that the effect of loss may be so prolonged that intermittent support could be needed throughout a young person's education. Potential effects such of this must be acknowledged so those in school can contextualise any pattern of change that may be occurring.

3.1.2 Impact of loss

A child or young person's developmental age, the context of their loss and individual differences are all thought to contribute to affect how they work through their loss experience. Additionally, research repeatedly indicates the presence of ongoing detrimental effects for those who have experienced loss. Raphael (1982) reported that as many as 92% of children showed behaviour disturbances after a bereavement and a number of studies have presented evidence that parental separation can also impact on learning and behaviour (Alsop & McCaffrey 1993, Cox & DesForges 1987, Amato & Keith 1979). However there continues to be significant debate in this field. Kelly and Emery (2003) argue that the media have used such research to report a view that is too simplistic in the search for drama and skewed the general perception about the effects of divorce. They instead cite research indicating that the majority of children from divorced families are emotionally well-adjusted (Amato 1994).

With regard to the effect on learning, Abdelnoor and Hollins (2004a) found that those who have been bereaved were more likely to show a vulnerability to a reduction in academic performance. In an empirical study exploring service provision for bereaved children by Dowdney et. al. (1999), teacher's ratings showed higher internalising and total problem scores than a control group. Teachers considered bereaved children to be significantly more withdrawn, anxious, depressed and aggressive whilst also presenting more attention and thinking difficulties.

Unfortunately, the literature offers little guidance on the duration of childhood grieving which is particularly difficult to research due to the complex factors involved. Dowdney et. al. (1999) use their own clinical experience to suggest that where childhood disturbance persists beyond 3 months after death and results in family disturbance or affects performance or relationships at school, primary care practitioners should consider referral to specialist services. Complicated bereavement is where there is such an intense and prolonged bereavement that the individual's life is affected over a longer term and to a significant degree. Aranda and Milne (2000) propose that this could lead to depressive disorders, anxiety disorders and declining physical health.

3.1.3 Risk and resilience factors

Encouragingly, studies into the effects of both bereavement and family breakdown on children and young people's lives are increasingly taking into account factors which may mediate and moderate their experience (Kelly & Emery 2003; Dowdney 2000). Such research acknowledges that loss is infinitely more complex and affected by a number of interacting factors. Worden (1991) proposes that it is not the event itself but the associated life experiences following the event which can have a detrimental impact. Kelly and Emery (2003) believe it is particularly important to take this into account when considering loss through divorce. They reviewed risk and resilience factors in this area and strongly argue against a causal effect suggesting that there has been an over-generalisation of results from small unrepresentative samples obtained from clinical settings.

The debate over risk and resilience factors is important when considering intervention work addressing loss. If it is not simply the event itself which causes ongoing negative effects but the circumstances following a loss as has been suggested by many researchers (Silverman and Worden 1993,

Kelly and Emery 2003), then this suggests the opposite is also likely to be true. By ensuring positive, protective experiences and appropriate support, negative effects could be ameliorated and positive outcomes achieved. Additionally, recent research by Pedro-Carroll (2005) on fostering resilience in children post divorce suggests that the absence of risk factors does not equate to protection, implying that it is not enough to simply have no risk factors. Instead this research proposes the need for active intervention to create positive outcomes (Pedro-Carroll 2005). Such views provide the theoretical foundations for all those committed to improving outcomes for children and young people who have experienced loss.

3.2 Research on the role of schools and attitudes of school staff in supporting young people who have experienced loss.

It could be suggested that bereavement or loss within a family system is a personal event and that the responsibility lies with the family for supporting children through a loss experience. Schoen, Burgoyne, & Schoen, (2004) acknowledge that society often seems to want to protect children from the emotional aspects of death, possibly because of the belief that death has no real meaning for children and hence they cannot understand it or deal with it emotionally. Such perceptions can have a strong effect on the approaches different families take in supporting children with loss. Silverman and Worden (1993) reported that the strongest predictor of risk for children who have had a parent die is the level of adjustment and psychological wellbeing of the surviving parent.

