AN INVESTIGATION OF HOW CHILDREN AGED 0-7 RESPOND TO THE DEATH OF A PARENT: PERCEPTIONS OF PARENTS AND EDUCATORS

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Abstract

This thesis investigates parent and educator experiences of supporting a child, aged 0-7 years old, bereaved of one of their parents and how parents and educators seek and gain practical and educational support throughout the grieving process over several years. Previous research with older children has highlighted the mental health and well-being of effected children following a parent or sibling bereavement. A review of the literature draws upon such studies examining the impact of home life and educational experiences and the potential consequences of omitting younger children from bereavement research and the importance of extending death education in training educators.

A case study approach has been adopted across 6 case studies and includes interviews of the surviving parent, educator and in some instances senior school staff, counsellors, and extended family members. An interpretivist approach has been applied to capture the lived experiences of participants to understand their death event and the subsequent impact and interactions between those involved.

Analysis of the data revealed the importance and priority of happiness and well-being before progress in education. Surprisingly, parents spoke without hesitation about their life pre- and post-bereavement and their continued efforts to ensure their children felt loved and secure following bereavement. Likewise, educators shared their dedication in providing a learning environment that supported attachment relationships and promotion of well-being to facilitate positive educational outcomes. All children, as confirmed by their families and educators, progressed well educationally with some exceeding expected levels of achievement.

This thesis argues that whilst children appear to progress well in their education, as children grow cognitively and re-grieve the death event, families and education establishments need to attend to re-occurring bereavement behaviours over time to avoid the potential to escalate risky behaviours in

adolescents. The value of attachment teaching through emotion coaching techniques and raising death education awareness is critical in supporting bereaved children. An adaptation model for children builds on theoretical perspectives and provides a model that can be applied to younger children. The model, based on the research data, presents indicators of need, coping and adaptation.

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Chapter One: Introduction

1.1 Impact of Parental Bereavement: A Professional Interest

Professionally I did not plan to work with bereaved children, it 'happened' accidentally. I was in the last week of my Nursery Nurse (National Nursery Examination Board, N.N.E.B) college course waiting to go into the exam hall when my tutor approached me. There was a job for a Nanny. She could only recommend me and wanted to see me straight after the exam. She knew me well enough to know I had the resilience to cope with the enormity of the role; a family with two children, another baby due in a few months and the mother with a terminal diagnosis. With no immediate job planned I applied and was immediately offered the position. I had a week off after my college course and started work by which time their baby had been born prematurely. Nine months later the mother died. It was the first time I had seen the devastation that cancer causes; I would often see the mother look at me holding her much loved daughter with a longingness in her eyes that was so sad. I learned quickly to give both mother and daughter space and time to be alone together. She was an inspiring woman; fiercely protective of her family and would not stand for any 'interference' from well-meaning relatives. I was fortunate to be trusted by her to care for the children where she could not. When she was home from hospital we chatted and cared for the children together. In her final days I consoled her mother and immediate family; it was desperately sad to see them so helpless. After she died, I do not recall how the children were told, I just remember being personally and professionally heartbroken. In the weeks and months that followed well-wishers and support with domestic tasks and emotional support lessened and the children became more emotional. The father had to work away, and, at times, I would be caring for the children overnight often not having a day off for a fortnight. At barely 20 years old I was almost a fulltime mum to three children.

I travelled with them for family holidays and was a consistent part of their lives for almost 3 years. Unexpectedly, I was made redundant. There was no time to prepare the children for this transition and I still wonder how their

grandparents physically and mentally took over the role of full-time Nanny. I then briefly worked as a Nursery Assistant before returning to a Nanny position with a family on the same street as my first job. This time a sudden death of the mother, three children again, aged 2-8 years old, all of whom I knew through my first full-time Nanny role. The sense of community and caring was immense; friends and family were a consistent feature and these children less angry and distressed compared to the first family. I concluded this family did not need my expertise and left after 9 months. A few years later a close professional contact and a parent known to the first two families, was murdered, again leaving three children. All three of these women were inspiring, strong and knew their own minds; each woman left behind 3 primary school-aged children. Consequently, these closely associated people known to me through professional experiences had a significant impact on my view of the world and death. The fragility of life was at the forefront of my consciousness, three young mothers with families, and my realisation death is not just for the old. In these moments I am reminded of Chua's (2018, p57) reflection that "…life is not an unlimited resource, but truly a window of opportunity" and one that raises the question of our own mortality. These personal and professional experiences, all before I had my own family, have been significant in shaping how I think and feel about being a woman, motherhood, children and child rearing, children's well-being, the act of caring and how precious life is.

These formative experiences have imbued in me the importance of raising awareness of the effects of parentally bereaved children in education and how they comprehend the death of a parent. Furthermore, this leads to research that places bereavement at the forefront of public and professional awareness. Raising sector and societal awareness can assist in helping professionals and parents in meeting the needs of the child. It is an emotive area of research and acknowledges my position as having some personal experience of bereavement as well as professional knowledge; this provides an 'outsider-in' position throughout the research and as Holmes (2010) notes a position of knowing the emotional self. Hochschild (2012, p26) muses over the position

of the viewer from an emotional perspective, of the outsider looking in on a situation and places suggesting, “From feeling we discover our own viewpoint of the world.” This viewpoint, grounded in my own childhood experiences, places knowing, feeling and caring with the importance of children developing a sense of self with the most appropriate support *when* they need it.

These professional perspectives have aroused my curiosity and intrigue to know more about bereavement in relation to very young children. I have studied from when my youngest was 18 months old, the eldest just starting primary school. Working full-time and studying part-time was difficult but opened other opportunities to teach and continue studies through to a Master of Arts in Early Childhood Education. I was excited and invigorated by new knowledge and my family had now grown accustomed to my study absences in daily family life. Continuation onto a Professional Doctorate in Education was understandably not my first thought after completion of an MA. However, my family had already realised this was the next logical step for me; they gave their blessing before I even considered the possibility. Cole and Gunter (2010, p14) reflect on mothers who study for a PhD, “… we are creating possibilities for our own daughters and their daughters in the future.” I find this a poignant point as my mother was not able to study further but she gave me the encouragement to do so, inspiring me to be more than I imagined. I hope my commitment to study will provide my daughters with inspiration and motivation to be bold in their future choices. My mother has been influential in my life motivating me to create possibilities for me and my daughters, informing our view of the world, their world, and their place within it. I have learned so much and hope my personal and professional experiences teach my daughters that persistence and resilience is part of taking control of their future, for them and their families.

These significant formative experiences have guided my studies and learning, my further curiosity in bereaved children and their well-being and informed by my subsequent doctoral research focus. My professional experiences have allowed for an insight into the home-life of bereaved children and their families, and the experiences of educators in caring and educating bereaved children.

Knowing how upset, anxious, and angry the children were at home I often wondered if they displayed similar behaviour in their educational setting. This unknown element of my experience and understanding created a curiosity to find out how bereaved children behave, interact, and holistically progress in their education. My personal and professional interest is coupled with the knowledge of limited research in the area (see Section 1.4). The general social perception that children are resilient and 'bounce back' after adversity does not go far enough to demonstrate *how* children cope and manage their emotions following the death of a parent. These important personal and professional experiences have influenced my thinking on the research in this area and led to the formation of an academic interest in the field.

1.2 Defining the Research 'Problem'

Research, policy, and literature on bereavement tend to overlook the 0-5 age group with Government policy for interventions in education and health care focused on ages 5 and upwards (DoH and NHS England, 2015). Therefore, the problem is locating research evidence that addresses bereavement issues for 0-7s and the nature of policy and practice when addressing issues of interventions. The nature of early years and education has further enriched the research and provided an opportunity to add to knowledge on the holistic well-being of a child and their educational progress following the death of a parent. It shows the need for closer collaboration between health and education sectors.

1.3 The Importance of Conducting the Research

The literature review (Chapter 2) notes the limited research available in relation to very young parentally bereaved children. As Gibbons and Silva (2011) note, too few studies on attainment of parentally bereaved children are available to assess how emotional health and well-being compromises educational progress with most of the available research dependent on retrospective parental recall (Akerman and Statham, 2014). A number of studies are associated with primary and secondary aged children (Eppler 2008; Holland

2008; Mauk 2011; Segrott, Rothwell and Thomas 2013; and Berg et al., 2014) compared to a smaller research base associated with bereaved children aged 8 years old and under (e.g. Egger and Angold 2006; Brewer and Sparkes 2011; Berkhout, Dolk and Goorhuis-Brouwer 2010; and Giannakopoulos et al., 2014). More importantly, Aumen (2007) asserts that children can re-grieve as they become older suggesting children younger than 8 years old can re-grieve in the primary and secondary school phase.

Raising awareness of bereavement in this age group across a range of education provision will potentially better assist educators in meeting the needs of the child sooner. This may alleviate some of the bereavement responses in the months and years following a death event. The impact on attainment has been researched (Cowie et al., 2004) and supports the need for early responses to avoid later mental health concerns (DoH and NHS England, 2015). Furthermore, additional training at a professional level will assist educators in identifying when support is needed and what that support needs to be. The frequency of adverse events in a child's life before school age (Furniss, Beyer and Mùller, 2009) and the impact of these are not to be underestimated. Educators need to be competent interpreters of children's behaviour to effectively meet their ongoing emotional and educational needs.

Thus, it is important to uncover the 'hidden' experiences of very young children, the surviving parent, and educators to be able to sufficiently support their needs in a collaborative arrangement with the child at the centre. Raising awareness of young children's bereavement experiences will contribute to wider knowledge in childhood bereavement.

1.4 Reflexivity

Reflexivity helps to gain a greater insight into personal and social experiences (Finlay and Gough, 2003) but also to situate the research to enhance understanding of a given topic. Cohen et al., (2018) discuss how qualitative researchers should interrogate and disclose their own selves publicly to facilitate transparency in their research. Visser (2017) discusses transparency

in death research exposing the researcher to academic scrutiny of their lived experiences. Transparency is evident in section 1.1 whereby professional reflexivity has allowed for a greater knowing of the emotional self and how the study is situated in a professional context. Holmes (2010, p147) notes, "…how the interpretation of emotions is central to a reflexivity which shapes connected selves and the social world." In Holmes' work in emotionalising reflexivity she recognises that it is necessary to interpret one's own and others' emotions in the context of time and place. Holmes calls this emotional reflexive practice, something which has been personally practiced for many years and more recently in a professional context.

Reflexivity has shaped the methodological decisions made, addressed biases, considered personal and professional values and positions, all which Bryman (2016) considers a requirement in social research. Cohen et al., (2018) also add how researcher perception and background frame the research. Reflexivity enabled a careful consideration of the research design to minimise assumptions based on personal experiences. Professional reflexive research practice has enabled the creation of questions to investigate and understand more about the world of a very young bereaved child. Personal experiences and perceptions of other adults' experiences in the research has led to a lengthy analysis of the data. Holmes (2010) confirms the difficulty in interpreting real interactions and the emotions involved. The research has therefore taken time for those interpretations to address any difficulties and rebalance emotions where necessary.

Reflexivity has supported the reliability of the study (section 3.6) through the design of the research, the data collection process, and the analysis of the research. Personal bias has been considered at every design stage and process undertaken using emotional reflexivity to offer a transparent investigation of the research. Reflexivity has been practiced throughout the study as advocated by Basit (2013) and emotional reflexivity applied (Holmes, 2010).

1.5 Research Design and Methodology

This study is designed to contribute relevant and new knowledge to the existing body of research and to enhance and inform practice for those working with bereaved children aged 0-7. The sensitive nature of the research was contemplated at the outset as this could have been a barrier to participation. Early decisions were made in relation to the involvement of children, the age group specified, and the potential recent bereavement were a cause for concern. Knowing that very young children may not have a cognitive understanding of what death is (DiCiacco 2008) and in keeping with ethical considerations (BERA, 2018) the inclusion of children for this research was deemed too sensitive. It is not known what harm could have been created with their inclusion and any doubts around this, however small, resulted in a decision to exclude them as participants.

Once this was decided the design considerations evolved to reflect on the holistic nature of bereavement and how this might be captured. Multiple perspectives were deemed important to include and an appreciation of what was happening in the home and education environment. Exploring individual cases allowed for a wider exploration and understanding of childhood bereavement to provide a greater understanding of research with the 0-7 age group (Hamilton and Corbett-Whittier 2013). The cases can be individual, or groups within an organisation or several cases with similar individual attributes (Punch 2009). The topic lends itself to qualitative enquiry concerned with the thoughts and feelings of adult participants who have directly experienced bereavement, more specifically, a parent bereaved of a partner with a child under 7 years old and the child's educator. Beyond this inclusion criteria, a six-month period after the death event was set to allow for those involved time to sufficiently adjust and be emotionally able to contribute. Research questions were piloted (section 3.7 and 3.10) to ensure they would generate meaningful data.

1.6 Research Questions

Initial thoughts surrounding the focus of the study were concerned with how children seem to cope with the death of a parent and the longer-term effects of the loss. Furthermore, emphasis on emotional coping and the impact on education was of interest. Therefore, the research aims are derived from what is unknown about the impact of parental bereavement with children aged 0-7 in a home and school context. The ethical considerations of the research influenced the choice of participants. Research question development was thorough to ensure the questions formulated and asked of participants could contribute to new understanding and knowledge in the sector. A hierarchy of concepts as defined by Punch (2014) was explored to facilitate logical links between each stage in the planning and organisation of research question formation.

