

**Title:** Addressing the bereavement needs of children in school: an evaluation of bereavement training for school communities

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**Abstract**

The role of schools in both educating children about loss and change and supporting bereavement experiences is emphasised; yet, school staff report low confidence in being able to support children when someone dies. This paper reports on an evaluation of bereavement training that was offered to eight schools in Scotland and aimed to assist school communities to develop knowledge and confidence in engaging and supporting bereaved children. Pre and post questionnaires were used to measure the confidence, beliefs, and values of 282 school staff that attended the training. Two focus groups were held 6-18 months following the training to gain an understanding of the longer-term impact. Findings suggest that participants viewed bereavement support as part of their role and that a short and targeted bereavement training programme can contribute to raising the awareness and confidence of school staff to respond to the needs of bereaved children.

**Keywords:** Childhood bereavement, Schools, Bereavement Training, Hospice, Public Health Approach

**Background: literature and training initiative**

The experience of bereavement during childhood is common. In the United Kingdom (UK), 78% of 11 to 16 year olds have experienced the death of a close or relative or friend (Harrison and Harrington, 2001) and 5% of 16 year olds have experienced the death of a parent or sibling (Parsons, 2011). Whilst children can and do cope with the death of someone important, such experiences have been associated with a range of outcomes that can impact negatively on a child's psychological wellbeing and educational achievement, both in the short-term and into adulthood (Akerman & Statham, 2014; Melcher Sandell & Henriksson,

2015). In recognition that bereavement affects children, Munroe and Kraus (2008) note that there has been a growth in policy and specialist service provision. These developments seek to respond to the needs of bereaved children and have been significant in raising awareness of, and supporting, children's grief experiences. Nevertheless, specialist support is not always necessary, or indeed helpful, for all bereaved children and there is some evidence to suggest that where bereavement services are used indiscriminately support can be ineffective (Currier, Holland & Neimeyer 2007). There is thus increasing acknowledgement of the importance of a differentiated and tiered approach to supporting children's bereavement experiences, whereby informal support is offered from within children's existing communities and specialist support accessed when, and if, needed (Jones, Deane & Keegan, 2015; Akerman & Statham, 2014; Auon et al 2018). School communities are identified as well-placed to provide informal support owing to their ongoing and regular relationships with the children in their care (Holland 2008). As such, school communities are widely recognised as having a key role in noticing, acknowledging and supporting bereaved children (see for example Alisic, 2012; Holland, 2008; Lowton & Higginson, 2003; Reid, 2002). This role extends from challenging negative views associated with death and bereavement to normalising, educating and supporting children experiencing grief (Alisic 2012; Jackson & Colwell, 2001; Rowling, 2003; Akerman & Statham 2018).

The number of bereaved children attending schools is not systematically collected, yet evidence suggests that around 70 to 80% of schools have a bereaved child in their school at any one time (Holland 1993; Shipman et al 2001). Childhood bereavement has been found to affect school attendance and academic achievement (Dyregrov, 2004) with bereaved children being more likely to change schools or be excluded from schools (Fauth, Thompson & Penny 2012). Bereavement is thus prevalent and inescapable for school communities and can impact directly on a child's school experience. Yet, school staff do not systematically receive training related to childhood bereavement and when training is accessed this is usually after a bereavement has happened, in response to a specific situation (Paul 2015). Moreover, research suggests that school staff feel that they lack the necessary expertise to engage with children around bereavement experiences (Holland, 2003; Lowton & Higginson, 2003). This situation may reflect arguments that suggest there is a reluctance to discuss death and bereavement with children owing to a perceived fear of making things worse (Jackson & Colwell, 2001; Melvin, & Lukeman, 2000). For example, McGovern and Barry (2000) found that death was a taboo subject for some teachers and parents and this inhibited conversation

with children about death. The taboo around death is thus argued as being particularly pertinent in relation to children and can be a barrier to bereavement support (Holland 2008; Jackson and Cowell 2001). Nonetheless, a lack of openness to engage in conversations and provide informal peer support around death has been argued as having a deep impact on both the dying and the bereaved (SPPC 2018). Children can be left feeling confused, distressed and isolated if their bereavement needs are not met (Koblenz, 2016; Munroe & Kraus, 2008; Rowling, 2003). As such, it is argued that bereaved children need their experiences acknowledged and validated by trusted adults, supported to understand their feelings and cope with what is a difficult and personal experience (Holland, 2008; Munroe & Kraus, 2008). School staff are therefore in a significant position to develop relationships with children that support bereavement experiences, promoting their mental and physical health whilst teaching lifelong skills related to managing change and loss.

