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Article type: Perspective

Title Childhood bereavement: The role of school leadership in developing inclusive learning environments.

Bereavement, loss, and grief

As with most common psychological experiences, bereavement is subject to varying socio-cultural definitions, as well as attempts in academic discourse to form an accepted psychological conceptualisation. A critical distinction between competing definitions is the requirement for the death of a person with whom the bereaved had a close relationship. Some deem this an unimportant component, stating that bereavement occurs when a child has lost someone or something significant to them and is attempting to adapt (Worden, 1996). However, two of the leading reviews of childhood bereavement centralise the status of experiencing bereavement because there has been a death of someone close to the individual (Stroebe et al., 2008; McLaughlin, Lytje, and Holliday, 2019). The death of an important person may be expected, such as after a critical illness, or unexpected, such as due to a fatal accident (McLaughlin et al., 2019).

Under this definition, childhood bereavement is common with it estimated that in the UK, one child in every class has experienced the death of a parent or sibling (Fauth, Thompson, & Penny, 2009) and that an average of 127 children are bereaved of a parent daily (Child Bereavement Network, 2023). Although, clearly, a wider definition that includes any form of significant loss and adjustment would mean that the experience is far more common. Given projections of prevalence for both definitions, school leaders need to understand this distinction in conceptualising bereavement as a critical starting point for developing effective systemic, inclusive responses.

There is more consensus regarding grief, which is the emotional component of loss that involves thoughts, social behaviour, and somatic experiences (Stroebe et al., 2008). Grief arising from childhood bereavement or loss can occur for many reasons. Those viewed as more 'significant' by the academic community again likely reflect socio-cultural biases. For example, parental loss is the most researched (McLuaghlin et al., 2009), possibly reflecting a Western focus on the importance of parental/caregiver-child dynamics as the primary and most critical relationship for child development (Burman, 2017). Other types of family loss and associated grief are less understood. For example, with sibling loss, it has been argued that the bereaved parents are the focus of intervention, with the child's grief being overlooked (Berman, 2009).

The experience and impact of grief arising from the loss of a grandparent is under-researched in comparison to other family losses, even though it is a more universal experience and increased during the Covid-19 pandemic (Livings, Smith-Greenaway, Margolis, & Verdery, 2022). As with definitions of bereavement, understanding the nuances of loss and grief is an important starting point for leaders seeking to establish systemic school support. School bereavement support systems will need to avoid a blanket approach that assumes the only valid forms of loss and grief

are those that reflect prevailing socio-cultural perspectives. Establishing a criticality to approaching how loss and grief uniquely affect children will support a policy that is flexible.

Educational impact and support

Childhood bereavement and grief have critical long-term and short-term effects on children. In the short-term children can experience increased feelings of anxiety, sadness, apathy, and anger, lowered self-esteem, insomnia, and psychosomatic (physical) symptoms (McLaughlin et al., 2019). In the long-term (2 years after bereavement), they are more likely to experience higher levels of anxiety and depression than peers and may have to manage co-occurring life stressors such as family breakdown and financial hardship (Cerel, Fristad, Verducci, Weller & Weller, 2006).

These experiences in turn influence learning and attainment. Elsner Krysinska and Andriessen (2022) conducted a systematic review of research exploring educational outcomes of bereaved children and found they have lower academic grade profiles in comparison to non-bereaved peers, are at increased risk of long-term academic failure, and can present with increasing disinterest in school over time. Factors mediating these outcomes are higher socioeconomic status, absence of family breakdown, absence of mental ill-health, and financial security (Elsner et al., 2022).

Given the developmental and educational outcomes bereaved children experience, there is a need to develop and improve systemic approaches in UK schools, entailing a leadership focus. Schools are a critical site for integrated intervention as there is a lack of wider opportunities for children to gain support. There is no primary bereavement service for children in the UK, with CBT intervention available via CAMHS for those who meet a clinical threshold (Ricketts, 2021). Arguably, this does not respond to the needs of those who experience loss and grief impacting their education and development but who do not experience a diagnosable mental illness. The gap in expanded bereavement care is currently provided by charitable organisations (Ridley and Frache, 2020). However, this does not offer blanket UK-wide provision, ensuring that all children have equal access to support.