Main Research Question

- What is the emotional and educational impact of parental bereavement in children 0-7 years old?

Further to this, the specific research questions below assist in exploring the main research question and overall aims of the research.

Specific Research Questions

- How do very young children comprehend death?
- What is the emotional impact post-bereavement at home and in the setting?
- To what extent do attachment relationships support bereaved children?
- Does educational progress differ post-bereavement?
- What challenges do parents and educators face in the ongoing support of a parentally bereaved child?

The specific research questions, whilst answering the main research question, do not explain the measures needed to make this process achievable. The research objectives below explain in more detail what will be measured as part of the research process:

- to probe parent and educator perceptions of the child's verbal and nonverbal behaviour post-bereavement
- to discover home and setting support of the child and the subsequent outcomes and challenges
- to identify educator, parent and child attachments and effectiveness of these in the support, care and education of the child
- to establish how a child's educational progress is influenced by parental bereavement through parent and educator perspectives

The research questions have set the parameters for the study and the original contribution to knowledge in the field of early years bereavement.

1.7 Structure of the Thesis

Chapter two explores bereavement literature and includes the theoretical perspectives of Bowlby (1969, 1973, 1980) and Stroebe, Schut and Strobe (2005, 2007) in the field of attachment and separation and grief of the latter authors. It considers the professional landscape of early years and the nested relationships children have with significant adults. It also explores trauma related school provision and the outcomes of school and child interventions.

Chapter three of the thesis is the methodology and includes how the research was designed and ethical practices. Furthermore, it reflects on the design of the study, influence of pilot participants, the process of data collection and data analysis process. Chapter four introduces the cases studies and related descriptive responses from participants in accordance to emerging themes. Afterwards, chapter five provides analysis within the themes and links between each case study. Chapter six finalises the thesis with summarised findings, recommendations, limitations of the study and concludes with a final reflection.

Chapter Two: Review of the Literature

2.1 Introduction

The review of literature for this study includes psychological and educational perspectives to acknowledge the complexities involved in understanding the emotional and educational needs of parentally bereaved children. The literature highlights limited research with children aged 0-7 years old with studies largely conducted with older children, adolescents, and adults. A wealth of research emanates from Scandinavian countries and the United States of America which is used sparingly in favour of research from the United Kingdom (UK) to reflect the context for bereaved children in the UK.

2.2 Literature review

The following literature reviews traditional and contemporary issues in early childhood and bereavement studies. It considers the educational and health impact on children and interventions to their bereavement responses. It presents attachment theory as the theoretical framework for understanding childhood bereavement and incorporates educational aspects that influence practice. The main theoretical perspectives considered are Attachment Theory (Bowlby) and Loss and Restoration Theory (Stroebe and Schut). Attachment and loss theories are significant in the understanding of parentally bereaved children and such theories cover a broad lifespan influencing how a person, throughout their life, is affected by their bereavement. Recognition of this is present throughout the review to illuminate how theories can be applied to the early years and to create a greater understanding of bereaved children to find new ways of working with well-established theoretical perspectives.

2.2.1 Attachment relationships in Early years

Understanding attachment theory and how this relates to the grieving process is essential to fully appreciate and acknowledge all factors that influence the process through the age ranges researched. Coping with parental bereavement through the grieving process is supported by literature on wellbeing and resilience post-death and how individual children react to their

internal and external worlds. Attachment theory is applied to professional contexts to determine the influence of attachment on bereaved children in an educational setting relating to the child and educator relationship. Research (Berg et al., 2014) suggests understanding the impact of parental bereavement on a child's education can help the education sector support the youngest of children in the Early years so that subsequent education opportunities are not subject to lower attainment and future academic failure.

Bereavement and grief studies are important in understanding how individuals navigate this phase of life. Additionally, the importance of attachment theory, how relationships are formed and maintained, and reactions to separation of these relationships are significant in bereavement studies. Bowlby is well-known for his work on attachment, loss and separation and begins to outline some early research studies of Burlingham and Freud (1942,1945), Spitz and Wolf (1946), Robertson (1962), Heinicke and Westheimer (1966) who documented the attachment of babies and young children with their mothers in a variety of living arrangements (studies cited in Bowlby, 1969). Burlingham and Freud explored the disruptive influence of war on children and latterly, the emotional development of very young children in residential care. They suggest that children seek close peer relationships when parents are absent with repeated separations creating hostility and fear in children (Veer, 1945). Burlingham and Freud (1965) consider how elder siblings act as parent substitutes to younger siblings in a family unit. They summarise that in residential care the importance of a substitute mother for children leads to an amenable approach by the child to educational experiences. Spitz and Wolf studied children up to 18 months old who lived in cubicles and were isolated from other children. They were separated from their mother at 6 months and developed anaclitic depression (Croughs, 1971), observed as separation behaviours. Restoration of the attachment relationship remedied the symptoms. Separation anxiety categorised by Ainsworth and Bell (1970) demonstrates the responses from babies under 12 months old when separated from their maternal attachment figure. Her expression of separation in babies denotes the strength of attachment to the mother upon reunion. The 'Strange Situation' test as it is more widely known by demonstrates the impact

of separation from their attachment figure; however, these studies are not representative of society today and the varied family structures present. This is somewhat problematic when investigating very young children's responses to death as these studies note separation anxiety, substitute attachments through residential care and attachments in a different era and are not associated with a permanent separation in many cases.

Van der Horst and Van der Veer (2009) summarise the work of Robertson demonstrating his contribution to the separation and loss children experience most notably associated with Bowlby. Robertson concluded that very young children who are hospitalised are more responsive and recover quickly if accompanied by their mother. Heinicke and Westheimer (1966, cited by Cassidy and Shaver, 2016) noted detachment of children when separated, sometimes for up to 21 weeks. Mother-child reunions were characterised by some children becoming clingy and fearful of further abandonment, to children who failed to recognise their mother and had expressionless faces. Observations of these babies and young children differed in terms of age ranges, type of home or environment they were exposed to and the length of separation at different ages. Bowlby (1969) believed that despite the differences in the samples examined the findings had some uniformity. Bowlby admits to utilising the observation data from Robertson to make sense of the behaviours exhibited by babies and children to theorise his perspective on the phases associated with the perceived dominant attachment behaviour to the mother. He postulated separation as three phases of Protest, Despair and Detachment and the reality of the baby or child being in a state of transition between the phases over a variable time period. If the baby or child experiences long periods of separation due to a hospitalisation, attachment is possible with other caregivers. Bowlby (1969) asserts that frequent changes in caregivers reinforces to the child that attachments with others are not stable and the child becomes fixated on material objects like food or toys. Prolonged detachment from inconsistent caregivers leads to a child being isolated emotionally and physically. Bowlby (1973 p30) later characterised this as the feeling of missing someone and the anxiety arising from this creates

‘widespread suffering’. Rutter (1972) earlier proffered that children will attach to the person who alleviates their anxiety the soonest and this is not always the mother-figure as Bowlby (1969) suggested.

According to Rutter (1972) consistent bonds over time have the most impact on the child with the intensity of the time together cited as the most crucial element for secure attachments to be maintained. Current research (Lai and Carr, 2018) goes further in explaining the security of attachments which varies across the close relationship’s individuals have. The development of attachment ‘schemata’ (Lai and Carr, 2018) which is context specific explains how children form attachments to a range of significant others. These attachments can vary and reflect specific attachment functions, like safety and security. Children’s attachments are based on the accessibility of significant others (parents, peers, educators) and what they need in terms of emotional security. This would reflect Rutter’s (1972) thoughts on intense attachments and support Lai and Carr’s (2018) thoughts on the context specific attachment formation seem in children’s relationships today. Ecological theory (Bronfenbrenner, 1979) acknowledges context specific societal aspects in relation to the child and how their significant others and environment influence them. This nested system places the child at the centre of concentric circles with other adults and services in the community surrounding the child. The importance of his ecological theory shows how childhood development is influenced by the environment and others around the child at different ‘system’ levels. The roles that people play and the position they hold in society influence the developing child’s behaviour and that of those around them when they are engaged in interactions. Costa and Murphy (2015) note the advantage of habitus is how individuals have agency within their social contexts and as such influence their own social world. What happens in response to individual agency influences further interactions between people within Bronfenbrenner’s ‘nested’ system. Bourdieu recognises that habitus arises from the environments we exist in (Flach, Margulies and Söffner, 2010). Moreover, cultural identity is formed through responses between and individual and the environment they inhabit. With each interaction there is a transformation for the individual making observation of children’s behaviour

pertinent for interventions to be accurately interpreted and acted upon. Bronfenbrenner's (2005) later addition to his theory introduced a chronosystem to acknowledge how interactions and influences on children change over time. Therefore, changes to a child's attachment figures over time can have an impact on their development.

Attachments with others can also explain why separation from significant others can be problematic. Bowlby (1973) referred to bereaved adults experiencing a permanent separation but only suggested that children and young adults experience upset with brief or longer periods of separation. Rutter (1975) goes further to say that there is a small risk of psychiatric disturbance to children when they are bereaved of a parent during their third or fourth year. This risk can be raised further if it is the parent of the same sex as the child. This is due to the role played by the parent in present gendered role behaviour and therefore impacts on the child's identity. Bowlby and Rutter make clear in their work that the adult personality is formed through early interactions with others throughout the lifespan and to key attachment figures, usually the parents. Considering this, the deprivation of one parent can have consequences for children it would seem.

Acute stress experienced by parents through life events such as divorce or bereavement may cause distress and the possibility of developing mental health issues (Rouf, 2014). Rouf (2014) explains these health issues and how they can affect parenting capacity giving rise to child anxiety and concerns for the parent. Not all parents suffer from acute stress in such life events, but it is important when parents show signs of mental health issues that support is put in place. A parent may feel their mental health is affected when faced with bereavement. If this does occur and may be an outcome of the parent attending to others' grief rather than their own, mental health deterioration can limit the parent's ability to be focused, provide a safe physical environment and limit the consistency of emotional warmth with others. Such limitations on parental functioning cannot be assumed without further research but do provide an insight into how parenting may be affected. Luecken and Appelhans (2006, p296) cite an earlier study they conducted in 2000 asserting that "…the

long-term physiological impact of early loss was moderated by the quality of the parent – child relationship…" This was noted by children who had elevated cortisol levels in relation to poor levels of parenting. Conradt et al., (2014) add that early adversity becomes biologically embedded affecting responses to stress manifesting in behaviour problems in adolescence rather than in early childhood when the adversity occurred. Their study examined cortisol reactivity and early adversity in pre-natal substance exposure. Whilst not related to bereavement their findings suggest early adversity, poor behaviour and executive functioning led to a less positive teacher-student relationship at age 11.

Fundamental to this quality relationship is the conversations adults and children engage in (Fredman,1997). Explaining death to a child is challenging for adults as this is an unfamiliar conversation topic. Fredman (1997) describes these conversations as attending to different levels. These levels can be associated with information giving, the interpretation of verbal and nonverbal gestures and how well the people know each other. Communication of death is therefore complex and emotionally intense leading some to avoid talking about death. According to Renaud et al., (2015) conversations about the deceased at home and school are important to avoid any depressive symptoms in children. Their study focused on children's early experiences of death and how parents held conversations with their children. They found parents first spoke to their child about death at 3 years old following the death of a grandparent, family pet or an individual in the media. Girls were also more likely to initiate conversations with their parent than boys. Feeling uncomfortable to talk about death was responded to with 49% of adults feeling comfortable and 49% slightly uncomfortable. The remaining participants cited feeling very uncomfortable. Add to this the different levels to attend to (Fredman, 1997) and a parental death, poses intense difficulties for the surviving parent in talking about death with their child/children. Responding to children, in particular those bereaved, is noted by Silverman and Worden (1992) in children aged 6 upwards. They assert that positive responses from parents with children prevent difficulties later in life thus maintaining

continuous bonds with the deceased and the living. Talking about death is an area for further research as Renaud et al., (2015) suggest as, at that time, there ~~is~~ was little empirical research looking at early child-parent death conversations.

2.2.2 Separation, grief and understanding the concept of death

The importance of attachment and loss theories in understanding bereavement and grief are termed as theoretical integration; one cannot exist without the other and both are of importance (Stroebe, Schut and Stroebe, 2005). Bowlby's (1969, 1973, 1980) theory on attachment, separation and loss therefore looks at the continuum created through life events from birth to death and beyond for those living through the loss. Critics of Bowlby suggests his attachment theory is "uninformed" (Ainsworth et al., 2015) and not an innate system of attachment but rather that attachments evolve and are constructed by interactions with the environment around the child. This multi-layered notion of evolving attachments constructed by interactions is raised by Tracey (2011 p23), "The factors relating to early loss and its legacy are complex and multi-layered, and the severity of the impact will vary with each individual." She goes further to explain the profound and lifelong impact a mother's death has on the daughter in early life. Tracey's (2011) participants spoke about the silence around the death, the need for information about their mother and a yearning for a mother figure throughout their lives. Bowlby's (1969) original thinking on the Protest, Despair and Detachment phases and formation of an internal working model helps individuals to understand how one person exists with others and the extent to which people manage separation from a person they are securely attached to. Death of a person disrupts the internal working model in a negative way (Stroebe, Schut and Boerner 2010). Bowlby (1973) describes the working model as how individuals build a sense of their world, environment, others in it and the ability to forecast their future from these constructions. A key feature in this working model (Bowlby, 1973) are the attachments formed and how the working model of the self creates an understanding of how acceptable or unacceptable the

individual sees themselves through the attachment relationship. Stroebe (2002) notes how attachment, the internal working model and acceptance of the loss link, created opportunities for further studies to investigate how individuals adjust. Stroebe, Schut and Boerner (2010) propose the formation of a 'new' internal working model following a bereavement accounting for a change in behaviour of the child.

