

Bereavement Part 2

An Organisation-wide Approach

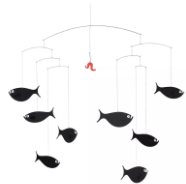
Pat Sowa
Starfish, Mental Wellbeing in Education



By the end of the hour we will ...



Core knowledge of grief in young people & common experiences in first 3-6 months



Harnessing the power of the many: elements of an organization-wide approach



Troubleshooting: signs to look out for & what to do

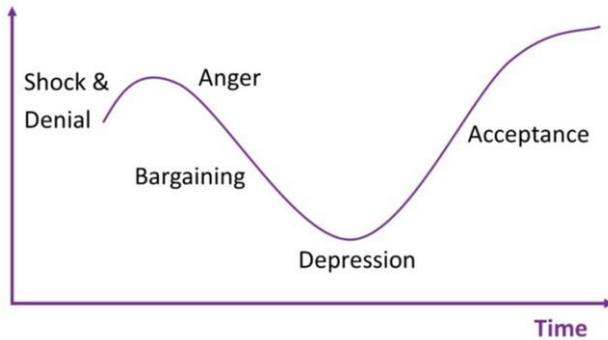


Questions

Key Messages from Part 1

- ***It's personal:*** we all experience grief and bereavement – and it is a different experience for each of us
- ***Knowledge helps:*** models are useful and help us to share understanding of the experience
- ***Covid19/Lockdown adds complexity:*** Intensity, Isolation, Delay
- ***Change is possible:*** Action Planning helps mitigate the impact & preparing now is the right time
- ***We're human:*** Leaders need to look after themselves, reflect on their own responses & play to their strengths

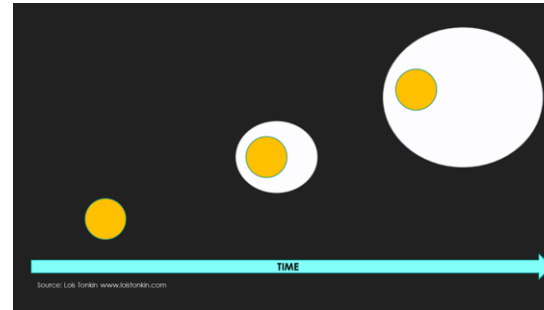
Useful Models of Grief Experience



E. Kubler Ross



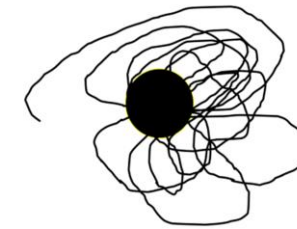
Worden



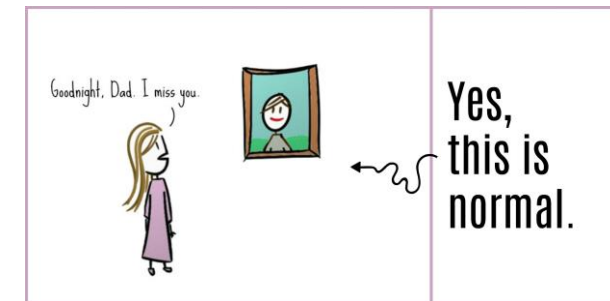
Lois Tonkin Growing around Grief: 'Fried Egg'