The importance of promoting the health and well-being of children is not a new concept in education. In Scotland, this is reflected in the Curriculum for Excellence (Scottish Government, 2008): Health and Wellbeing is a specific curriculum area, and learning the skills and strategies to manage change and loss is identified as an explicit learning outcome. Nevertheless, there is a lack of published work or guidance for schools around managing bereavement (Chadwick, 2012; Lowton & Higginson, 2003). Engaging with schools to equip children with skills and knowledge to cope with death and bereavement is emphasised in policy concerning palliative care in Scotland (Scottish Government, 2010, 2015). This is based on the idea that strengthening the capacity of school communities to cope and manage end-of-life and bereavement experiences will in turn enable more positive experiences. Yet, there is a lack of a co-ordinated approach to ensuring schools feel able to both help pupils deal with loss and bereavement but to also influence them, throughout the curriculum, to grow up thinking and talking about death as a natural part of the life cycle.

School staff, at two Scottish primary schools (one Roman Catholic and one non-denominational), identified the importance of developing their confidence to acknowledge and support bereaved children as part of a PhD research project (Paul, 2015; Paul, Cree & Murray, 2016). The study employed an action research methodology to advance education and support around death, dying and bereavement in school communities, with a particular focus on how the skills and experience of local hospice staff could be best shared with schools. The process revealed that school staff recognised and endorsed their role in

supporting bereaved children but identified significant gaps in their professional training: staff reported that they did not receive training as part of their undergraduate, postgraduate or in-house training and therefore felt ill-equipped and ill-prepared to engage in such work. As part of the action research process, and in response to this finding, school staff from both schools worked with the Children's Bereavement Coordinator and a Palliative Care Educator at the Hospice to design a bereavement-training programme. The resulting programme aimed to:

1. Assist school staff to develop confidence in engaging and supporting children experiencing bereavement
2. Promote a culture within the school where the needs of bereaved children are acknowledged and embraced

The content and teaching/learning methods for the training were developed in collaboration but were informed by best practices in how to support children experiencing bereavement based on the training, knowledge and expertise brought by the Hospice staff. It included information and education on: the prevalence of childhood bereavement; the impact of bereavement on children and their families; developmental and experiential needs of bereaved children; and strategies for acknowledging and supporting bereaved children in a school environment. The training was aimed at all staff (teaching and support) in recognition that children may have more opportunities for informal support from support staff, whose time is not always spent in a classroom. Teaching methods incorporated a presentation, open discussion, case studies and film clips of schools exploring bereavement with children. The training was delivered over 2.5 hours. This timeframe was set to: fit within existing training timetables, such as part of after-school training sessions or during scheduled in-service days (training days set aside for school staff to cover core training issues); ensure maximum attendance; and, to be more easily accessed alongside the competing training demands that are placed on school communities. A resource pack was developed to provide on-going guidance and support. The pack included: guidance on support for bereaved children; signposts to further reading and online resources/materials; and a template, along with relevant guidelines, of a bereavement policy for schools. The policy reinforced aspects of the training which promoted clear processes and procedures to respond to bereavement experiences. The training was piloted at the two schools taking part in the initial action research project and, following the success of this pilot, offered free of charge to all schools in the Hospice catchment area. This paper discusses the evaluation of the wider dissemination of the training, which aimed to explore how participants experienced the training and the

extent to which it developed knowledge and confidence around engaging and supporting bereaved children.