Historically, much support work has been provided by charity, religious or voluntary organisations (Rolls and Payne 2003). The Childhood Bereavement Network, Cruse Bereavement Care and numerous other supportive counselling services have provided support. Access to this however is often through the family. Whilst this means the family remain in control of any support for their children, this route can miss young people who require more support, particularly if a child is experiencing difficulties not due to a bereavement but due to a family breakdown, or they are re-visiting grief from many years before.

Despite risks to the emotional and psychological wellbeing of children following a loss, bereaved children are not routinely offered support services via the health provision (Dowdney et. al. 1999). Dowdney et. al. (1999) report that mental health professionals are said to often disagree about service provision as limited resources, coupled with lack of criteria in identifying children at greatest risk, mean no service is provided unless there is a clear, presenting disorder. Their study sampled 45 bereaved families with children aged 2-16 years and found children were significantly

more likely to be offered services when the parent had committed suicide or when the death was expected as opposed to unexpected (54% to 28% respectively). This could suggest a clear role for other voluntary or education based provision in specifically addressing the needs of children who have experienced an unexpected loss.

The difficulty with ensuring a young person is well-supported is the blurred line between the family role and the role and remit of different external services. At what point do schools or other agencies step in and say that a child needs more support if this is not what the family wishes? In the past, such delicate lines may have served to inhibit schools from becoming involved in what many individuals perceive to be a family matter. As outlined in Section A however, the move towards holistic care and government led initiatives to address the mental health of young people mean schools are increasingly required to become more involved in this issue (TaMHS 2008).

Reid (2002) argues that because children spend a large part of their formative years in school, when they experience a significant loss, the school can become an even more important element in their world. Additionally, research into teacher's perceptions and experiences of working with bereaved children in Greece suggest that most educators are very perceptive of children's grief responses and changes in academic performance and behaviour (Papadatou et. al. 2002). Such research could suggest that schools are well-placed to be identifying appropriate support and intervention.

There are different approaches that schools can take regarding the area of bereavement and loss: proactive or reactive approaches. Holland (2008) reports on his research into proactive approaches in this field, strongly believing loss should be embedded more into the school curriculum. He argues that schools should have a policy on loss and clear plans about how

it is to be addressed within school. More resources are becoming available in schools to offer a wider range of skills. Indeed, the Social and Emotional Aspects of Learning (DCSF 2005) teaching resources, specifically include a module on death and loss with a view to proactively exploring this area.

Staff attitudes are clearly integral to how effective school based provision for loss will be. Capewell (1999) found negative attitudes towards the idea of loss education programmes in schools for pupils and staff with qualitative comments stating 'we must get on with living not dwell on death' (p4). There is little point in flooding schools with proactive approaches to understanding loss if those required to facilitate this believe loss should not be approached in this way. McGovern and Barry (2000) found 'death' to be a 'taboo' subject for teachers and Bowie (2000) found some disparities between staff views and children's views about whether death and loss should be discussed in lessons, namely that children felt it should be discussed more than teachers did (Bowie 2000).

Where a child or young person has recently experienced a loss, the source of any reluctance may be due to concerns about 'doing the right thing' (Lowton & Higginson 2003), suggesting there may be a lack of confidence and training about how best to help children. School staff in Hull, partaking in Holland's study (2008), rated loss as a highly important area (84% for bereavement and 95% for parental separation) although they also highlighted a 'training gap' between this high perception of need and self reported confidence (Holland 2008). Holland (2008) believes provision for loss remains patchy, un-coordinated and too dependent upon the initiative of individuals. Even with increasingly accessible materials for staff there continues to be a varied response to this area.

It may be necessary to look more deeply at why responses are so varied. The lack of reported staff confidence may have more underlying reasons than simply the 'training gap' suggested by Holland (2008). Greenhalgh

(1997) suggests that the process of transference may inhibit staff from discussing such sensitive issues as it can re-awake personal feelings or trigger existential fears regarding death (Capewell and Beattie 1996). Reid (2002) explored eco-systemic support for bereaved children and their teachers. She argued that if teachers are expected to create an environment focused on emotional support and well-being then leadership teams should be required to ensure provision of personal support systems to support them.