Accepting loss is to understand that death separation is irreversible and as Parkes (1993) suggests is the most extreme form of relationship deprivation. DiCiacco (2008) expressed very young children do not have the life experience and intellectual capacity to understand the death separation and ineffective grieving can complicate developmental progress. Nagy (1948) investigated children aged 3-10 years old and confirmed three stages of understanding of death. Children aged 3-5 deny the death event: at age 5-9 death is personified and it is only when a child is 9 that children understand death is a part of life (Nagy, 1948). More recent research by Panagiotaki and Nobes (2014) looked at children's understanding of the concept of life and the function of the human body. They found that children's emerging understanding of maintaining life functions became evident at 4-5 years old and this increased with exposure to formal education and science lessons. Whilst it may appear that children under 5 years old do not understand the concept of death their understanding of life has a part to play in understanding life and death concepts. Therefore, it is possible children under the age of 5 years old cannot comprehend the finality of death as their concept of life is not fully formed. Earlier exposure to the meaning of life through a death event for children under 5 could however impact on earlier cognitive understanding of death than previously considered by traditional and more contemporary research studies. Exposure to death in under 5s is important to understand as their concept of death may therefore be more developed than previously thought.

Children may then have significant difficulty developmentally in coming to terms with bereavement and experience distress through relationship deprivation due to their cognitive understandings. However, a child's developmental age does not determine their cognitive ability, neither does age

determine how much distress occurs in younger children. Nader and Weems' (2011) research on trauma reactions through elevated levels of cortisol due to separation can be applied to children under 4 years old bereaved of a parent. This increase in salivary cortisol was earlier studied by Pferrer et al., (2007) in relation to parental death after 9/11. It appears that to gain conclusive data on the stressors associated with parental separation through a death event more scientific research is required with very young children. This is perhaps possible through such research over a longer period but a process fraught with ethical issues. Nevertheless, exposure to death events has the potential to influence a child's cognitive ability and understanding of death previously not considered by research. This potential influence is important to consider when applying interventions in settings so that the right support is at the appropriate level of a child's developmental maturity and cognitive ability.

Child reactions to bereavement are varied and include anxiety, insomnia, anger, and a fear of abandonment (Haine et al., 2008; Sandler et al., 2010; Dopp and Cain 2012). These reactions can be described as grief and has been portrayed by Stroebe, Schut and Stroebe (2007) as lasting for years. The 'dual process model' (see Diagram 1) describes the grieving process between two orientations, Loss and Restoration; bereaved individuals oscillate between the two modes which can be hour to hour or days and months where oscillation can fluctuate.

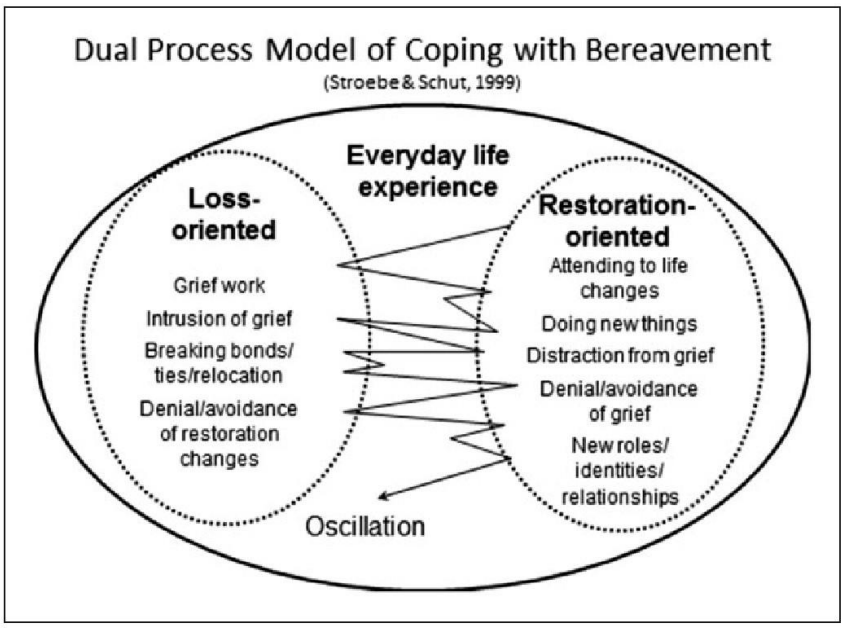

Diagram 1 (Stroebe and Schut, 2016, p98)

Kubler-Ross (1982) and Worden (1983) note the denial of the death event is a feature of loss and only through the acceptance of the loss a person can move forward with their life. This linear approach to progressing through grief does not fully represent contemporary research and thinking around how individuals experience grief at different times in their life relating to when they were bereaved. Nor does it account for very young children and their cognitive understanding of life and death, and the influence environmental and societal factors have. This limits the application of Kubler-Ross, and Worden's response to loss. Recent research such as Greis (2012) expresses how extrovert children with high self-esteem display protective characteristics that can help to mitigate the negative effects of the grieving process. These protective characteristics are omitted from older studies and show the basic nature of these in relation to the many facets in the subject area. Facets such as protective characteristics are worthy of further investigation and integration into existing bereavement models that consider child bereavement responses and restoration from separation and loss.

Stroebe and Schut (2016, Diagram 2) revisit their original Loss and Restoration model and critique the limitations of the model acknowledging the importance but notable absence of stress overload in coping with bereavement. Their

recent inclusion of what they describe as ‘the missing link’ envelopes the Loss and Restoration orientations noting an overlap of the two to create a dual orientation area. A stressor overload from everyday lived experience applies to these orientations and recognises the mental, physical and health implications when overload is experienced. The everyday lived experience goes someway to acknowledge the importance of ecological and bioecological theory (Bronfenbrenner, 1979, 2005) when considering responses to loss.

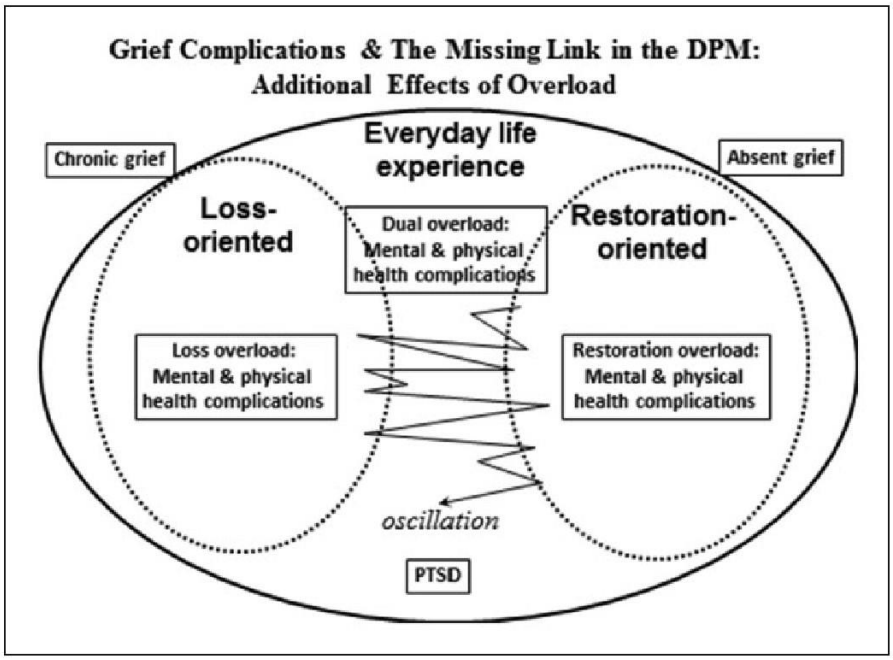

Diagram 2 (Stroebe and Schut, 2016, p104)

Furniss, Beyer and Mùller (2009) alluded to the accumulation of stressful life events and so to Stroebe and Schut (2016) confirm the everyday life experience and overload of mental and physical health on grief. James (2012) notes the enduring nature of bereavement and separation and calls for responsive pastoral care for young children. The accumulation of everyday life stressors and impact on grief is important to acknowledge to action early interventions for children and adults, in the home or education setting, when they need support.

2.2.3 Emotional development and self-regulation in early years

The literature suggests early years children have yet to develop the emotional capacity to manage emotional experiences due to their lack of life experience and a changing sense of self. For example, Winnicott (1964) describes this earlier sense of self in the intimate relationship between a mother and her baby with a relationship of dependence on the mother and the transition to independence. The immaturities of young children and the formation of 'self' requires a gradual reduction in dependency, to facilitate maturity and the requirement for dependency on others. This developmental change and evolution of independence as children grow within a family unit facilitates the early formation of emotional regulation. It is, as Brumariu (2015) suggests, something that is prominent in middle childhood where emotion regulation is seen as a prerequisite to reach emotional competence and therefore cannot be expected to be evident in children in the early years.

Children in the early years have yet to reach emotional maturity and self-regulation to exhibit emotional competence. Early years children observe the adults around them and their emotional responses to determine and build their own emotional capacity. Baker (2001) notes that universally children view their parents as identification figures and healthy bereaved children model themselves on the deceased parent. This may be either a positive or negative emotional experience that children are exposed to. Such experiences can promote or limit the development of self-regulation skills and emotional competence. Djambazova-Popordanoska (2016) asserts children are unable to regulate their emotions during stressful events and will display negative behaviour compared to those who have well developed self-regulation skills. Those with well-developed self-regulation skills are more likely to recover from the stressful events quickly. Djambazova-Popordanoska (2016) cites the work of Carlson and Wang (2007) who suggest the emerging capacity to regulate emotions appears in the pre-school and early primary age phase. It is not clear if this is due to early exposure to adverse events in early childhood. Luecken and Appelhans (2006) confirm in their study of early years bereaved

undergraduate students that self-regulation and cognitive abilities are influenced by early family experiences which in turn affect stress responses. Increased cortisol levels in response to stress in the study correlated with the quality of the child and parent relationship; those with a 'poor' relationship with the surviving parent had a higher reactivity to stress. Identification of protective characteristics (Greis, 2012) along with a measure of what quality parental relationships are (Luecken and Appelhans, 2006) would assist is clearer identification of stress levels for children during and after a bereavement. Without further studies of this nature the individual needs of a bereaved child cannot be effective in providing the right interventions according to need.

2.2.4 Continuing bonds; sense of self and presence

According to DiCiacco (2008) the concept of death is not understood until children are in the primary age phase in their education Similarly, very young children are beginning to realise who they are as they grow and what their bereavement means. Continuing bonds are significant in the grieving process and have a potentially healthy role to play in maintaining bonds with the deceased (Hall, 2014). Continuing bonds (Bell et al., 2015, p376) are defined as a continuation of the relationship after death that is, "...dynamic...ongoing and influenced by the belief system of the survivor…" This is dependent on the child's surviving parent and how continuing bonds are facilitated. If the remaining parent was separated from the deceased parent at the time of death this could further complicate how continuing bonds are supported and understood. Koblenz (2016) studied young adults from 18 years old with 21% of the sample bereaved between 3-6 years old. Respondents reported not understanding what had happened as they were so young and the importance for them to maintain a connection to the deceased for their own identity formation. It would appear from these studies that continuing bond facilitation is fundamental for young children to have a sense of self, to gradually understand what death is and to be able to feel emotionally secure to attach to other significant people in their lives.

Not all continued bonds are positive and may create increased levels of distress for the bereaved individual (Brewer and Sparkes, 2011). Very young children who cannot developmentally comprehend death can become distressed when faced with the distress of others (McGuire, McCarthy and Modrcin, 2013). Exposure to distress is unpleasant but to hide the distress could have even worse consequences where children are not able to feel these emotions and learn how to manage them.

One possible extension of attachment and continuing bonds beyond death could be characterised by Winnicott's (1964) development of transitional objects. The transitional nature of the object was noted as the child's state of being, one where he was no longer merged with the mother but merged with something else outside of the mother. Winnicott (1964, p168) saw this as the child's "…beginning of a relationship to the world". The use of physical objects associated with the deceased may support transitions in times of separation, facilitating continued bonds. Klein (cited by Baker, 2001) notes that successful mourning involves preserving ties to the deceased, thus restoring internally the relationship with the deceased rather than complete emotional detachment. Very young children 'attach' themselves to objects which give comfort and security when children may be feeling vulnerable. This object attachment in the early years may be a successful mourning process for bereaved children.