### **Evaluation Methods**

A formative evaluation was carried out, using a participant-oriented approach (Trochin, 2006). This involved using a pre and post-workshop questionnaire. The pre-workshop questionnaire intended to encourage participants to start thinking about the themes of the workshop and identify learning needs. It used a series of open questions that encouraged reflection on what staff currently did to support bereaved children, highlight the challenges involved and make specific learning or development requests. The post-workshop questionnaire involved asking participants to comment on their overall learning experience, outline specific learning achieved and identify any changes that they would make to their practice as a result of the training. Confidence levels and beliefs and attitudes were also self-assessed pre and post-workshop to gain a sense of the impact of the training. This was due to recognition that where confidence and self-efficacy increases, individuals are more likely to implement newly acquired skills resulting in positive changes to practice (Bandura, 1977). Due to the lack of validated measures for evaluating training in this area, confidence measures were adapted, with permission, from one used and tested in supporting healthcare staff to develop enhanced communication skills using a process measuring self-efficacy scales (Milne, Boyd & Hacking, 2010). The belief scales were developed specifically for this evaluation and were underpinned by the aims of the training, discussed previously (see Tables 2 and 3). Participants were invited to complete the pre-workshop questionnaire two weeks prior to attending the training. The post-workshop questionnaire was completed immediately after the training. Completing the questionnaires was voluntary and no incentives were provided. The questionnaires were anonymous and, once completed, were deposited in a file at the back of the training room.

A total of 282 school staff across eight schools in the Forth Valley in Central Scotland participated in the training between December 2013 and November 2015. These schools participated in the training in response to a mail shot from the Hospice to all schools in their catchment area. In order to ensure a consistent approach, the facilitators followed an agreed lesson plan. Of these schools, two were primary schools (children aged 5 to 12), four were secondary schools (children aged 12 – 18) and two were boarding schools that included both primary and secondary aged children. 195 participants completed pre-workshop

questionnaires and 218 post-workshop questionnaires. The majority of participants were qualified Teachers, 62% (135), and Learning Support Assistants, 22% (47). Other staff included; Maintenance staff 11% (23), School-nursing staff 2% (4), a Chaplain 0.5% (1), an Educational Psychologist 0.5% (1) and a Counsellor 0.5% (1). 3% (6) of participants did not provide the details of their designation.

To gain insight into the longer-term impact of the training, each school participating in the training was invited to send any school staff members who would like to participate in a focus group. Due to a limited response only two focus groups were held that involved six staff, representing four different schools (one primary school, two secondary schools and one boarding school). These staff had participated in the training six to eighteen months prior to participating in a focus group. The role of the participants within the schools included: Chaplain (1), Attendance and Welfare Officer (1), Teacher (2), Head Teacher (1) and Depute-Head Teacher (1). The focus groups took place in the Hospice and were facilitated by Hospice Educators who were not involved in delivering the training. The focus groups sought to: explore participant's experience of the training; ascertain the relevance and usefulness of the information discussed; and consider how the training might be developed and/or adapted. The focus groups lasted forty-five minutes and were held at the Hospice where the training was conducted. The discussion was digitally recorded with permission from participants. Thematic analysis was used to identify patterns within the data that involved following the six steps set out by Braun and Clarke (2008): data familiarisation; initial coding; searching for themes; reviewing themes; defining and naming themes; and producing a report.

## **Evaluation Results**

### **Pre-workshop questionnaire**

Responses from the pre-workshop questionnaires (n195) indicated a willingness and awareness of the role of school staff, and schools in general, to support bereaved pupils. When asked what staff currently do to support bereaved children as part of their role, 25% (49) of participants said that they had little or no involvement with children experiencing bereavement. The remaining participants noted the following activities:

- Meet the child on return to school and offer regular opportunities for emotional support by listening, 44% (86).

- Be sensitive to the child’s needs in class, such as offering time out, 26% (51).
- Follow school guidance and inform/discuss bereavement support with staff, 16% (8).
- Refer bereaved children to the school pastoral team, school counsellor, external agencies and access books or online resources to support bereaved children, 14% (27).
- Liaise with and support parents, 7% (13).
- Teach lessons on grief, death and bereavement in class, 3% (5).
- Deliver Seasons for Growth (a loss and change education programme) bereavement support groups at school, 2% (3).
- Keep records of pupils who have been bereaved, 1% (2).