Rowling (1995, cited in Spall & Jordan 1999) studied teacher perceptions in two secondary schools in Australia and described a personal/professional role conflict that many teachers experience. On the one hand there is the need to be human and empathising, whilst on the other hand they are required to be in control of situations and provide leadership. They theorise that this role tension would be particularly difficult in the case of grief and loss although acknowledge their small sample size which makes it difficult to generalise these findings.

Increasingly, schools are providing access to counsellors and learning mentors who have a remit to provide pastoral care. However, this still remains piecemeal and in times of family breakdown often little is done to support a child who may be experiencing a huge number of losses at this time; loss of parent, loss of home, loss of stability. Longfellow (1979) found similar reactions to loss in the children of divorcing parents however this group have been found to receive less support than those who are bereaved. The fact that parental separations are less taboo and affect a greater number of children however may actually ameliorate the effect of the loss. Children find themselves within a 'ready-made' support group with large numbers of children in any one class potentially experiencing a similar loss.

Regardless of whether school staff feel dealing with loss is part of their remit or not, if a child is suffering emotional distress it is likely to affect their learning (Greenlagh 1997). This point itself, irrespective of any national strategy or new initiative, makes it an almost indisputable school issue. The ongoing question is what can schools actually do to support children with loss, at what level should this support be targeted and how can Educational Psychologists support schools in this endeavour?

3.3 A critical review of literature on small group interventions and the role of Educational Psychology Services in supporting school staff with such interventions.

Several researchers recommend the use of group work with bereaved children (Webb 1993; Pfeffer, Jiang, Kakuma, Hwang & Metsch 2002; Tonkins & Lambert 1996; Ross & Hayes 2004). In 1985 Yalom proposed the idea of groups offering a safe environment based on commonality which has laid the theoretical foundations for therapeutic group work (Yalom 1985). Webb (1993) believes group-work facilitates the ability to cope with a loss by being in the company of others who are experiencing the same thing. The following section will critically explore specific research into small group work focused on loss experiences. There is little research on small group work addressing loss specifically set in schools (Ross and Hayes 2004), so research from wider contexts have been included for review. The potential role for Educational Psychologists in supporting schools with small group interventions is then explored.

In their own words, teenagers have also offered advice to other children experiencing loss. The first advice they gave in Black's (2005) article on children's grief particular article was to 'join a support group', naming the support from others going through the same experience as the reason for this (Black 2005). A study into a 10 session group intervention with 39 children who have been bereaved through suicide demonstrated positive effects which included fewer reports of anxiety or depressive symptoms

than in the control group (Pfeffer, Jiang, Kakuma, Hwang and Metsch 2002).

An empirical study, based on an American sample, evaluated the effectiveness of an 8-week bereavement psychotherapy group involving children aged 7-11 who had a parent or sibling die (Tonkins & Lambert 1996) This is one of the few pieces of research that includes quantified data compared with a control group and presents statistically significant benefits for using a group approach to support children's experiences of loss. Unfortunately, precise causal factors for any positive effects are hard to determine and any improvement is difficult to attribute to the group work approach. Additionally, much of this research is invariably small and American based, limiting the validity across other contexts and cultures.

In Australia, Goldberg and Leydon (1998) outlined a school based programme for grieving students, which developed emotional and intellectual skills to allow a SHIFT (Safe, Hopeful, Inclusive environment for Feelings and Thoughts) from silence to active talk about death and grief. Charkow (1998) cited benefits gained from another group intervention which focused specifically on the sharing of experiences and emotions with others in a similar situation. Shriner (2001, cited in Abdelnoor & Hollins 2004a) theorises that adolescents typically feel what is happening to them is unique and incomprehensible, preferring support from someone who has been through a similar experience.

Whilst such research would indicate that small group work may be appropriate to extend into schools, the views of young people must be taken into account when considering this. It may be that school provides a 'safe haven', a place where young people do not feel they have to talk about what has happened to them. A retrospective case study explored the experiences of adults who had been bereaved when they were at school who reported difficulties accepting help when teachers tried to offer it. One participant said "it was a relief to get to school and put it out

of my mind” (p91 Abdelnoor and Hollins 2004b) suggesting that care must be taken when considering interventions for this group and assumptions must not be made about what is best for children.