Personal objects belonging to the deceased may provide children and adults with some comfort and help in the mourning process. Another consideration is explored by Steffen and Coyle (2017) who present the concept of 'sense of presence' suggesting that sensing the presence of the deceased through sensory impressions can be an adaptive process of grieving. These impressions include sensory, visual, auditory, and tactile experiences in relation to the deceased. They consider that cognitive responses to the death activates the senses to re-live experiences helping the body and mind to adjust to the loss. This 'replay' of memories can give comfort, or may cause distress, but form part of the restoration and loss process (Stroebe, 2002; Stroebe and Schut, 2016; Stroebe, Schut, and Boerner, 2010; Stroebe, Schut and Stroebe, 2005, 2007). The visual and physical nature of photographs and other objects

associated with the deceased allow bereaved children, with or without an adult present, an opportunity to re-call memories, laugh and cry, and to continue their relationship and attachment to the deceased. It creates a link to their past that reminds them of who they are and where they came from. The use of photographs and other physical reminders of the deceased are also significant in how children and their families continue to remember the deceased and retain that 'emotional connection'. Stoke (2009) reflects on a case study whereby a memory box was formed before the parent's death and thereafter to reminisce with the surviving parent. Additionally, Stoke (2009) stresses this opportunity allowed the child to hold on to the memories whilst 'letting go' and reaffirmed a sense of self for the child. Items such as memory boxes could therefore form a transition space from a previous life chapter to the next. Likewise, photographs form tangible evidence that the deceased lived and can be revisited at any point. Stoke (2009) goes on to say that such objects were used more sparingly as the child grew older but offered a reminder of comfort and pain that helped promote resilience and a positive mind-set. This had longer-term benefits in enabling the participant to lead a positive and fulfilling life as a person and subsequently a mother.

Attachment to objects to gain comfort and security is an essential part of maintaining ties to the deceased. Baker (2001), summarising the work of Klein suggests the preservation of the internal relationship to the deceased avoids complete emotional detachment leading to a successful mourning process. Preservation of this relationship may be facilitated by imaginary friends. This may be a feature of remembering the deceased and 'playing' though what has happened. Majors (2013) questioned children aged 5-10 years old about imaginary friends finding that all children developed their 'friend' between three and four years old and viewed them as important. Some imaginary friends had similar characteristics to the child with the imaginary child experiencing the same events as the real child. The prevalence of imaginary children in the lives of bereaved children is not well researched. It is possible that children identify with their imaginary friend who is like them, they find solace in the similarities and draw comfort from their imaginary friend. Imaginary friends are

more prevalent with girls who are first born and demonstrate greater vocabulary skills (Trionfi and Reese, 2009). Gleason and Hohmann (2006) ponder that the formation of imaginary friends provides children with warmth and support they need. This would suggest that an imaginary friend provides a protective social relationship when faced with a bereavement. The benefit of an imaginary friend for bereaved children is unclear and requires further research to ascertain the nature and value of these for children and the subsequent impact on emotional regulation throughout their mourning.

2.2.5 Early influences on children

Educators are early influencers on children's lives with some children in fulltime day-care settings before they reach their first birthday. Parents return to work and children make the transition to a new environment with new adults with whom to form relationships with. These early influences in a child's life (Bronfenbrenner, 1979, 2005) expose children to a wider world they have not experienced before; new relationships begin to form and in turn the child sees themselves as being a separate person from their main caregiver (Winnicott,1964). Positive attachments between a child and an educator are based on trust between both parties with the child feeling emotionally safe and secure. Forming relationships takes time and other operational aspects of care impact on these early experiences. Page and Elfer (2015) researched a single intense case study addressing the complexities in attachment relationships in nursery and concluded that management systems and practices lack capacity to address the attachment-based pedagogy required to fulfil the emotional needs of children and staff. This research, although limited to one case study, does raise issues that perhaps do reflect the wider practices in settings, such as, management decisions made based on operational aspects rather than considering the quality of care experiences for the children. Consistency and continuity in relationship-based work are fundamental principles of attachment theory to ensure bonds are secure rather than disrupted. Interestingly, despite the problematic features in the case study, Page and Elfer (2015) concluded that staff adopted an intuitive approach to attachments based on their own personal life experiences rather

than practice grounded in knowledge of theory. Page (2018) theorises the term ‘professional love’ and how this adds to original attachment theory. She posits that caring work-based relationships between adults and children are possible through bond formation and intimacy. Page (2018) explains further that professional love is a complex construction where love, intimacy, and care overlap. Further exploration of the value of attachment relationships in early years and how theory, care, practice, and management systems can, or do work, in conjunction with each other may influence future professional work with children.

Additional environmental influences impact on these formative years. Furniss, Beyer and Mùller (2009) explored life events and effects on mental health showing a significant correlation between the number of life events prior to school entry at 6 years old and the impact this had on emotional and behavioural problems. They claim, “Stressful life experiences constitute a potential threat to the mental health and development of children” (2009, p717) Although death of a parent in terms of frequency was the last category listed out of 17 life events the second most significant was that of a nonparent related death, such as a grandparent. The authors note the accumulation of life events, like that considered by Stroebe and Schut (2016), as stressors and how pre-school children have a limited ability to cope. This study has findings of significance as the sample consisted of almost 2000 pre-school children and concluded that three or more significant life events in a young child’s life has a significant influence on mental health. It is possible that through bereavement a child experiences at least three of the listed events suggested by Furniss, Beyer and Mùller (2009): death of a parent; family moved and a parent restarting work. These life events are explained as ‘secondary adversities’ (Mannarino and Cohen 2011) leading to the development of traumatic grief in some children and avoidance of anything relating to the bereaved to protect themselves from further emotional distress. These children feel ‘stuck’ in their grief and in a constant state of despair. Children exhibiting such distress are not able to concentrate at nursery or school and have increased absenteeism. Therefore, support for children needs to be

tailored to the individual child, in the context of the events and in relation to their age and ability to comprehend what has and is happening.

The formative years of a child's life are also influenced by their age and stage of development. This is where comprehension of what is happening to the child may be beyond the child's developmental capacity. Sroufe (2005) supported attachment as central to child development; early experiences are formative and never lost as a child grows up. Sroufe asserts that development is reliant on the surrounding environment that either supports or challenges the quality of care provided by others in a child's life. Situational context, along with attachment and other aspects of caregiving, are intertwined and furthermore are important to accurately report upon to determine how attachments and relationships with others influence other areas in a child's life, such as their education. Social interactions and attachments through peer relationships in education are present and can be formed early in a child's life if they are exposed to care settings from birth. Attachment relationships through peer bonds (Burlingham and Freud, 1964) form a consistent support network for children as they transition through nursery or school year groups; educators may change but friend consistency is more secure. Friendships in very young children becomes more noticeable at three and four years old with an 'urge' to bond with others dependent on development and environmental factors (Papadopoulou, 2016). Moreover, friendships allow children to feel supported and protected aiding self-esteem and identity formation. Papadopoulou's (2016) research with 4 and 5-year-olds in Reception saw the friendship dynamic of 'leaders' and 'followers' with the leader being the ablest to lead the task. Similarly, children who were more confident had complementary friendships with those who were quieter, suggesting a security formed through a bond of a quieter child to a more confident peer who appears to care for their friend. Friendships are important but not a replacement for educator support.

These early influences for all children have an enduring impact on how children understand their world as they grow and change. Bereavement may therefore influence how they continue to understand the world around them, the adults they share the experiences with and how they engage in educational

experiences. The cumulative impact of stressful experiences on a child and their education is important to understand to ensure the right support is in place.

2.2.6 Impact on educational attainment

Cumulative impacts on mental health (Furniss, Beyer and Mùller, 2009) are a concern for all children but could be more problematic when children are faced with a bereavement. Berg et al., (2014) studied the impact of bereavement on a child's education suggesting that children bereaved through a sudden or violent death may have a stronger effect on the child with reduced educational attainment later in adult life. Bereaved children also have lower educational aspirations although Berg et al., (2014) cite too few studies on this to deem it to be conclusive. Despite the researchers' sample cohort of 15-16-year olds, this emerging aspect of lower educational performance is of concern when in 2015 it was estimated that every day 112 children were bereaved of a parent (Childhood Bereavement Network 2017b). Berg et al., (2014) reported no differences between bereaved genders, but lower grades and school failure were higher in the bereaved group compared to the non-bereaved children Lower grades and school failure were also higher when parents died through external causes, such as road traffic accidents or suicide, rather than natural causes, such as old age. Hamdan et al., (2012) raise concerns about high risk health behaviours in young people who are bereaved compared to nonbereaved young people. Similarly, Draper and Hancock (2011) compared bereaved and non-bereaved young children citing the bereaved group as more vulnerable than the non-bereaved children of risky behaviours such as bullying, absence from school and aggressive behaviour. These research findings arguably warrant serious debate about education provision for bereaved children which is tailored to address individual needs.

A nurture group study (MacKay, Reynolds, and Kearney 2010), examined the relationship between attachment, academic achievement and the impact of nurture groups. Whilst this study did not directly relate to bereaved children, the presenting emotional and behavioural difficulties could be aligned to bereaved children and findings apply to this discrete group of children. Nurture

groups were born from a growing appreciation of the links between child development theory and attachment theory in the 1970s (MacKay, Reynolds, and Kearney 2010) to address the emotional and behavioural problems vulnerable children displayed in school. Although the original nurture group was based on attachment interventions to restore a sense of emotional security to children, there are differing interpretations of what a nurture group is and does in an educational setting.

Seth-Smith et al., (2010) refer to 1000 nurture groups in primary and secondary schools in the UK. These are staffed by school personnel in a dedicated space that is homely where small groups of ‘at risk’ children with social, emotional and behavioural difficulties (SEBD) can go for support to avoid such behaviours escalating in future, and to improve educational attainment. It is thought that such groups can help to remodel the child's behaviour for successful social integration in education and influence positive educational outcomes for those previously failing in the education system. The younger the attendee is, the greater the improvement in educational attainment and SEBD (Seth-Smith et al., 2010). Although bereaved children may exhibit similar behaviour and emotional difficulties to those classed as ‘at risk’, remodelling behaviour for SEBD is different to bereaved children who are grieving making identification of symptoms problematic when identifying the most appropriate intervention (Dopp and Cain 2012). All children faced with adversity deserve the most appropriate intervention to support positive mental health and engagement with education across their school lives.

MacKay, Reynolds, and Kearney (2010) ponder if the impact of nurture groups improves academic attainment through attachment interventions. Seth-Smith et al., (2010) report from a sample of 10 nurture groups compared with a control sample, curriculum gains were consistent with the nurture group sample over a five-month period. This comparison between the nurture groups and control groups gives reliable data over a period to suggest that nurture group interventions do have a positive impact on children's attainment. This could also be said of other consistent setting-based interventions to address emotional difficulties and curriculum delays for all children. Interventions such

as nurture groups, could be financially difficult to maintain and given the current educational financial climate, pastoral support like nurture groups has the potential to be reduced (Adams and Marsh, 2017). The longer-term financial implications cannot be deferred or ignored when interventions can mediate the longer-term effects of bereaved children's mental health and wellbeing. Recent reports of DfE funding support for schools (Mason and Weale, 2017) hint at financial support for schools up to 2019 only meeting basic operational costs. Children experiencing difficulties need consistent support that fosters attachment relationships across all phases of education; from well-informed staff who know when to implement behaviour interventions or sensitive support for bereaved children to more specialist external support, all of which is costly.

2.2.7 Attachment Teaching

Care has always been strongly associated with the early years' framework with the introduction of the *Birth to Three Matters* (DfES 2003) for 0-3-year olds. The amalgamation of this and the Foundation Stage Guidance (QCA/DfES, 2000) formed the now revised statutory guidance for the Early Years' Foundation Stage (EYFS, DfE 2017) which specifies one of the three prime areas to be Personal, Social and Emotional development (PSE). PSE is viewed as a vital component for all other areas of development as children grow and progress within the EYFS (Early Education, 2014). Care, teaching, and attachment are emotionally taxing, and the emotional labour involved in caring is not to be underestimated.

Winnicott (1996) describes the key function of a teacher is to be in loco parentis, without the strong emotional tie shared between a parent and child. He further explains the education of the child as an easy one where the child brings the parent and teacher together forming a positive relationship. Teaching involves emotions and desires to ensure all children have the best possible educational outcomes and is characterised by relationship formation and the development of attachments. An attachment aware schools' programme was developed in partnership with Bath Spa University, Bath and North East Somerset Council and the National College for Teaching and

Learning along with other sector organisations (University of Oxford 2019). The programme aimed to improve educational outcomes of vulnerable children and Looked After Children (LAC). It sought to train teachers on the importance of attachment, raising educator's awareness of theory and practice around this. The training focus on Emotion Coaching would support children's development of their inner dialogue about their social and emotional experiences (University of Oxford 2019). This dialogic process between children and educators would in turn help children to regulate their emotions and improve their social behaviour. The programme evaluation (Dingwall and Sebba, 2018) reported an increase in staff awareness and understanding of why children behaved in certain ways. This influenced educator practice where they recognised their own emotions before managing children's behaviours. This led to a change in communication style with the child using emotion coaching techniques. An improvement on children's well-being was recorded and associated with a safe space in school for children to self-regulate their emotions. School attendance and attainment also improved. Senior leader commitment, resource allocation and support were noted as crucial to the effectiveness of the programme. CBUK (2018) report that teachers feel inadequate when managing emotional well-being of children with half of questionnaire respondents wanting training on bereavement support. Mention of specialist support workers in school and helpline access would support teachers to keep themselves and children mentally well in times of bereavement. Universal bereavement support for educators should include those working in the early years sector, a phase in education often under researched and omitted from studies resulting in less efficient support for children under school age. School based research like that of McLaughlin, Holliday, and Lytje (2019) found teachers needed to have policies and processes to support them, supporting bereaved children. This too would support those in the early years sector. The addition of a bereavement framework in all settings from birth throughout education would support staff needs with training across their careers. The framework should include regard for emotion work in education to help educators support bereaved children's needs whilst looking after their own mental well-being.