Participants identified a range of issues that they hoped to gain from the training. These are presented comparatively, in Table 1, with what participants learned from the training to identify how learning intentions were met. Likewise, the findings from the pre-workshops confidence levels and the belief and attitude statements are presented comparatively with the post-workshop scores in Tables 2 and 3 to highlight how the experience of the workshop potentially impacted these areas.

<b>Pre-Workshop: What participants hoped to learn</b>	<b>Post-Workshop: What participants learned</b>
Strategies and approaches to support bereaved children; including knowing what to say to a child and use of appropriate language, 84% (164)	Strategies to support the bereaved children including: listening and acknowledging that someone important had died; being honest; using clear/simple language; avoiding euphemisms for death; communicating with parents; and being available to the child, 89% (196)
Understanding the impact of bereavement and the needs of children, 17% (34)	Awareness of the grief process in children and their individual needs, 37% (81)
Knowing how to access materials and resources to support children, 10% (20)	Awareness of resources to use for support and how to refer children to Seasons for Growth groups, 11% (24)
Liaising with and supporting parents of the bereaved child, 7% (14)	
Clarifying the process of a co-ordinated approach provided by the school, including developing a written bereavement policy 6% (11)	Using a consistent/co-ordinated approach by the school, including the need for a written bereavement policy 17% (38)
How to help other children in the class to support a bereaved child, 5% (10)	
	Understanding of the importance of self-care and support for school staff, 2% (5)

## **Table 1: What participants hoped to learn from the course and what they learned**

### **Post-workshop questionnaire**

Responses from the post-workshop questionnaire (n218) were positive with the majority of participants agreeing that the content and teaching strategies employed were relevant. What participants specifically learned is presented in Table 1.

When asked about potential changes that staff would make as part of their role following the workshop, participants stated the following:

- 65% (141) said they felt more confident to communicate with the child and parents when someone had died. Being open, honest and proactive in preparing for a child's return to school was emphasised.
- 7% (16) stated they would like to be involved in preparing a written bereavement policy.
- 6% (13) said they would feel more confident to discuss death and dying in class.

Participants made a number of suggestions around support or training that would further promote supporting bereaved children in school. This included:

- Follow-up training/updates and/or advice on supporting bereaved children in school.
- Reflective practice, further reading and exploring resources.
- Opportunities to discuss issues with experienced staff.
- Incorporate the current training into undergraduate teacher training.
- Support schools to develop a bereavement policy.
- Practical training to develop staff confidence in delivering support to groups of pupils.
- Opportunities to shadow a bereavement counsellor when working with a group of children.
- Start Seasons for Growth groups in school.

### Pre and post-workshop self-assessment scores

The pre and post scores in relation to confidence levels are shown in Table 2. A significant upward trend in confidence levels is evident on completion of the training workshop when compared to pre-workshop scores for all domains.

CONFIDENCE DOMAINS		High	Average	Low	Not recorded
1. Recognising the support needs of bereaved children within the school	Pre	17% (40)	52% (121)	18% (40)	13% (30)
	Post	70% (154)	30% (64)	0%	0%
2. Acknowledging that someone has died with a child	Pre	24% (61)	49% (124)	17% (41)	10% (26)
	Post	79% (164)	21% (44)	0%	0%
3. Responding/talking to children about their grief feelings	Pre	22% (47)	54% (127)	13% (30)	11% (25)
	Post	72% (150)	28% (58)	0%	0%
4. Recognising your own emotions and seeking support when needed	Pre	27% (62)	50% (119)	10% (21)	13% (31)
	Post	65% (136)	34% (69)	0%	1% (2)
5. Talking to parents/guardians about the support needs of children	Pre	22% (50)	42% (97)	23% (52)	13% (31)
	Post	60% (123)	36% (73)	2% (6)	2% (6)
6. Challenging the views of others when there are gaps in support	Pre	13% (29)	38% (88)	36% (82)	13% (31)
	Post	53% (113)	43% (90)	2% (4)	2% (6)

**Table 2: Measurement of confidence pre and post-workshop**

The findings from participant's self-assessment of beliefs and attitudes prior to and on completion of the workshop are presented in Table 3. Although there is no significant movement, there is some evidence that beliefs and values shifted positively.