Strobe & Schutt Dual Process



P. Sowa



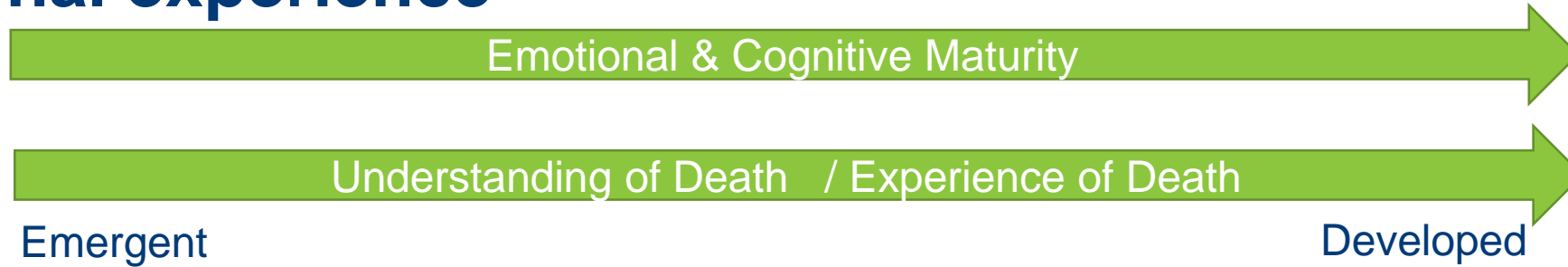
Klaas Continuing Bonds

Grief in childhood – changes in understanding

Four key component to understanding death

- **Irreversibility** – that the person who died cannot come back to life
- **Finality** – that life-defining functions stop after death – that someone no longer walks, talks, breathes, dreams, eats, thinks
- **Inevitability** – that all living things die at some point
- **Causality** – that death can be caused by physical and biological events (illness, accident, war, violence, natural distaster etc...)

Understanding varies by age, stage of development, personal experience



We can apply the knowledge already use for teaching to give relevant and appropriate support to a child who is bereaved

Perspectives vary by age, stage of development, personal experience

Emotional & Cognitive Maturity

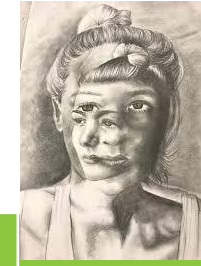
Understanding of Death



0-5



5-10



Adolescence

- Concrete thinking
- Death not final
- Distress/abandonment felt
- Magical thinking
- Basic emotional vocabulary (feel more than can verbalise)

- Concrete thinking dominant/abstract thinking emerging
- Morbid details
- Social awareness/suppression (feel but may not express)

- Increasing abstract thinking
- Death understood as final/universal BUT 'won't happen to me'
- self-orientated
- Wider emotional vocabulary
- Intense responses
- Hyper-social awareness

Things to avoid

- Platitudes 'Don't be upset' 'Everything will be fine.'
- Telling your story instead of listening to theirs
- Overcompensating 'Don't ask them to...' (flexibility and compassion realistic expectations but not victimhood)
- Euphemisms - simple truth in a age appropriate way is better than comfortable avoidance e.g. gone to sleep, gone away, we've lost him,
- Changing the subject (can be read as disapproval)
- Praising bravery/not crying/smiling (risks suppression of sad feelings)
- Fuelling gossip or rumours

How can we help?

(age/stage appropriate)

- Provide physical safety and practical help (food, finances, family admin)
- Listening openly and patiently: *I've noticed that..tell me more..can you explain/draw/show me?*
- Routines
- Structure
- Forward focus but allow the feelings to be shared
- Be honest – if you don't know say so
- Be kind/compassionate
- Be respectful
- Monitor and signpost to professional help available (in and outside setting)
- Support the family (a family which loses a grandparent may need help too)
- Show our own feelings and talk about them if we can

Grief Responses in first 3-6 months

Emotional/cognitive

Shock & disbelief

Dismay (inconsolable

tears/out of mind with grief)

Protest – physical or verbal anger

Apathy/stunned – extremely low reactions

Guilt /shame

Fear

Confusion

Pessimism about future

Awkward/embarrassed/confused
(esp. teens)

Mental overwhelm 'grief fog'

Loneliness/isolation

Loss of confidence in self

Physical

Lack of/disrupted sleep/over sleep

Nightmares

Eating too much/too little

Unkempt/lack of self care

Memory loss

Poor organisational skills

Withdrawal from social/trusted
relationships

Aches & pains

Headaches/migraines

Stomach upsets

Prone to illness/infection

Lack of energy

Behavioural

Regression (books, films. Toys, friends, language, food)