Messina and Zavattini (2014) explore emotion regulation between those who share an attachment relationship enable the transfer of emotional capacity; a teacher who can verbalise their emotional thoughts can enable those they educate to do the same. Isenbarger and Zembylas (2006) discuss the guilt expressed by the teacher in not being able to help the child in her class but also the satisfaction gained from being able to care for children in her capacity as a teacher. Emotional labour in teaching was a challenge coupled with great satisfaction but could quite easily lead educators to feel overwhelmed if they are unable to manage this part of their role. Yarrow (2015) pays attention to the emotion work of educators in early years and how if they can manage and shape their emotions, they build emotional capabilities to support their own health and well-being. Being aware of the emotion in working with very young children can build resilience in the workforce.

O'Connor (2008) notes that teachers exhibit caring behaviour in teaching. This is underpinned by their individual beliefs as to what being a teacher is and the desire to sustain positive professional relationships. The caring aspect in the role is what motivated the case study participants to continue in their profession despite teaching standards prescribing what the role is (O'Connor, 2008). Albin-Clark et al., (2016) assert caring behaviour is evident when teachers are attentive and responsive to children's emotions and may be enhanced through the teacher's own personal experiences of raising their own children.

2.2.8 Early Intervention

The accumulation of life events (section 2.2.5) have shown the significance of these on a child's formative years which can lead to stress and the child's limited ability to cope (Furniss, Beyer and Mùller, 2009). Additionally, adverse experiences in childhood lead to an increased risk of health and social problems in later life (House of Commons, 2018). The attachment teaching project (University of Oxford, 2019; section 2.2.7) demonstrated how emotion coaching in schools through attachment teaching has shown positive child behaviour results in supporting vulnerable and LAC.

This form of intervention and those proposed by the House of Commons report (2018) may help to address the Adverse Childhood Experiences (ACEs) children are exposed to in their earliest years. Parental separation is listed as one of ten ACEs of which, in the UK, 47% of adults have experienced at least one ACE in childhood. The British Psychological Society state in the report that traumatic events in childhood has a profound impact on brain development and prolonged exposure to trauma increases difficulties in emotion regulation and cognition. Maynard et al., (2019) also echo that trauma disrupts brain development leading to developmental delays, difficulty in regulating emotions and behaviour and deficits in academic performance. Despite the research evidence to support ACEs and interventions the focus is school based and omits the pre-school ages. Newton-Verrier (2003) recognises this critical early year's phase between 0-3 years old for formation of self and learned behaviours. It would seem vital for this age group to be included in future studies to track trauma and ACEs prior to schooling for interventions to occur earlier. The trauma of separation due to bereavement and likely support and interventions needs to be considered prior to schooling rather than excluding very young children when they need support, not years after when formal schooling starts.

Identification of trauma in very young children is difficult to determine but can be noted in the behaviours they present with at school and at home. Trauma in children leads them to dissociate from their reality as a coping mechanism and too often this is assisted by the use of drugs, alcohol, and food (Newton-Verrier, 2003). This is noted in Bowlby's earlier reflections of children seeking an attachment to food when all other attachment possibilities are absent. Very young children use this food 'comfort' to ease their trauma and attachment difficulties. Whilst Newton-Verrier's work focusses on adopted children she raises some pertinent considerations around the impact of a child's experience and memory recall. She notes that in the first three years of life children learn how to view themselves and others, how to behave and respond to what is happening to them. This implicit memory in the early years shapes how children respond but the experience cannot be recalled; whereas explicit memory which develops in the child's second year allows for some recall to

occur at this early age (Newton-Verrier, 2003). Given that trauma through bereavement may happen it is vital to respond to early indicators that children are not coping or dissociating from their grief for family and school staff to respond effectively. This is particularly difficult when early indicators of not coping are difficult to categorise with children aged 0-7 years old. The academy of medical sciences (House of Commons, 2018) assert that it is difficult to determine what is seen as a normative stress experience or an ACE and as a result the ACE framework has been misapplied in practice. The framework should not identify need or prioritise cases for intervention. A framework is helpful but potentially restrictive and therefore a model for educators to refer to that can inform their practice rather than dictate the intervention should be considered.

Trauma research looking into prevention and intervention through trauma informed schools looks to create a whole school support system of tiers. The Healthy Environments and Response to Trauma in Schools (HEARTS, Dorado et al., 2016) recognises the cumulation of ACEs and the impact this has on a child's education. The three-tier system begins with whole school training; for students and parents this was associated with coping with stress; for staff this was training on trauma practices and stress. Faulconbridge et al., (2017) notes caution that training alone is not seen as a stand-alone solution but an integration of whole school approaches. The three-tier system (Dorado et al., 2016) demonstrates the whole school approach through escalation processes focusing on child need and involves external mental health services and whole family therapy. The success of the programme over a five year period which sought to prevent the school to prison trajectory in the USA (Dorado et al., 2016) demonstrated an improved adjustment to trauma through therapy in school and improved attachments and how pupils related to others. Additionally, enabling the voices of children to be heard within such an intervention process dismisses past perceptions that children cannot make judgements for themselves (Messiou, 2006). Sustained approaches supporting children's agency through interventions and commitment to improving school wide training in trauma reduced staff reactivity and reduced school exclusions. Thomas, Crosby and Vanderhaar (2019) confirm

empathetic responses to pupils by avoiding approaching pupils from a deficit perspective leads to a shift in perspectives to build an emotionally healthy school culture. Only through a sustained whole school approach can effective interventions show the restorative impact on trauma children for more positive life-long outcomes.

This form of whole school approach and intervention was achieved by Holland (2001) with the Iceberg project. Holland's initial research of bereaved school children in 2001 explored adults recall of parental death when they were school aged. A very small sample size of 7% were preschool aged children the rest were aged up to and over 16 years of age. The resulting 5 differing types of loss acknowledge the separation of the main attachments' children have through to the grief and loss experienced as the children grew older and were exposed to death at an older age. Although a useful system of categorising loss at different ages and stages the result are heavily influenced by older children's experiences of loss. It does however acknowledge the influence of changes over time for the bereaved children, something which Bronfenbrenner acknowledged in his re-evaluation of his original ecological theory (2005). Holland's research developed to form resources designed to help teachers support bereaved children. These resources, 'Lost for Words', were introduced to schools in the North-West of the UK and has been influential in reducing the need for external support as teachers are able to manage the intervention through the resources provided improving child well-being and performance (Holland and McLennan,2015). Unfortunately, these resources have not been used nationally nor have been recently updated. McLaughlin, Holliday, and Lytje's 2019 study confirms that educators need policies and procedures to support them in helping bereaved children, yet this and the 'Lost for Words' resources of Holland have failed to yield any consistent and widespread national resource to support educators.

Interventions for very young children are lacking largely due to research focussing on older children already identified as at risk of educational failure (Dorado et al., 2016). Interventions with very young children can go some way to preventing later childhood adversities and research therefore must now focus on the earlier age ranges to create a better understanding of early

interventions for bereaved children. Whilst HEARTS and the Iceberg project have provided key interventions in schools both are lacking in the interventions prior to school entry where Berg et al., (2014) identify adverse experiences for pre-school children and the negative impact of cumulative experiences on pre-school children. The application of the three-tier system in the HEARTS programme but with younger children would be one such universal education intervention programme in childhood.

2.3 The Professional Context of the Research

The professional context in this research acknowledges perspectives from primary education and health contexts but largely associated with early years. It explores the historical origins of the development of early years provision and the current aspects of the workforce to date. It also explores well-being from a health context and what this means for the 0-7-year age group.

2.3.1 Early years

The Education Act in 1944 stalled reforms for elementary education highlighted by Haddow in 1926 (Abbott, Rathbone, and Whitehead, 2013). The 1944 Act created widespread reforms across primary, secondary, and Further and Higher Education provision. Local Education Authorities were given greater control over local education resources whilst still influenced by the Ministry of Education. Ward and Eden (2009) consider the 'business' of education suggesting that state interventions in schooling is important for families and individuals. It is a way of transmitting knowledge and beliefs across generations. Yet in this post-war time the early years was not an area for Government policy. Early years has emerged since and has created opportunities for policy formation to influence the care and education of very young children. Again, an opportunity for the Government to instil beliefs across generations with interventions in the early years.

Moss and Penn (1996) have long considered the nature of early years and formal education recommending that these early education experiences be inclusive of 0-6-year olds rather than 11 years old in a primary based setting. Their vision was an early childhood service offering equal access to a high-

quality service that was comprehensive and integrated for all 0-6-year olds and their parents. The incoming Labour Government considered Moss and Penn's (1996) concerns but did not change the age of primary schooling (Chitty 2012). Dr Gillian Pugh raised this issue again in 2000 in her address to the Select Committee in Parliament stressing, "…the need to see the years nought to six as the first stage of education, not three to six" (2000). The National Curriculum for 5-16 (1989) was already well-established following the Education Reform Act in 1988 (HMSO) and what followed was the formation of Desirable Learning Outcomes (DLOs) in 1996 (SCAA, 1996). This was the first time the early years had defined areas of learning, one of which was personal, social, and emotional development (David, 1998). The *National Childcare Strategy* 1998 focused on quality care for pre-school aged children (Page, 2005) and subsequently changed the DLOs to form Early Learning Goals (ELGs) under the School Curriculum Assessment Authority (SCAA 1996) remit. This curriculum development focused on children aged 3-5 with the formation of the Curriculum Guidance for the Foundation Stage (QCA 2000) despite pressure from educationalists such as Pugh (2000) and Bertram and Pascal (1998) for the creation of a 0-6 educational phase.

A framework for 0-3s, *Birth to Three Matters* (BTTM, DfES 2003), was launched in 2003 to recognise the needs of very young children (Kingdon, 2014). This evolved at a time when other significant policy changes were happening. EPPE (Sylva et al., 2004) a longitudinal study from 1997 – 2004, aimed to examine the impact and effectiveness of pre-school provision on child development and educational progress. It found that early engagement in education enhanced children's development. They indicated that quality interactions were evident in the warm relationships' children had with staff and higher qualified staff led to children making better progress holistically. Analysis of EPPE in 2002, REPEY (Siraj-Blatchford et al., 2002) further found that higher qualified staff provided children with more experience of academic activities. Additionally, parent partnership was effective in promoting child outcomes when shared educational aims were promoted through the special relationship staff had with parents. Working together for the benefit of child

outcomes therefore suggests the importance of parents and educators sharing education expectations for children.

Working together became more prominent around this time with serious failings in child protection cases. Lord Laming, reporting on a child death case, criticised Local Government for failings between organisations in social, health and education services (Chitty 2009). The Laming report further highlighted the responsibility of *all* professionals working together to promote health and development. Arising at this time the Children Act (DfES 2004a) confirmed the renewed focus on the holistic needs of children through five outcomes (Every Child Matters (ECM), DfES 2004). It stipulated that integrated children's services would create better opportunities for children to reach their potential and "receive effective support earlier if they experience difficulties" (DfES 2004 p13). Following years of ECM implementation children's holistic needs were not totally met. Aynsley-Green, Penny and Richardson (2011) assert that despite the ECM framework bereaved children and their families still felt alone and isolated in their grief.

The introduction of the Early Years Foundation Stage (EYFS, DfE, 2017) in 2008 created a distinct phase of education in early years (Forrester and Garratt, 2016). Forrester and Garratt (2016) note assessment of learning through Early Learning Goals gave greater attention to school readiness with a focus on literacy and maths. Additionally, a Study of Early Education and Development (SEED) in 2017 examined elements of good practice that has the potential to improve child outcomes (Callanan et al., 2017). Whilst SEED aims to evidence the impact of early years provision on child outcomes it also seeks to assess value for money of early education. The study found good practice evident in curriculum planning within the EYFS and plans were differentiated and informed by on-going assessment. Recruitment of high-quality staff was challenging (Callanan et al., 2017) as was provision of CPD for staff considering current Local Authority funding cuts. Policy formation based on study evidence may help to address the challenges the early years sector is facing.