BELIEFS/ATTITUDES STATEMENTS		Agree	Unsure	Disagree	Not recorded
1. Children grieve	Pre	81% (186)	0%	10% (24)	9% (20)
	Post	92% (192)	0%	0%	7% (15)
2. Acknowledging that someone has died with children is inappropriate	Pre	6% (13)	7% (16)	77% (171)	10% (21)
	Post	16% (33)	0%	77% (159)	7% (15)
3. Encouraging children to share their feelings in relation to grief can be damaging	Pre	4% (10)	14% (32)	72% (167)	10% (22)
	Post	9% (19)	4% (8)	80% (165)	7% (14)
4. School staff need parental permission to acknowledge the bereavement with a child	Pre	8% (18)	49% (104)	32% (69)	11% (25)
	Post	15% (31)	17% (35)	59% (122)	9% (20)

5. School staff cannot help bereaved children if they have not experienced bereavement	Pre	2% (3)	4% (12)	83% (192)	11% (24)
	Post	1% (2)	4% (11)	85% (180)	10% (24)
6. Guidance about supporting bereaved children should be part of school policy	Pre	78% (181)	12% (28)	1% (2)	9% (20)
	Post	90% (188)	3% (4)	0%	7% (20)
7. Children should be given the opportunity to attend funerals when someone important to them has died	Pre	74% (171)	9% (20)	8% (18)	9% (22)
	Post	88% (184)	5% (9)	0%	7% (15)
8. School staff do not have the time to offer support to bereaved children	Pre	5% (12)	12% (27)	73% (169)	10% (23)
	Post	3% (6)	7% (14)	82% (171)	8% (17)
9. It is important to acknowledge one's own grief may impact on the support school staff are able to give to bereaved children	Pre	60% (139)	24% (55)	6% (14)	10% (23)
	Post	81% (164)	8% (17)	4% (9)	7% (14)
10. Providing guidance to allow pupils to support a bereaved child is helpful	Pre	74% (165)	14% (32)	7% (13)	5% (12)
	Post	91% (197)	2% (4)	0%	7% (15)

**Table 3: Measurement of beliefs and attitudes pre and post-workshop**

### **Focus group findings**

Three broad themes emerged from the focus group data: strengths, limitations and impact. These themes will be discussed separately below, showing how they interlink.

- **Strengths**

A number of strengths to the training were discussed by participants that supported them to engage with the workshop content and see how it might shape their interaction with children. These strengths related to: how the training was delivered; learning specific tips/strategies to use with children; the relevance of the training to the whole school, staffs personal life and current education policy; the transferability of the learning across cultures and to other loss experiences in children's lives; and the focus given to taking a proactive approach towards bereavement experiences.

All of the participants commented on the training environment and how "*people felt safe*" to engage with the theme of the workshop. This suggests that the theme of the workshop was challenging for participants but that a space was created which gave participants permission to connect with the workshop materials. The simplicity of the main learning points, around

acknowledging children experiencing bereavement, were also discussed as supporting this engagement:

*“One of the key messages was.... it’s ok to talk about it, using the term ‘death’, instead you know, we use other terms to make reference to ‘they passed away’ but to make it clear that someone has died, Those simple messages came across and I think staff appreciated that”*

The content of the training was discussed frequently by participants as having relevance to professional work and personal life more broadly and this was noted as a strength of the workshop. For example, participants acknowledged that whilst they knew that there were bereaved children in their school they recognised a gap in their knowledge on how best to engage with these experiences:

*“We knew it happened. We obviously knew it was a possibility of it happening but we didn’t have the language to talk about it”*