Continuation of normal activities
'Can I go and play now?' (esp younger)

Lashing out at...others/God/the one who died/self/system/anyone in range → fights, disruptive behaviour

Absenteeism

Loss of interest/effort in work

Difficulty concentrating/seem to zone out

Disorganised

Sullen

Behaviour is a visible sign of what someone may be dealing with/trying to say (they may not even know this themselves)

Behavioural

Irritable

Clinginess

dependency

Slower thinking

Vulnerable to bullying/being bully

Avoid feelings/upsetting others/don't want to talk about it

Unwilling (unable?) to obey instructions

Appear to over-react to minor events

Breakdown of friendships

Unwilling to play/engage with peers

Reluctance to go to school/leave at end of day

Private Reflection:

What might you see in your setting?

Behaviours/attitudes

Involvement

Concentration

Organisation

Friendships/social interaction

Body language/appearance

Performance





Practical Measures

- Add bereavement to the possible causes list
- Monitor and support
- Record concerns (including any policy escalation/safeguarding/pastoral/staff wellbeing)
- Talk and LISTEN
- Provide clear signposting
- Support groups for staff/pupils/parents

What can we do to help?

I've noticed that...

Tell me about your mum, what was she like?

How are you getting in since Dad died?

“Most children do not need a bereavement expert. They need familiar, trusted adults in a secure environment”
(CBUK)



Unresolved grief – a barrier to learning

‘Children learn how to mourn by observing mourning behaviour in adults’ (Worden)

Children who do not work through the traumatic circumstances of a death may slow down or stop their grieving process’ (Dyregrov)

COVID
ACTION

Settings may need to plan for students/staff to ‘go back in time’ to allow the early stages of grief to be shared/supported/resolved

‘Reculer pour mieux sauter’ (take a step back to jump better)

Why preparing matters:

Students

- 1/29 bereaved of parent or sibling at any one time (likely to be higher this year)
- 1/16 grieving a close friend
- 70% of schools have recently bereaved pupils at any one time (pre Covid)
- 25% schools had a bereavement policy in place
- 80% of teachers no bereavement training
- 40% pupils surveyed found schools 'unsupportive' in bereavement (Future in Mind, DOH/DfE 2016)

Staff

- 32% staff bereaved did not feel treated with compassion
- 56% said they would consider moving jobs if treated without compassion