2.3.2. Workforce reforms

Policy formation in early years may support outcomes for children but what remains is the challenge of workforce reforms in the early years. The inclusion of BTTM (2003) together with Curriculum Guidance for the Foundation Stage (QCA 2000) formalised the early years phase in education and with that workforce issues began to arise. Cathy Nutbrown (2012) in her report *'Foundations for Quality'* recommending to the Government training reforms for those working in early years. She stressed the value of a graduate workforce in early years and recommended an Early Years Teacher Status (EYTS) qualification building on the previous Early Years Professional Status qualification (EYPS). Despite her recommendations for a qualified teacher route for the age range 0-8 the Government fell short of this and provided a revised EYPS route, EYTS which the Government stated would be equivalent to QTS. Parity with QTS was not evident in pay and conditions for EYTS staff. This would have provided parity across the education workforce, early years, and primary sectors. Recommendation 15 (Nutbrown,2012) called on the Government to provide online training modules for staff in early years to assist in CPD opportunities. The Government response was accepted in principle with the onus on the sector and settings to instigate this. This was an ideal opportunity for the Government to standardise provision nationally, raising standards for all children. Drawing from these reforms there was some sense that the early years profession was becoming more 'teacher like' with the introduction of early years Teaching Standards.

The Teaching Standards (Primary) (DfE, 2011) and those for early years (NCTL, 2013) set out the standards for teacher training and are differentiated by the placement of 'education and care' in the early years' standards. Care does not feature in the Teaching Standards (Primary) (DfE, 2011). The further inclusion of and requirement to demonstrate understanding of attachments and well-being in the early years standards further supports the importance of attachment relationships in the early years and how secure attachments are promoted in early years teaching. This aspect is not evident in the Primary Teaching Standards and arguably needs to be included to reflect the nature

of relationships formed between teachers and pupils. Verschueren (2015) argues that where parents are not available for children the teacher-child relationship is of great importance in middle childhood noting the quality of the parent-child relationship is replicated in the teacher-child relationship. Although not directly associated with bereaved children the death of a parent may see a child seeking a greater teacher-child connection to fulfil their attachment needs. The consistency in care and education a teacher provides is fundamental in helping to stabilising the emotional world of a bereaved child.

The call for a graduate workforce in early years is ongoing with the Early Childhood Studies Degree Network (2019) creating graduate competencies to be embedded into Early Childhood Studies degree courses. Whilst this is a positive step to workforce reform in early years the pay and conditions of the workforce remain the same. The increasing mental health concerns for young children (DoH and NHS England, 2015) would warrant a closer examination and appreciation of the early years and primary workforce who are at the forefront of supporting emerging mental health issues.

2.3.3. Mental health and well-being in Education and Health services

Research into mental health and well-being can be a catalyst to instigate policy change but arguably needs to be a concerted effort by many to convince Government bodies of the value of investing now for future economic gain.

The Department of Health (DoH and NHS England 2015) published *Future in Mind* to set out how the mental health of children and young people can be supported through improved child mental health services and access to support for parents and carers. The report recognises that mental health problems in childhood can lower educational attainment leading to poorer employment prospects.

The DoH and NHS England's (2015) support for mental health outcomes is founded on improving life experiences for economic growth but evidence from the OECD (2011) suggested this can take years in forming future strategy for implementation. Consequently, DoH and NHS England policy implementation over a prolonged time does not help those who urgently need support. Nor

does it address the lack of focus on children in the early years with the document focusing on pre-natal care then children aged from 5 years old. It could be considered that those formulating policy are not fully versed in early years as an educational continuum, and the potential for such young children to be exposed to experiences that compromise their mental health and well-being. The DoH and NHS England (2015) cite 2004 data on mental health of children aged 5-16 with 9.6% (850,000 children) having a mental disorder. They recognise that the mental health of the mother is fundamental to secure mental health for very young children and aim to create a stronger focus on early years through the commissioning of 0-5 public health services to Local Government. Helliwell, Layard & Sachs (2017) cite The World Happiness Report echoing the DoH's point in relation to mental health; it is the well-being of the mother that is the best predictor of children's emotional health. This should however include Fathers in their parenting role, especially where it is a significant parental relationship.

A further development by the Department of Health and Social Care and the Department for Education (2017) saw the formation of *'Transforming Children and Young People's Mental Health Provision: a green paper'*. This addresses the importance of tackling mental health issues in schools and colleges, once again looking at children aged 5 and upwards. Consultation feedback recommended (point 10) that the Government include early years, and (point 11) commented that the Green Paper [1] failed to account for several factors such as early years brain development and secure attachments with parents and carers that have an impact on mental health. The Government response (DHSC and DfE, 2018) failed to address early years as being included in the new mental health plans and cited further commissions were needed to research improvements into the quality of attachment relationships. The response suggested that *Future in Mind* (DoH and NHS England, 2015) had provided a comprehensive baseline for the 2017 Green Paper but more joined up services between education and the NHS were needed. In relation to the

[1] A Green Paper is a Government publication that details specific issues and points out possible courses of action in terms of policy and legislation.

teaching workforce the report is clear that the mental health plans provide additional support for schools to build on what they already do. This is not to give teachers more to do nor does it require schools to appoint a senior lead or work with the new Mental Health Support Teams; the emphasis for working together is dependent on local circumstances. The report (DHSC and DfE, 2018) does comment that for plans to be effective there is an expectation that this would need a senior role in schools to be responsible for implementing a whole school approach.

Mental health and well-being are increasingly gaining prominence nationally with policies forming to tackle the issues schools and settings face. Clarity is needed to ensure educators understand what the term mental health and wellbeing is. Mashford-Scott, Church and Tayler (2012) note an absence in measurement of well-being in early years and call for researchers to authentically capture this to understand what well-being is for children under 5 years old and how to support it in the sector. They raise a pertinent issue in that educational and psychological thinking looks for behaviour indicators and the promotion of well-being whilst few look to define what well-being is. Reports such as OECD (2011) consider the global aspects of well-being and how this facilitates economic growth rather than choosing to remedy the increase of mental health issues from society.

Educational issues aside, financial difficulties are an additional concern to families facing the recent review of financial support for bereaved families. The overhaul of the Widowed Parents Allowance in April 2017 (DfWP, 2017) saw financial cuts to families with school aged children. These cuts raised concerns how the reduction of financial support beyond 18 months after parental death will add to the everyday stress of families and has the potential to impact on mental health and well-being. Mental health charities in the UK are gaining high profile support from bereaved individuals citing their own shock and trauma associated with a parent's death even decades after the event. Most notable is that of Prince Harry sharing his experience of grief through childhood bereavement and the consequences of not being able to share his feelings with others (Kennedy, 2017). Similar to this is the

documentary by the footballer, Rio Ferdinand, (Tate, 2017) described as ‘breath-taking’ in its honesty of his family living with the loss of a parent. Financial uncertainty during this time of grief for the ‘everyday family’ can only exacerbate emotional difficulties for families creating untold stress and pressures yet to be researched.

Evans (2002) ponders on the lack of rigour in educational research which does not go far enough to influence policy changes. Moore (2016) goes further presenting a view that educational research with applications to practice are overlooked when policy is created. Despite this he asserts a continuation of combined endeavors to influence policy through research with educators and genuine dialogue with the Government to impact on children’s lives for the better.

2.4 Summary

This chapter has outlined pertinent bereavement literature to highlight the importance of bereavement in childhood and the omission of research with very young bereaved children. The literature reviewed demonstrates that children in their middle years can present with negative behaviours, some of which last into adult hood. Limited research with very young children demonstrates the elevated levels of the stress hormone cortisol and further justifies the continued investigation into how very young children are affected by the death of a parent. The scarcity of such research with bereaved children aged 0-7 identifies a gap in the field and validates the importance of this study. It also places the mental health and well-being of children from birth firmly for consideration by Government to ensure that education and health services are equipped to meet the needs of very young children for a prosperous adulthood.

Chapter Three: Research Design and Methodology

3.1 Introduction

This chapter considers the philosophical underpinnings in educational and bereavement research. Paradigms and methodologies are chosen to reveal the social reality of parentally bereaved children. Ethical considerations demonstrate the sensitivity applied throughout the research process and aspects reflected upon to strengthen the validity and reliability of data gained. Analysis of the empirical data collection process and approach to data analysis reveals the complexities involved when seeking to represent the voices of others to do justice to them and their stories. Researcher reflexivity and positionality are expressed to further demonstrate how these have influenced the study as it progressed.

The purpose of research is to discover the truth around a given phenomenon (Cohen, et al., 2011); it is an examination of experience and reasoning that has systematic and controlled means to elicit new knowledge and understanding. Curtis et al., (2014) stress the significance of educational research in relation to practical and theoretical perspectives. The impact of new research findings can influence personal, social, and cultural aspects in society and more so when it can influence policy making. The creation of new knowledge and understanding can influence the lives of others for the better. This research seeks to understand a previously under-researched age group in relation to parental death and impact on education to generate new knowledge that can increase personal, social, and cultural understanding of the phenomenon leading to educational change.

3.2 Ontology and Epistemology

Educational research is complex (Coe et al., 2017) and framed by a series of assumptions about the world. Researcher assumptions influence the design of the study and therefore it was vital to examine ontological assumptions in relation to parentally bereaved children. Ontology relates to the nature of

reality (Lichtman, 2013) and the nature of things (Cohen et al., 2018). Researchers question if the reality of the social world is created by individuals or exists externally to those individuals (Cohen et al., 2018). Philosophical reflections on this research included prior knowledge and experience in the field reflecting on social and cultural experiences developing a deeper understanding of past emotional connections with events and others. This reflection on human interactions although emotionally demanding has been fulfilling in developing a greater appreciation of the reality in question.

Death experiences are individually created and constructed by wider society in response to an event. The interpretation of the event can vary according to individual values and beliefs, societal beliefs, therefore individual and collective realities are co-constructed and expressed in a range of ways.

Gergen (2015, p53) views social life and constructions of the world as a dynamic state that can either support or disrupt our views. He is in no doubt that,

> The process of making meaning is taking place whenever people are in communication, and in every relationship, there are multiple traditions coming into contact, creating new forms of expression.

Consideration of what is known and what other assumptions exist are therefore fundamental to create meaning and enhanced knowledge in this study.

The social reality of parentally bereaved children is known through reports from organisations such as Child Bereavement Network (CBN, 2017a), Winston's Wish (2017) and the Child Bereavement UK (CBUK, 2017), based on collective interpretation of empirical data. Knowledge is constructed through the study of experiences of human beings to create new understandings of what is known, and what the perceived truth is of a phenomenon. Bereavement is a reality; a fact of life, a known that happens to us all, therefore how people react, interact and make sense of their life post-bereavement is socially constructed. Burrell and Morgan (1979) express ontological assumptions of social scientists' need to consider if reality is externally

constructed *to* the participants or constructed *by* the participants. This study seeks participants as actors in reality creation, in relation to their death event. Moreover, those directly involved in the social process (Burrell and Morgan 1979, p253) allow for the search for understanding whilst maintaining the integrity of the study, in what the authors describe as "…understanding from within…" Participant reality creation and subsequent interpretation of their stories is fundamental in creation of bereavement knowledge.

In pursuit of creating a greater understanding of multiple bereavement realities epistemological positions within this study have been considered. A constructivist epistemology enables researcher communication of truth created from the reality of death but situated in the subjective truth about individual realities. Constructivism is one of two branches of constructionism and is concerned with how people make sense of their world and in relation to other people (Blaikie, 2007). It offers there is no absolute truth, only the one created in that time, place and with those participants, negotiated as so in this study; it is true of that moment. A posivitist stance has been rejected as application of a scientific approach to bereavement is incompatible with the aim of the study and cannot capture the rich and thick description an interpretivist/constructivist approach can offer. The purpose of this study generates knowledge based on the experiences of the participants, their unique and personal stories of a life-changing event over a period of time. Although knowledge here is individually constructed, the study of human beings incorporates the external world and an element of the participant being controlled or being the controller (Burrell and Morgan 1979). This study captures the controlled and controller within the death event characterised by the participants ability to take one or both roles and are situated within the subjective-objective domain of assumption analysis in the social sciences (Burrell and Morgan 1979).

The relationships between researcher knowledge, experience of bereavement along with general assumptions about what is widely known about parental bereavement in childhood has been considered. The search for a greater knowledge and understanding of a bereaved child's reality can be through

direct observation and measurement of what is experienced through interpretation of the phenomenon (Coe et al., 2017). Considering the age group in this study an interpretation of the phenomenon has been developed thus creating new knowledge contributing to what is already known in the field with older children and adults (Bowlby, 1973; Conradt et al., 2014; Koblenz, 2016; Steffen and Coyle, 2017).

3.3 Research Paradigms

Paradigms are, "…a way of pursuing knowledge…" to seek out answers to questions surrounding a research problem (Cohen et al., 2018 p5). Deciding the most appropriate paradigm is led by the need to address research assumptions and understand the nature and reality of childhood bereavement in an education context. This was achieved through understanding the nature of reality and the relationship between the researcher and that reality (Punch, 2009). These research positions aid the quest to seek new knowledge and by different means. A positivist paradigm would seek to gain numerical data in a controlled scientific approach (Roller and Lavrakas, 2015), whereas an interpretivist paradigm seeks to understand human experience and how this is shaped by individual perceptions of the world around them (Basit, 2013). Atkins and Wallace (2012) note that a positivist stance claims objectivity, discovers 'facts' and views those involved as subjects; an interpretivist stance focusses on people as individuals to develop a greater understanding of the research subject. The nature of the research subject requires an approach that sees the experience of human beings as fundamental to uncovering the reality of bereavement, Cohen et al., (2018, p19) describe this as "…to understand from within." The personal aspect sought for this research was at odds with a positivist paradigm; this justified an interpretivist paradigm to generate a deeper knowledge of parentally bereaved children. Furthermore, in educational research, classroom practice, where learning and human interaction are evident, positivist research was less effective to capture the complex nature of human beings in the social world (Cohen et al., 2018).