Abraham-Steels and Edmonds (2020) explored potential barriers and facilitators to the crucial task of developing school responses to childhood bereavement. School staff reported that they felt their current support was inconsistent, arising from a lack of the school having its own bereavement policy and associated approaches. Developing bereavement policy and associated support practices were seen to be hindered by time constraints, funding, and the quality of existing teacher-child relationships. Abraham-Steele and Edmonds (2020) highlighted that a Department for Education national bereavement policy would help schools overcome these barriers to implement internal policies and practices.

In summary, childhood bereavement is classified as occurring when a child experiences the death of someone with whom they had a close relationship. This is viewed as the death of a parent or other family members. However, friendship and pet loss are also valid. Some consider any experience of loss that requires psychological adjustment as a form of childhood bereavement

as all these experiences commonly lead to the experience of grief. Grief and the associated psychological adjustment can negatively affect developmental and educational outcomes. Current UK provision for supporting bereaved children to mitigate these outcomes is limited, with schools reporting that they do not feel they have adequate bereavement policy and related practices. As such, there is a need for further development of these. The following presents a case study of a Secondary School's development of a bereavement policy, integrated into existing high-quality pastoral provision. It is written by Head Teacher Daniel Thacker-Smith, demonstrating the critical role leadership should play.

Case study

E-Act Shenley Academy is a school that was previously in Special Measures but was judged Good by Ofsted in 2020, with Behavior and Attitudes, Personal Development, and Leadership and Management all rated Outstanding. The academy is based in Birmingham with approximately 850 students on roll, and significantly above the national average for students with Pupil Premium and SEND. I believe that we are a forward-thinking academy that places the mental health and well-being of staff and students at the heart of what we do. The school's motto 'Building futures, changing lives' is exactly what happens here.

Post-pandemic we initiated an extensive community consultation including comprehensive student voice and parent workshops in which we reviewed all aspects of our personal development curriculum and PSHCE. Students and parent voices identified bereavement as a contextual area of needs. The school sadly lost a member of staff during the pandemic and serves a community disproportionately hit by the pandemic. Our drive to abolish any stigma towards mental health also allowed open dialogue and honest feedback from all stakeholders. As explicit bereavement outcomes are not named as part of statutory RSE these components were lacking from our curriculum; however, this community voice gave us a rationale and a mandate to adapt our curriculum.

This led us to:

- Develop bespoke resources
- Adapt our long-term PSHCE plans - we ensured that all knowledge delivered was set into a knowledge-rich spiral curriculum model and was age-appropriate
- Identify students and staff that would require support for personal consultation before launch
- Teaching staff were given CPD and took part in staff confidence audits to ensure a successful delivery of the new curriculum. This asked staff to reflect on their subject knowledge, pedagogy, and emotive confidence. We provided no misconceptions about the teaching staffs role and mandate and that of expert external partners.
- Ensure that the knowledge and skills we taught in the PSHCE curriculum such as coping strategies and signposts for expert support mirrored the due process and actions taken by our safeguarding team

- Map out cross-curricular links
- Publish parent and carer literature that mirrors the work done in school
- Make sure that our pastoral team was vigilant during the delivery period to spot any student who showed changes in behavior

Following the adoption of these measures, we can see via Student Reflection that students now feel confident about how to seek support and have reduced stigma attached to the discussion of bereavement. The percentage of students who said they felt very secure or confident to discuss bereavement increased from 46% to 88% of those asked. 100% of students asked could name a mechanism of support, compared to 67% before the curriculum was adapted.

Conclusion

Bereavement is an inevitable part of life and whilst more common in adulthood is also significantly present in childhood and adolescence (Fauth et al., 2009). Children who are bereaved have increased negative educational and developmental outcomes compared to non-bereaved peers. Whilst some may reach clinical levels of emotional distress warranting referral to CAMHS, there are a larger number of those who require systemic support. We have made the case here that, for these reasons, this is of critical consideration for school leaders seeking to develop inclusive, responsive learning environments. Within E-Act Shenley Academy this was achieved through consultation with community members and the development of resources, CPD, safeguarding policy, and the PSHCE curriculum. Practice-based research is advisable to explore such processes in other educational settings.

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