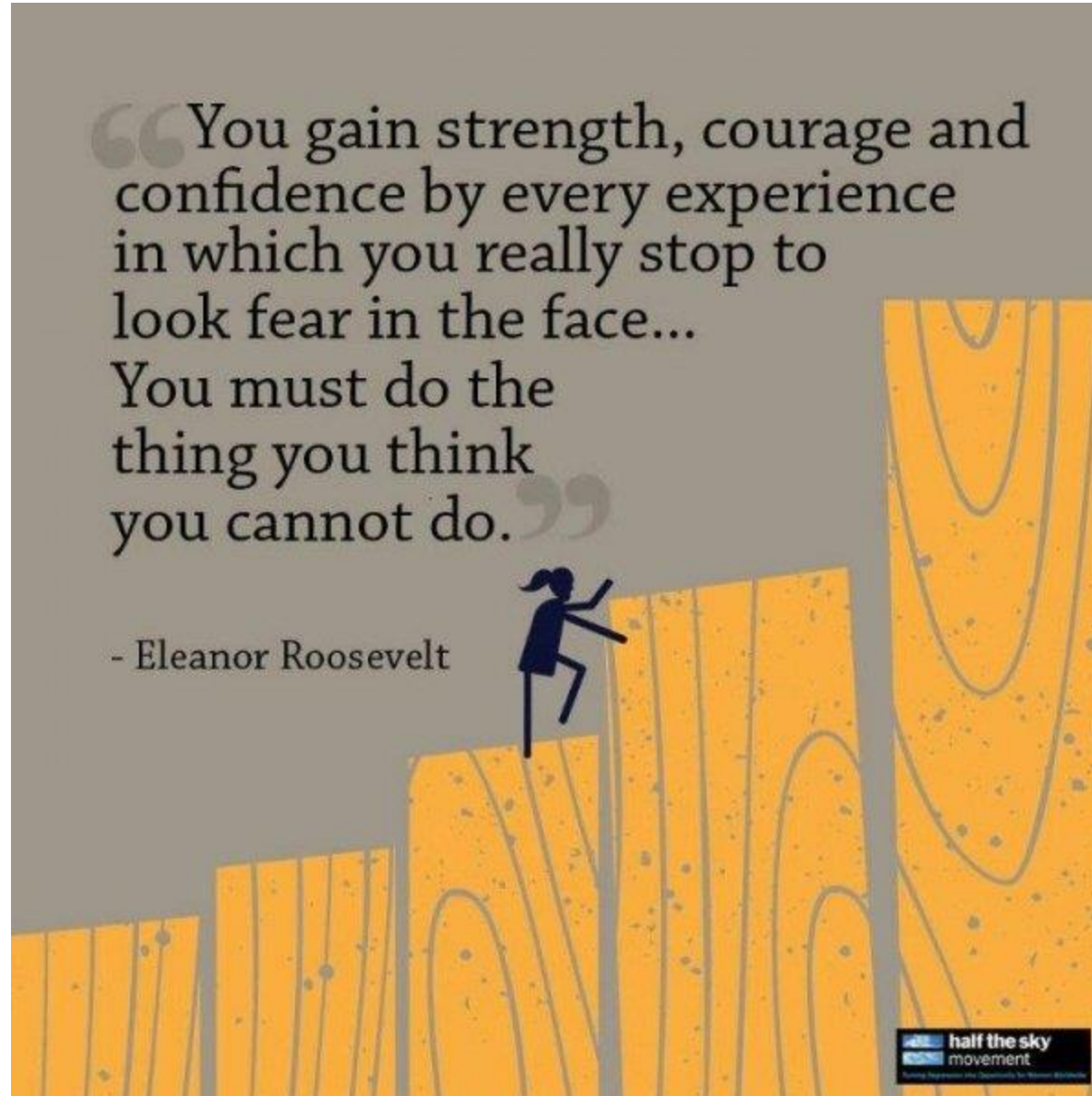
Organisation wide approach – harnessing the power of the team



Private Reflection

How might you feel about talking about death and bereavement support?