In pursuit of knowledge an interpretivist paradigm offers this study an opportunity to understand with depth a given subject from the direct experience

of those involved, to seek understanding rather than provide an explanation of the outcomes (Coe et al., 2017). Increased understanding of bereavement and how children, parents and educators respond and relate to each other in a context can demonstrate the intricacies of bereavement experiences and related structures that either support or hinder children's progress and well-being in education.

Research can be paradigm-driven or pragmatic; the former involves the identification of the research paradigm followed by question formation, the latter begins with a research question to answer and then identifies the paradigm and methods required to answer the question (Punch, 2014). This research combines both; it was driven by a pragmatic approach with initial question formation at the forefront followed by identification of potential methods required but was always paradigm-driven through previous experience of researching from an interpretivist stance. Developing the research questions from what is known in the literature supported the identification of a gap in the field in relation to the age group of children studied. Initial thoughts following this gap identification led to further considerations of how the questions might address the gap in knowledge. Following a pilot study (see Section 3.7 and 3.10) the questions were amended to reflect key areas of enquiry. These changes reflected a change in order of questioning and slight changes to how some questions were constructed. This enabled the questioning to become clearer for participants to understand, minimising confusion to ensure that the data was focused on addressing the study aims (Section 1.9).

3.4 Research Methodologies

A methodology defines how research is approached and the choices made when deciding about participant samples, data collection, analysis through to conclusion (Silverman, 2017). Cohen et al., (2011) stress the fundamental importance of identifying methodological assumptions to define the methodology and methods required to answer the research questions.

A qualitative methodology defines the type of research, or style, required to support a qualitative methodology (Cohen et al., 2018). An experimental

design with randomised control trials is quantitative therefore not appropriate for this study. Likewise, survey research lends itself to measurable data whereby large research sample responses can be analysed to form statistical data (Nolan, Macfarlane and Cartmel, 2013). Closely associated with qualitative approaches are action research, case studies (Cohen et al., 2018) and narrative inquiry (Nolan, Macfarlane and Cartmel, 2013). Action research seeks to change practice as a result of the research process (Coe et al., 2017). This study could not seek changes in practice without firstly fully exploring bereavement and the reality of the social world of bereaved children. Narrative inquiry studies experience as a story and of those who share their story (Nolan, Macfarlane and Cartmel, 2013). This does not fully capture the social reality and wider experiences of others in the lives of bereaved children. Through a process of elimination, a case study research style seemed the most appropriate way forward. Consideration was afforded to how a positivist stance could enhance the identified interpretivist research position through a mixed method approach. Mixed methods collate qualitative and quantitative data enhancing objectivity and addresses shortcomings in other approaches (Nolan, Macfarlane and Cartmel, 2013). Adopting a qualitative methodology allowed for exploration of participant perceptions on holistic child development and educational attainment following parental bereavement.

3.5 Research Approaches

Case studies are explained as complex and bounded: holistic and studied in context (Tight, 2017). Case studies are detailed examinations of a case or cases within a real-world context and referred to as, "…one of the most challenging of all social science endeavors" (Yin, 2014, p3). Small-scale investigations with individuals and organisations across multiple cases will reveal the social reality of parentally bereaved children although ethics and access to institutions and participants can be difficult according to Atkins and Wallace (2012). Planning for access and ethical considerations are fully explored later. Although rich in description with in-depth cases, lack of rigour could be suggested but moderated by a range of sources within each case study.

A qualitative methodology utilising a case study approach was therefore applied to ascertain the lived experiences of participants creating a greater understanding of parentally bereaved young children. A qualitative methodology aims to provide the depth of human experience to create an understanding of an aspect of social reality (Basit, 2010). This was the most appropriate methodological approach to understand the experiences of bereaved children through conversations with the surviving parent and educators involved with the child. Applying an embedded case study design allows for different sub-units within a range of case studies to be examined (Cohen et al., 2018).

A pragmatic approach (Punch, 2014) began the research process through identifying what questions need answering about the given subject and then by what methods, this was going to be possible. Underpinning this approach was the need to be informed about the nature of bereavement and what has already been studied in the field. Cohen et al., (2018) argue that reviewing the literature avoids recycling existing research and adds credibility to research claiming to be original in making a significant contribution to the field. Clough and Nutbrown (2012) approve of radical looking; a systematic approach informed by external perspectives previously unknown to the researcher. In the current study, a rigourous literature review defined a specific line of enquiry, set by the research questions, to create new understanding of limited research knowledge within this aspect of bereavement. This fundamental foundation ensured that the research approach was robust and was fully informed going forward.

Through identification of the ontological and epistemological positions an interpretivist paradigm, leading to a qualitative methodology formed the structural approach to the research. Boeije (2010, p11) considers, “The purpose of qualitative research is to describe and understand social phenomenon in terms of the meaning people bring to them.” She notes that flexible methods that provide rich and descriptive data, interpreted using codes and themes, ultimately lead to findings that contribute to theory and practice.

Flexible approaches in bereavement research are essential due to the sensitivity of the data being collated and the well-being of the participants. Flexibility within the methods chosen prior to, and during the data collection period, can facilitate a re- evaluation of the process especially when dealing with sensitive information. Rather than redefining the research, and ultimately losing sight of the research aims, a naturally evolving process enabled the research approach to anticipate, plan for and manage sensitive developments. Silverman (2017) acknowledges this emerging aspect requiring a re-examination of the data or the collection of new data as the study progresses.

This responsive process paid tribute to the stories of the participants to ensure an accurate interpretation and portrayal of their social reality.

3.6 Methods of Data Collection

A range of qualitative methods of enquiry have been examined to determine what methods are necessary to answer the research questions (Coe et al., 2017). Punch (2014) notes that methods follow on from research questions and that a good method-question fit adds to the validity of the research.

Through an embedded case study approach several methods could be utilised to elicit the responses required to answer the research questions. Such methods depend on who the participants are and what data is the most meaningful to collect. Observations from a qualitative perspective are unstructured (Punch, 2014) observing naturally occurring human behaviour as it unfolds. There is no doubt that such a method is valuable, but for the context of this research it was uncertain what would be gained. Brooks et al., (2014) assert that ethics impinge on research methods, therefore the value of the data had to outweigh the ethical dilemmas associated with observing bereaved children in settings. The main concern was creating contact, either as a participant or non-participant, with a bereaved child who could be experiencing a range of emotions associated with their loss. The assumption that children would be accepting of a strange adult observing them is remiss of researchers as the potential of harm cannot be known until after the data collection event. These doubts of the likelihood of harm prior to engagement with bereaved

children as participants, however minimal, were viewed too great to consider their inclusion for this study.

Interviews, either one-to-one or through a group interview approach, are widely used eliciting participant interpretations of their world (Cohen et al., 2018). The purpose of interviews is to derive meaning from a range of narrative data (Holdway, 2008) and can be characterised as a conversation between people where a rapport is formed born out of mutual interest in listening to, and answering the questions (Boeije, 2010). A semi-structured interview was deemed appropriate to gain credible data through a conversational approach to build a rapport quickly (Holdway, 2008). This 'warmth and connectedness' began prior to the interviews with telephone conversations to establish a rapport and relaxed conversational tone at this initial stage.

Six core questions with sub questions were devised, in an interview schedule, arising from the pilot study, to formulate a comprehensive line of inquiry to answer the research questions. Downey (2000) proposes qualitative data, using one-to-one interviews, provides further detail in expressions of grief and loss for participants, justifying this as the most appropriate instrument in this research field. Notably, interviews, both one-to-one and group, can be problematic with the time and co-ordination required in arranging time to meet poses many challenges to the researcher (Coe et al., 2017). These difficulties are to be expected with any research but more so with requests for interviews on a sensitive subject. Less than rigorous approaches to this type of research field leave studies with tentative findings with few consistent outcomes across samples (Downey, 2000).

Rigour was applied through the formation of six core questions for educators and parents; slight variations between the two are required to distinguish between the two perspectives of school and home experience (App 2). Careful question structure posing 'how' and 'what' are knowledge questions seeking specific information; 'can you recall', 'in your view' questions are descriptive, experience and feeling questions seeking perspectives and beliefs of the participants (Cohen et al., 2018). Core questions had further sub questions that could probe further ensuring that the core question was responded to fully.

This approach allowed for full exploration of information required at the first meeting. Focus group interviews used the same core and sub questions largely to provide a structure so that arising data interpretations could strengthen the research findings. This offers a wider range of perspectives to be gained from triangulating data sources (Cohen et al., 2018) but also one that allows holism, richness, and complexity in qualitative data collection (Punch, 2014).

Group interviews, or focus groups, would allow participants to talk about sensitive issues, such as bereavement, with confidence that perhaps a one to one interview would not have been able to achieve (Coe et al., 2017). That said, the dominance of individuals within the group can exclude other participants from sharing their perspectives thus making the approach less likely to produce the varied and valid responses. Mukherji and Albon (2010) recommend that the interviewer, or moderator, will need a high level of interpersonal skills to promote discussion, respecting the views of the dominant participants but gaining the views of those less confident to ensure that the process generates perspectives from all. The opportunity to explore a group interview arose and was undertaken as an evolving feature of the study that would add another dimension on collective perspectives from educators. Although originally discounted as an approach to data collection individual interviews with participants was still the preferred approach facilitating greater depth to answer the research questions.

3.7 Validity and Reliability

Validity and reliability are important features in research. Basit (2010) proposes that validity is possible if the research has the depth and scope of data collected from triangulated participant sources. The research participants are from two groups: the surviving parent and the bereaved child's educator, however variations of this were explored when participation was not possible. Utilising two sources of data allows for data triangulation (Cohen et al., 2018). 6 case studies were included to avoid a perceived weakness of generalisability in case study research (Tight, 2017). Triangulation of data sources across multiple cases minimises generalisation to reveal the unique and multifaceted

nature of parentally bereaved children and their perceived educational experiences. Lincoln and Guba (1985) assert that realities are multiple, constructed, and holistic, hence the multifaceted nature and reality of the subject under investigation. Additional methods were considered to further support reliability and validity through triangulation with quantitative methods. After much consideration quantitative data was not aligned to the case study approach which was based on in-depth participant perspectives. Therefore, triangulation with a minimum of two data sources (parent and educator) was explored with 6 case studies to gain a depth of understanding of childhood bereavement.

Presentation of this data confirms further validity adding a richness to qualitative data on human experiences not achieved by quantitative approaches. Qualitative data is subjective due to individual perceptions of the reality under scrutiny and as such open to interpretation (Coe et al., 2017). Guba (1981) ponders on how to establish confidence in the truth of a subject being investigated and is pertinent in this study given the emotional nature of the subject. Therefore the 'truth' was given by the adult participants based on their knowledge of their experience and consistency established through asking additional questions to obtain further clarity. The structure of interview questions posed, how these were asked and responded to coupled with further probing reflect the commitment to honestly, representing participants views as the reality in their circumstances. Responses that needed extension to clarify meaning were phrased differently to ensure that the full meaning of the question and corresponding answer could provide the validity and reliability essential to answer the research questions. Interview dynamics progressed from interviewer/interviewee to one of narrator and listener (Chase, 2011) and more so with follow up sessions. This relationship transformation facilitated trust and respect.

Reliability in qualitative research is confirmed through comprehensive data that has depth, is authentic and the research process has been rigorously applied throughout (Basit, 2010). Cohen et al., (2018) also note reliability as context specific, authentic, detailed and meaningfulness in relation to the respondents.

Additionally, trustworthiness (Guba, 1981, p83) of the methods used and data collection process involved prolonged engagement through interviews with the "…collection of thick, descriptive data" and triangulation of participants. However, this research cannot be duplicated to produce the same data outcomes; the process can be replicated but findings on human experiences will generate different qualitative data. The complexities and intricacies in qualitative research can change from moment to moment, with the reality of being human an ever-changing concept (Roller and Lavrakas, 2015). Reliability therefore in this study was confirmed through a rigourous process of forming specific research questions, designing an appropriate methodological approach that is supported by clear methods of data collection followed by a thorough examination and analysis of the data.

Credibility of the data interpretations made can be supported through interval validity whereby accuracy of the data is clarified (Cohen et al., 2018). The inclusion of an additional phase of interviews created another opportunity to collate data after a specific time period. Not only did this provide another data collection point on progress since the first interview, but it provided an opportunity to identify knowledge gaps in the initial interview transcripts and to clarify any misleading responses or uncertainty in the meaning communicated. Roller and Lavrakas (2015) advocate this as a technique to check the accuracy of the data supporting the validity and reliability of the research findings but moreover gives confidence that the study has captured everything possible to create meaningful findings.