Likewise, a participant discussed how the training helped her to prepare for a death in her family and another said that they had used the training for a variety of situations that involved a child experiencing loss, such as

*“attempted suicide of parents. If a member of the family gets taken to prison, illness in the family, family member moving out of the home”.*

This shows participants recognising the wider relevance of the training in relation to their work/engagement with children and transferring this knowledge. It was also highlighted that responding to the needs of bereaved children linked well with national policy on working with children more broadly, which supported how the participants were able to integrate the training into their current practice. Similarly, the focus on being proactive, in recognising and anticipating the needs of bereaved children, was noted as a strength of the workshop that could be easily be developed in school settings:

*“it’s about being pre-emptive. We’re in the process of creating a policy, and we’re aware that every situation will be different but having some policy in place rather than doing it off the cuff.”*

- **Limitations**

A number of limitations to the training were also discussed by participants that were barriers to engaging with the content of the workshop and their work with children more broadly. These limitations largely related to the subject matter itself, i.e. talking about death, as well as the emphasis placed on, and access to, bereavement training. For some participants talking about death was something that was usually avoided and therefore attending the training was perplexing:

*“You know it’s just one of those taboo subjects....and how is this going to be and how are we going to do this within a workshop setting...is it going to be doom and gloom”*

Likewise, when individuals were experiencing a personal bereavement they felt unable to participate in the training:

*“There were a few who didn’t come because they were having difficulty themselves and that’s understandable”*

The relevance of the learning to people’s personal lives was also, therefore, a barrier to engage with the workshop content. Nevertheless, the majority of participants noted that the training should be compulsory for all staff and that, because it was optional, this impacted negatively on the extent to which the training influenced school practices. When asked about potential improvements to the workshop, participants made some recommendations which were also identified as limitations of the training. It was felt that increasing opportunities for interaction throughout the workshop would be helpful as well as more focus on how to support children from different faith communities and cultures. The provision of ongoing future training to respond to changes in staffing and offering opportunities to both network and share resources with other schools was also suggested.

- **Impact**

Participants described several ways in which they felt that the training had already impacted on practice in their schools. This impact was predominately concerned with confidence building, skill development and changing attitudes which had resulted in specific changes to practice. For example, the participants discussed how the simplicity of explanations on how to talk to children who had experienced bereavement gave them the confidence to actually do so:

*“So I think it has given me a little more confidence in the fact that I can actually offer some support here and at the right level”*

Likewise, participants discussed how the workshop also gave them permission to talk more openly about bereavement with children, parents and colleagues:

*“It was almost a taboo subject but now I think that’s not the case, staff will engage. I think and that’s important”*

*“I think before we started talking about this in terms of the school, people would shy away from it because they didn’t want to put kids under any more difficulties”*

*“Since [the training] we’ve lost two members of staff and I think we’ve done much better than we would have done in the past”*

Thus, the training appeared to influence attitudes within the school which contributed towards a shift in culture whereby bereavement experiences were more likely to be acknowledged. Moreover, participants noted quantifiable changes to the school environment and/or practice since the training. These changes included: establishing a bereavement working group to design a bereavement policy for the school; offering more bereavement and loss groups for their pupils and engaging with parents about bereavement experiences.

## **Discussion**

The results demonstrate that the training both promoted and developed the self-perceived confidence of school communities to engage with bereaved children. Prior to the workshop, 75% of participants described a range of activities that they employed to support bereavement experiences in their schools. Nevertheless, the primary goal for participants was to learn new

strategies and approaches. This suggests that participants felt that they had a limited repertoire of how to engage and support children experiencing bereavement or did not have the confidence in the tools and techniques that they were currently utilising. This finding corresponds with literature that suggests school staff receive limited training in this area and lack the confidence to offer support (Holland, 2003; Paul, 2015). Post-workshop, 89% (196) of participants identified learning new strategies to bereavement support. An increase in confidence around recognising, acknowledging and responding to bereavement with children was also demonstrated. For example: 17% (40) of participants noted high confidence in recognising the bereavement needs of children pre-workshop, compared with 70% (154) post course (domain 1). Likewise, pre-workshop, 24% (61) of participants rated themselves high in confidence in relation to acknowledging that someone had died (domain 2) compared to 79% (164) post-workshop. Focus group participants also indicated that they had increased skills and confidence as a result of the training and a language to talk to children about what had happened. This is significant given that these participants had participated in the training 6 to 18 months prior to the focus group. Although the evaluation does not systematically measure the long-term sustainability of these changes, it suggests that the workshop provided enough opportunities for both the participant's confidence and knowledge of practice skills to be positively impacted.