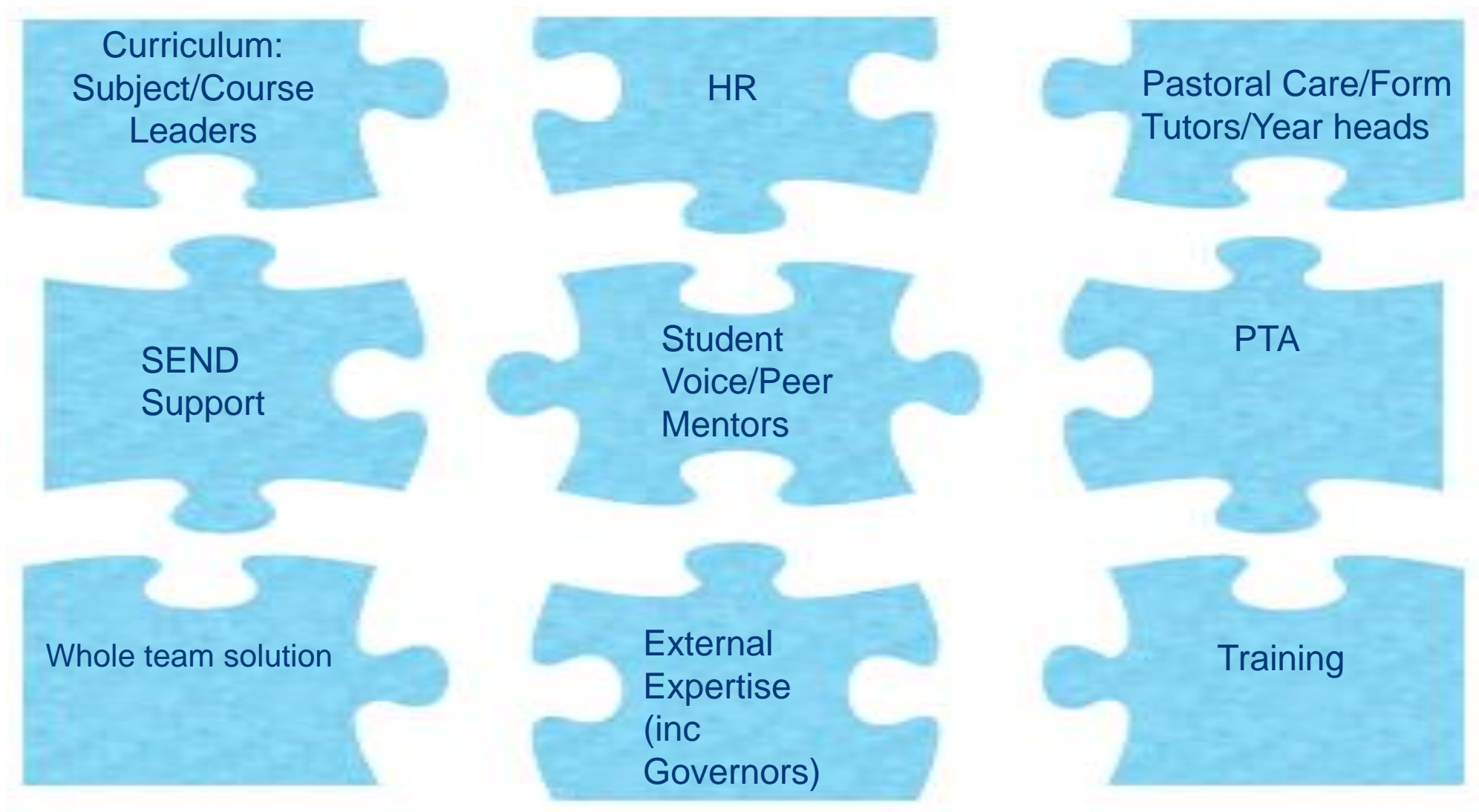
What can you do now to increase skills/comfort/confidence?





It doesn't always have to be you

As a leader, we plant seeds in the community so that we can harness the power of our collective knowledge and strength





Curriculum

- What is already in the curriculum that we can use to open up conversations/understanding of grief/life and death? (English, RS, PSHE, Art, Music, Drama, Science, DT, Psychology, Sociology...)
- What could we add (texts/topics/source materials) to weave the knowledge into the curriculum?
- What extra-curricular activities can we expand/refocus to allow personal stories to be shared/explored?
- Ask subject leads/course leads to highlight links and ensure staff & pupils are given time to prepare themselves – an opportunity to explore not avoid



Human Resources

- What systems are in place to signpost staff to support or more information if needed?
- What opportunities do we have to enhance support / provision in relevant policies?
- Who is leading on this/how can we share ideas and resources?
- In smaller settings, allocate a staff member to lead staff support
- Develop/encourage peer support group framework (formal or informal)
- Recognise staff affected by bereavement in the school even if not directly teaching



Pastoral Care/Year Heads/Form Heads

- What systems/structures do we already have in place that we can add on to or repurpose?
- Do we use form/tutor time/assembly time strategically? Should we?
- Do we have clear responsibility for mentoring/remembering the impact for bereaved individuals *over time*?
- Are staff trained, confident, comfortable with supporting on bereavement?
- Is it easy to know who/where to go to find help/someone to talk to?