Of those surveyed by the National Children’s Bureau, (Penny 2007), carers and practitioners would like to see more specialist support, either for carers or directly offered to children and young people as one-to-one or group-work. A 2003 survey showed that 83% of childhood bereavement services are located in the voluntary sector (Rolls and Payne 2003). Stokes et al (1999) pointed out that statutory services have not taken up this work in the past and that community services have more traditionally been involved in this area. With the move towards more systemic working and consultative models in Educational Psychology there is much scope for Psychologists working in schools to become increasingly involved with school based group interventions. Abdelnoor and Hollins (2004b) suggest person-mediated intervention, where the therapist or psychologist meets their client’s needs by guiding and supporting a third party in implementing the provision. Educational Psychologists are well placed to implement such an approach.

The DfEE document *Promoting Children’s Mental Health within Early Years and School Settings* (DfEE 2001) includes 17 case studies briefly describing a range of interventions and projects. Many of these case studies make specific reference to Educational Psychologist support or involvement in peers support strategies such social skills training or nurture groups. Only two however have loss as a focus and none describe an approach specifically designed for children who have been bereaved. Holland (2000) however did find that the Educational Psychology service was the most likely outside agency to be consulted for support after a pupil had experienced a loss (42% of schools) indicating that schools are aware support is available. Educational Psychology Services also provide high level ‘critical incident’ care and are heavily involved in developing such guidelines with schools.

Research into multi-agency working suggests that Educational Psychologists are well placed to manage a co-ordinated approach in responding to a significant loss through their skills (Dennison, McBay & Shaldon 2006). Working in a multi-agency way is necessary for this issue as loss spans across disciplines and is within the remit of health based, voluntary and statutory children's services (McCarthy & Jessop 2005). The importance of a co-ordinated approach is highlighted in the study provided by the National Children's Bureau (Penny 2007) looking into loss for children in care, although this remains in the form of anecdotal evidence rather than systematic research at present.

Ross and Hayes (2004), two Educational Psychologists working in Kent researched a group intervention based on Worden's (1991) stage model of loss in a primary and a secondary school. Using some quantitative and mostly qualitative data, they reported positive effects on cognitive motivation and suggested this would positively impact on psychological well-being. Additionally, the study reports how they worked with school staff in developing their ability to carry on with such support. While this study is useful in demonstrating how Educational Psychologists can work in schools, further research would be needed to fully evaluate such an approach as the quantitative methods used have questionable content validity. Ross and Hayes (2004) conclude that Educational Psychologists have an important role in removing the 'taboo' of discussing death in schools and that by working in this way with schools, not only can direct support be offered to the children but staff can develop skills and confidence through working alongside the Psychologist.

4. Section C

4.1 What are the gaps in the literature and how will my research study seek to address these?

The area of loss is notoriously difficult to research. This is mainly due to the sensitive natures of the issues discussed, the problems with measuring such an individual response to loss, the wide range of interrelating risk and resilience factors and access only to small participant samples.

In recent years, Educational Psychology Services have become more actively involved providing support for schools in this area however there remains little research on where school-based support is best targeted and at what level. Lowton and Higginson (2003) recommend that future research needs to concentrate on finding the most effective way of supporting bereaved children, their families, and teachers. Meanwhile, despite the increase in divorce and remarriage, there is little written to support those teachers who will be caring and working with children who spend approximately two thirds of their time in school (Brown 1999).

This review of relevant literature establishes the strong need for updated research on how schools provide for pupils who have experienced loss. Additionally, it calls for more research into the role of Educational Psychology within the current political and psychological context where emotional and psychological well-being is of national concern.

My research study seeks to address these particular gaps in the literature with the goal of extending knowledge within this particular field. Such knowledge will be of interest to a) the children and young people experiencing loss b) schools attempting to develop their provision and c) practising educational psychologists who are eager to find new ways of working with whole school systems.

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