The findings from the beliefs and attitudes statements show evidence of pre-existing values and beliefs relating to being aware of, understanding and supporting children's bereavement experiences. For instance the majority of participants agreed that "children grieve" (domain 1) pre (81%) and post (92%). Likewise, most participants disagreed pre (72%) and post (80%) workshop that "encouraging children to share grief feelings can be damaging" (domain 3). Rogers (2002) argues that practice focused training is more likely to be effective if participant's attitudes and beliefs are appropriate and in line with the course. The findings thus suggest that the majority of participants held views that would be encouraging towards supporting children experiencing bereavement and, therefore, with effective training such support is more likely to take place. Yet, it was apparent in the focus group that bereavement was a difficult topic for some school staff and this limited the extent to which participants could fully engage with the workshop materials. This aligns with arguments discussed previously whereby a taboo around death can be a barrier to bereavement support (Holland 2008; Jackson and Cowell 2001). The focus groups suggested that this barrier to support was further enhanced by the relevance of the training to the personal lives of the participants:

where participants had recently experienced a bereavement it was suggested that they were less likely to attend the training. Whilst this is unsurprising, these findings highlight the personal resonance that bereavement holds for everyone and how this may be a barrier to engaging and responding to the needs of children. This suggests that more work needs to be done around normalising bereavement experiences in schools communities, and more broadly, in a way that encourages open conversation and support in parallel with raising awareness of the bereavement needs of children.

The majority of participants noted, pre and post-workshop, that school staff have the time to offer support to bereaved children. Focus group participants also identified the relevance of the training to both the school and the underpinning legal and policy frameworks that promote the rights and needs of Scottish children. These findings suggest that participants view bereavement support as part of their role and/or the role of the school and thus confirm claims that school communities are in a key position to support bereaved children (Alisic, 2012; Holland, 2008). This supports the idea that school communities can be part of a tiered approach to bereavement support for children whereby school staff are willing and able to acknowledge and respond to bereavement experiences, appropriate to the needs of each child (Akerman & Statham, 2014). Nevertheless, the findings also identify that school communities do not consistently access training to support them to confidently acknowledge bereavement experiences and this presents a major barrier to developing practice in this area.

The importance of parental involvement is a key feature within the literature in relation to supporting bereaved children (Braiden, McCann, Barry, Lindsay, 1999; Stokes, Pennington, Monroe, Papadatou, & Relf, 1999). Prior to the training 7% (14) of participants wanted to learn how to liaise with and support parents and this draws attention to how school staff view their relationship with parents: providing support and seeking permission/information. Post-workshop, participants reported increased confidence in relation to talking to parents about the support needs of children (domain 7) and there was a positive shift in relation to the belief and attitude statement concerning the significance of parental permission (domain 4). Interestingly, however, post workshop, 59% of participants agreed that parental permission is required if staff were to engage with children about bereavement, 17% were unsure and 15% disagreed. It is possible that the phrasing of this beliefs/attitude statement (domain 4) was confusing, however, these findings may also suggest that school staff have differing opinions

about the nature and extent of parental involvement and that there may be scope within both the workshop and evaluation tools to explore this more.