SEN/Vulnerable Children

- What resources can we draw on? (internal and external)
- Have we allocated responsibility to understand the impact of SEN on how to support through grief?
- Can we draw a pack of materials together in readiness?



Winston's Wish and Child Bereavement UK have specific resources and information



Student Voice/Peer Mentors

- How can we get students involved now? (before return to on-site learning)
- Can we train willing peer mentors in bereavement support?
- Do we have supervision in place for them in turn to be kept safe?
- Can we set up a self-help bereavement support group (drop-in or virtual room)
- Do we have staff/ counsellors/parents/Mental Health First Aiders (all staff) who would be willing to supervise?



PTA/Parents

- Can we involve the PTA in spreading information/signposting links to families?
- How can the PTA support fundraising e.g. for memorials/events/resources/counselling/training for parents/pupils?
- Can we encourage parents to start a self-help group in the community?
- Can the PTA help to gather information?



Whole team solution (to a universal experience)

- Has the library got a section of fiction/non-fiction for students/staff both for reading and as teaching/counselling texts
- Have we invited anyone in the organisation to train or lead in bereavement support?
- Do we have support networks across roles?
- Are front desk/communications teams trained to respond to situations? (e.g. traumatic death, notification of death, press enquiries)



Training

- How can we cascade awareness/skills into the team right now?
- What training do we already have with related content? (e.g ACE/Resilience skills/Growth Mindset/Mental Health in schools/trauma and attachment, listening skills, yoga, meditation, counselling, SEN)
- Can we integrate a basic knowledge of bereavement/signposting support into induction/ITT ?
- Can we include students/parents/governors in training options?



External Expertise

- What connections do we already have that we can gear up for support in readiness? (e.g. counselling services for adults/children, supervision for pastoral/safeguarding staff, local 3rd sector, Public Health, Social Services)
- Do we have governors trained and ready to support/add insight?
- What religious/humanist links do we have in place/ need to build
- If we can't afford additional resources what grant funding can we find/what can we re-purpose/extend that we already do?

From this....



To this...



Troubleshooting – Warning Signs



Warning Signs (typically after 6 months)

Intensity/frequency/impact on daily life or that of others

- Feelings overwhelming - visible signs of distress
- Loss of control of behaviours
- Obsessive talking about or focus on the dead person
- Adopting aspects of the deceased's personality
- Performance in work erratic/not fulfilling role
- Extreme reactions
- Hopelessness/loss of belief in the future
- Unable to concentrate or 'take things in'
- Withdrawal from friends/social networks
- Rejects support
- Drinking, drugs, risk-taking, problem gambling, exacerbation or onset of mental illnesses
- Suicidal thoughts/behaviours

Practical support

- Monitor and record concerns
- Involve others (follow protocols in setting)
- Approach and signpost to professional help (G.P. /Counselling)
- Engage with wellbeing services internally or externally
- Support other family members/team members/classmates
- If you are concerned do not wait 6 months to raise concerns
→ helpfully curious

An organisation-wide approach normalises grief and helps recovery & readjustment



‘In the midst of life we are in death’



The Book of Common Prayer, 1662, Burial of the Dead

Be kind
whenever
possible.

It is always
possible.

- Dalai Lama



Appendices

Grief Responses age 0-5

Understanding of death

Reflects understanding of life: routine/repetitive/return

Pre-logical thinking – living in the present

Concrete world

Death not understood as final
'When is Daddy coming home?'