The findings indicate that participants find guidance on supporting bereaved children in school helpful: 74% agreed pre-workshop and this increased to 91% post-workshop. Moreover, the majority of participants assert that such guidance should be part of school policy. Nevertheless, prior to the training, only 16% (8) of participants discussed the use of school guidance and/or discussion with colleagues on how to support bereaved pupils and this identifies a lack of guidance related to supporting bereaved children and/or a culture where related conversation is not promoted. Focus group participants highlighted the importance of such guidance in relation to being proactive: enabling the school community to prepare for a bereaved child's return to school. Two focus group participants revealed that their schools had begun the process of developing a bereavement policy. This suggests that the training promoted the development and existence of such guidance and that participants were able to recognise the benefits of having a bereavement policy in place prior to a bereavement happening. This is significant given that developing policy alongside a supportive environment ensures that bereavement support is not just about individuals but is concerned with a conscious social and community response to cope with the inevitability and pervasiveness of bereavement (Street, 2007).

### **Limitations**

The evaluation provides evidence on how participants perceive changes within their learning, confidence and beliefs/attitudes in relation to the themes of the training, however it does not explore the effects of these changes on their skills in working with pupils or the pupil experience. Moreover, whilst the focus group intended to capture the long-term impact of the training it proved difficult to recruit participants due to the demands within the schools and not all schools that took part in the training were represented. It is hoped that the provision of the resource pack for schools may support future practice, yet it is not possible to predict if increased confidence levels are sustainable in the longer term. More research is therefore needed to further investigate the long-term impact of the training on both school staff and pupils.

It was initially intended for the pre-workshop questionnaire to be completed two weeks prior to the workshop to enable school staff to familiarise themselves with the content of the

training and consider specific training needs. The facilitators, however, were dependent on these questionnaires being issued by the school and this did not happen. This meant that some school staff only engaged with the content of the workshop at the start of the training and, owing to the sensitive and personal nature of bereavement, this could have been a potential barrier to the extent to which they engaged with the training and evaluation.

The authors accept that it is unlikely that the training would significantly influence beliefs and attitudes in such a short workshop. Although the findings reveal attitudes and beliefs that are sympathetic to including children in conversation and support around bereavement there are a number of non-recorded results (Table 3). The statements were designed as part of the action research process with the school staff that developed the training programme, yet, due to the high percentage of results not recorded it maybe that participants: did not understand the question(s); needed more time to contemplate their answer; or did not want to engage with the theme of the questions. This suggests that these statements would benefit from further development.

## **Conclusion**

The importance of nurturing a school climate which promotes the well-being and resilience of pupils is recognised (Aldridge, Fraser, Fozdar, Alia & Afari 2016), yet the role and expertise of schools in supporting bereaved children is underdeveloped. This is significant given that experiencing bereavement during childhood can result in immediate and long-term risks to physical, mental and social wellbeing (Palmer, Saviet, & Tourish, 2016). Moreover, the United Nations Convention on the Rights of the Children (1989) determines that children have rights to information, education and support about issues that are important to them: socially, physically and emotionally. School communities do not consistently receive training on bereavement and loss as part of their professional training and low levels of knowledge and confidence in relation to engaging and supporting bereavement children has been argued as immobilising school staff from acknowledging and responding to bereavement needs (Paul, 2015). The findings suggest that participating in a short and targeted training programme can develop the self-perceived confidence of school staff around engaging with bereaved children. This may have relevance across a range of disciplines working with children, such as social workers, speech and language therapists and paediatricians, whereby professionals have skills in working with children but may lack confidence, and training, in relation to working with children experiencing bereavement.

A number of areas for development were identified within the evaluation and the content for future training has been amended to include more discussion on: cultural/religious considerations; encouraging dialogue with parents and carers; and the importance of self-awareness and self-care in relation to an individual's ability to offer support. In addition, regular follow up days are planned to give participating schools an opportunity to share their experiences of supporting the bereavement experiences of children. The authors also continue to promote the need for all schools to have written bereavement policies in place. This highlights that more work needs to be done to ensure that the training seeks to continually reflect the current and changing needs of school communities. Nevertheless, the evaluation demonstrates the key position that school communities have in supporting children experiencing bereavement and the importance of training in fostering this role. It identifies that school communities are well placed and willing to support bereaved children and that specialist palliative care (Hospice) staff have the capacity to promote this willingness and develop confidence in this area.

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