BUT feelings of distress and loss are real and can lead to sense of abandonment if not given security

Emotional vocabulary limited e.g. very very sad to express intense feelings

Feelings may last a long time (looking for the person)

May be worried about physical wellbeing *'Will they be hungry/cold?'*

Magical thinking *'I can find them' or 'I made it happen.'*

What helps

Factual explanations *'Mummy died of cancer. She will not be here and I am sad'*

An honest *'I don't know'* rather than false comfort (remember family beliefs)

Release information over time/age/stage

Concrete gestures: A drawing or a flower in a special place/on the grave

Involve in choices when possible

Structures/routines/secure relationships

Address fears/concerns– repeat if needed

No wrong feelings: happy/sad/quiet/loud

Offer something to look after/ a plan for the future

Keep an object that connects them to the person who has died

Watchful approach for behavioural/physical signs of grief (e.g. regression/separation anxiety/withdrawal/tantrums)

Asking questions *'what do you think?'*

Things to avoid

Comfortable euphemisms e.g. *'Gran is asleep/gone away/at peace/we've lost him'* (too abstract and can create fear of sleep/separation)

Minimising feelings because they are not expressed in adult terms/apparent under-reaction *'He's fine'*

Disapproving of natural responses (might be different to yours) e.g. don't reprimand if the laugh/play

Cliches which suppress feelings: 'You've got to be brave'/'Don't cry'/'At least you have your sister.'

False comfort – *'No-one else will die.' 'I'll always be here' (better to say – most people do live long lives.)*

Allowing overwhelming feelings to be unsupported – adults provide a safety net/containment

Repressing play acting of death/fascination with death

Grief Responses age 5-10

Understanding of death

c. Age 7 begin to understand permanence of death

Aware of simple causes (but might blame selves)

Interested in facts/what happens to the body

Less egocentric – more aware of feelings in others → can show compassion but may suppress own feelings for fear of upsetting others

Concrete thinking still dominant – abstract concepts not fully formed

Magical thinking remains

Verbal expression of emotions increases

Gender/character differences in emotional expression begin to diverge as social awareness increases

What helps

Factual explanations *'Mummy died of cancer. She will not be here and I am sad'*

An honest *'I don't know'* rather than false comfort (remember family beliefs)

Release information over time/age/stage

Concrete gestures: A drawing or a flower in a special place/on the grave

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Offer something to look after/ a plan for the future

Keep an object that connects them to the person who has died

Watchful approach for behavioural/physical signs of grief (e.g. regression/separation anxiety/withdrawal/tantrums)

Giving space to telling their story (through any medium)

Things to avoid

Comfortable euphemisms e.g. *'Gran is asleep/gone away/at peace/we've lost him'* (too abstract and can create fear of sleep/separation)

Minimising feelings because they are not expressed in adult terms/apparent under-reaction *'He's fine'*

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Allowing overwhelming feelings to be unsupported – adults provide a safety net/containment

Repressing play acting of death/fascination with death

Assuming that they will talk if they want to – they might not know how

Understanding of death

Accurate factual understanding of death
May feel invulnerable to it themselves
Strong emotional reactions
Time of transition increases vulnerability
High peer social awareness – may suppress feelings to conform
Resist adult support
Can become obsessed with death/romanticise death as own belief systems are tested

What helps

Adequate information (non patronising approach)
Fears/anxieties addressed
Reassurance not to blame
Non-judgemental listening
Careful observation
Help with managing feelings
Normal routines/structures (as much as possible)
Involvement in planning and attending rituals
Opportunities to remember
Permission to move forward/get on with life
Teaching about grief experiences/self help and other support
Protection from bullying/isolation/risk-taking/self-harm/suicide

Things to avoid

Comfortable euphemisms e.g. *'Gran is asleep/gone away/at peace/we've lost him'* (too abstract and can create fear of sleep/separation)
Minimising feelings because they are not expressed in adult terms/apparent under-reaction *'He's fine'*
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Allowing overwhelming feelings to be unsupported – adults provide a safety net/containment
Repressing play acting of death/fascination with death
Assuming that 'all is well' – need to look below the surface

A leader may offer

- **Safety** through structure, routines and human kindness
- **Hope** through purpose and wisdom
- **Support** through signposting and investing in resources
- **Perspective** through understanding and involving others
- **Skills** through building and sharing knowledge
- **Resilience** through sharing your own experience
- **Openness** through the courage to talk about grief and death as part of life
- ...



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