Creating reliability in a sensitive area such as bereavement van be tainted by the researcher's own bias and interpretation based on their own lived experiences of bereavement. Djambazova-Popordanoska (2016) considered the implications for researchers when observing emotional situations undermining the reliability of the data due to its subjective nature. Researcher bereavement experience has been acknowledged (Section 1.1) and led to the design of this study with a firm conviction of what is the right, and best way to proceed with the study to generate valid and reliable data.

Pilot studies carried out are a feature of good research allowing the researcher to practice different ways of asking questions (Silverman, 2017). Pilot responses can facilitate amendments to research questions that did not yield data to answer the research questions. Amended research questions are in Appendix 2. Pilot interviews were utilised to practice posing questions, enhance active listening skills and to practice managing sensitive details as they arose to ensure participants were not harmed. This pilot opportunity and subsequent amendments in the questions confirmed with confidence that the approach and data collection would generate the credible information needed to address the research questions.

3.8 Ethics

The British Educational Research Association (BERA, 2018) set out the underpinning principles of ethical educational research of which the ethic of respect towards people takes priority over gaining knowledge. This research has adhered to the University Ethics Policy and research procedures.

Ethics and ethical practice are evident throughout the study from initial ethical considerations in the design of the study, ethical practices when approaching the participants, collecting and analysing the data, to conclude with presenting the research to a range of audiences (Nolan, Macfarlane and Cartmel, 2013). Initial concerns at the research design stage were associated with the emotional sensitivity of the questions posed and the individual circumstances surrounding the case study participants. Gombert et al., (2016) stress that upholding participant values and rights is essential in studies that are ethically sensitive but moreover, “The individual is always more important than obtaining study results” (p584). Similarly, Coe et al., (2017) state the first imperative in research is to do no harm. This has always been at the forefront of this research with pilot studies being carried out to determine if the range of questions being posed were too intrusive to elicit responses deemed sufficient to address the research questions. Atkins and Wallace (2012, p31) assert that ethical research requires a moral approach that responds ethically to unexpected issues and requires a “…situated and reflexive manner.” The first pilot interview was paused due to the participant recalling an emotional event

which was visibly upsetting. Time for composure, a quiet space to collect her thoughts and reassurance with the offer of another interview time ensured that her further consent was deemed appropriate for interview continuation. This action of reflective ethical situational practice, in the context of this study, has been an important learning opportunity to fully appreciate human reactions in preparation for the main data collection period (Punch, 2014).

Maintaining the emotional and physical safety of participants takes utmost priority for any research to be institutionally approved. Informed consent describes the information provided to potential participants about the study, what their involvement may be and how their data will be used. Informed consent avoids participants feeling angry and deceived when they realise they may have been exploited (Cohen et al., 2018). BERA (2018) extend this to voluntary informed consent whereby participants are not pressurised into consenting and fully understand the research process through to the reporting of the findings prior to any research activity.

Identity, power, and positionality in research ethics (Brooks, te Riele and Maguire, 2014) is critical to consider when negotiating access with participants from another organisation. Power differentials can exist between the researcher and gatekeepers, researcher, and participants. Building trust has helped to avoid formation of power tensions and is identified by Gombert et al., (2016) as an important feature when dealing with any participant; particularly relevant to those participants who are vulnerable, or when the research is sensitive. In the current research, initial negotiations with settings and parents and every piece of communication was carefully worded. Additional emails confirming participation offered another opportunity for participants to ask questions and a telephone conversation was offered. These approaches allowed for early formation of a respectful and trusted relationship between researcher/gatekeeper and researcher/participant. Confidentiality and anonymity were confirmed through informed consent information and verbal reassurances that names and case study distinguishing features would be removed from and writings or presentations of the study. Digital recordings of interviews and transcription of the data were password

protected to further support the safe and ethical treatment of sensitive personal data (Boeije, 2010).

Aside from protecting participants from harm the sensitivity of the research could have harmful consequences for the researcher. Emotional risk to the researcher is raised by Beauchamp and Haughton (2012) who advise that researchers consider about how to manage emotional information and responses to that. Previous early career experience of bereavement has forewarned the nature of emotion work in this field and personal experiences over the last two decades. Visser (2017) notes that "A researcher's personal experiences has the power to shape a project" and this is of significance in how this research has been formulated. It is not to address unresolved personal bereavement issues as Visser (2017) comments upon but to address with sensitivity an aspect of research that others in a wider research community may not feel they have the capacity to undertake. Emotional resilience, intuition and years of reflecting on the behaviour of others has made the research emotionally manageable but created a greater curiosity in something not many wish to engage with. Reflexivity in research (Section 1.4) has created the transparency needed to address personal bias and research choices made. This allows for a greater awareness of personal and social experiences as noted by Finlay and Gough (2003) to enhance understanding of the topic of bereavement. Engagement with participants, although difficult has been refreshing, conversing about something very personal to them and emotionally charged. Interpretation of emotions shapes who we are and the social world (Holmes, 2010).

3.9 Sampling

Given the nature of the study information regarding potential samples to draw upon were considered. Initially the local area was considered as sufficient for the sample to be taken from. CBN (2017b) identified that across two local counties considered it is estimated that 370 parents die each year leaving 620 dependent children aged between 0-17. These figures suggested that a local sample of six case studies was possible. Dopp and Cain (2012) explore the problematic nature of researching bereaved children with difficulties in sample

size and characteristics, time frame of the study, variables in the death event and other aspects occurring after the event.

A sampling frame can provide a justification for the samples chosen and include random, systematic, stratified, opportunity, self-selected, snowball and theoretical (Mukherji and Albon, 2010). As the recruitment of participants progressed it was clear that an opportunity and snowball sample were applicable; the former allowing for those that replied early in the study; the latter relying on network connections to increase the case studies to the desired number. Steffen and Coyle (2014) approached their recruitment of participants through a previous study they conducted asking those participants if they could identify a potential case study through their own network of colleagues. This recruitment strategy based past participants as a trustworthy source to discuss with potential participants their experiences to enable successful recruitment; an element of trust was therefore built in their study prior to researcher involvement.

Incentives to participate may have altered the sampling strategy with a choice of several case studies creating the possibility of using a stratified sample; this would have allowed for case study variables to be controlled with set characteristics determined (Mukherji and Aldon, 2010). Messina and Zavattini (2014) allude to lack of funding available to compensate participants, which reduced participation in the second phase of their study which demanded more of the participant's time. They comment that financial motivation would have aided further data for analysis. Such incentives must avoid choices harmful to health and can undermine the sampling strategy creating bias in participant responses potentially raising doubt in the findings (BERA, 2018). The incentives motivating the final sample of case study participants was to find out more about the research findings for their own personal and professional interest. The incentive to participate does not always have to involve material gain.

Appropriateness of the sample is structured further to include two identified roles. Downey (2000) reports on the appropriateness of participants in bereavement studies and advocates the inclusion of parents and teachers

especially where child outcomes are concerned. This led to a reconsideration of the research design and an alteration to the sample participants required to include the parent as well as the educator. This required further ethical approval and was time bound delaying progress with the data collection. The sample selection was opportunistic (Cohen et al., 2018) resulting in the following cases being included in the study. Cases included were based on limited criteria; a child or children in the family who are bereaved of one parent, the child is or was between 0 and 7 years old when the death occurred, and the death was 6 months before the interview took place. Ages of the children would suggest that they attend a Nursery or school setting on a part-time or full-time basis, this aspect was established during the first communication with the surviving parent and confirmation of educator participation confirmed following parental consent. Some cases included younger siblings where appropriate; it is difficult to separate the interconnected nature of a family unit and therefore an important part of those cases. Where contact was made by the school, parental consent was sought after initial conversations with the setting. The resulting sample included all those who expressed an interest in the study and had met the criteria previously mentioned. This avoided selection bias (George and Bennett, 2005) that could potentially skew the data, analysis, and findings. The individual case studies are presented in Section 4.1. A total of 26 interviews were recorded and transcribed across the 6 case studies. Some initial interviews were followed up with shorter second interviews to clarify information from the first interview. In case study 6 this was not necessary having acquired enough data. The data collection process has taken 18 months with cases starting and finishing at different times due to participant availability and other time constraints.

3.10 Pilot Study

Pilot studies are an important feature of valid and reliable research. It enables researchers to test out their methods and data collection processes to reflect on how effective the methods are to answer research questions posed. Concentrating on a few participants allowed for an effective evaluation of the

research questions and an analysis of how questions posed could be modified considering responses gained (Basit, 2010).

In the current study, the participants for the pilot consisted of 3 educators and 1 parent participant arising from connections in the field established through working in the sector. This was straight forward to recruit to and established relationships prior to the first face-to-face interviews. The small pilot sample enabled negotiated access via email and professional conversations at network events. The interviews were carried out after informed consent was gained and a suitable day and time were agreed. The interview questions provided the structure required to gain the most from the interview opportunity.

Difficulties were minimal, but nonetheless important to reflect on in preparation for the main data collection event. The interviews were carried out in settings and schools mainly at the end of the working day, often in the main teaching space. Whilst this provided a comfortable and safe environment for the educator it was an accessible area for other educators to enter. This happened once where an educator walked into the room to gain some information from the interviewee. The interviewee apologised once the interruption had passed and the interview continued. This did not alter the pace of the interview afterwards and was not seen as detrimental to the pilot data collection process. This proved to be a valuable experience in managing interruptions during the main data collection process.

The sensitivity of the research became apparent when an educator became upset when recalling earlier interactions with a bereaved child. The educator was visibly upset and had to stop talking as she could not speak due to her emotions. The interview was postponed, and she was given reassurance to support her emotional needs. Whilst uncomfortable to be a part of, it was essential to experience how future emotions might be managed to maintain participant dignity, well-being, and emotional safety. Once she was composed, the interview was offered to be postponed if necessary; this offer was declined, and the interview continued without further emotional events. Each pilot interview concluded with a relaxed discussion about the emotions that are recalled, and should they need support where to find it.

The parent pilot interview was most revealing as the preconceived idea was that the interview would be upsetting due to the connections with the deceased. The reality was very different with the parent being open to sharing and this allowed for a less structured approach to the questions trialled in the previous educator pilot interviews. The relaxed and informal style of the interview was reflected on and attributed to the parent's ease in talking about the bereavement and researcher confidence to let the interviewee talk openly and freely. A brief recap of what was not covered was addressed at the end of the pilot interview to ensure that all questions were addressed. The pilot process revealed some expected and unexpected situations that allowed for thorough reflection on approaching difficult situations along with how to pace the interview allowing for participants to talk freely. Reflection on practice (Schon, 1983) facilitated changes to form the parameters to approaching the data collection for the main study.

An introspective period prior to field work proved valuable in considering why this subject and why now alongside personal and professional motivations to carry out such a study. This self-reflexivity gave way to a sincerity, genuineness, and authenticity (Tracy, 2010) noted as key features of a qualitative researcher and study concerned with the needs of their participants and less so concerned about their own professional status and self-importance. This self-depreciating and empathetic approach were essential for this study, the story of the participants will always be more important than that of those collecting the data. To do otherwise would allow personal biases and experiences overshadow the reality of bereaved others and taint the data collection and reporting of the findings.

3.11 Data Collection: Main Study

The pilot study identified the ease of access to participants through professional connections and based on this the process to recruit was applied as in the pilot.

Methodical care when conducting case study research ensures that sources of evidence, processes applied and evidence of these define a high-quality case study approach (Yin, 2014). Evidence retained included full contact lists

of organisations contacted from Local Authority Education web pages, when emails were sent, and responses noted followed by measures taken to reengage with contacts when no responses had been noted. A total of 616 settings were evident across two education authorities. These were reduced to account for the age group being studied resulting in 155 emails being sent to PVI settings and 92 emails sent to school settings. Measures were then taken to speak directly to local education networks to disseminate the research further. A final attempt through social media generated interest from participants and fellow researchers offering support. This resulted in the research advertised on a national charity webpage following social media exposure and resulting professional conversations. Yin (2014) additionally notes that a fundamental principle of case study research is the care taken in communicating with potential organisations and participants, either online or face-to-face. Email contact generated 2 case studies in February 2016; direct contact with organisations and networks in the autumn term generated 2 further case studies in January 2017 with the 2 case studies from social media promotion in March 2017. 3 case studies were local and 3 were from other counties meaning their interviews were by telephone.

All communications from initial written contact to informal conversations included the opportunity to ask questions and to confirm how the interview data would be handled. Voluntary participation was secured in all cases after sharing the research details and confirming the process. Gatekeepers, such as managers and headteachers, have the power to facilitate access to internal organisational staff (Boejie, 2010); due to the voluntary aspect, this process of access was easy to navigate only for suitable days and times for interviews to be negotiated.

The process of gaining interest in the research was problematic and on reflection this could be due to several issues; firstly, bereavement is a subject not many wish to address; secondly, settings are busy and therefore see research as time intensive on their part; and lastly, the relevance of educational impact was not viewed as of importance. Roller and Lavrakas (2015) consider that face-to-face interviews limit participation suggesting the

offer for a telephone interview may have resulted in a greater willingness to participate. However, the sensitive nature of the study could not completely rely on telephone methods; participants can be, and were, emotional. In face to face and telephone interviews the tone of voice was the main indicator of emotional upset along with the material they shared. This enabled a sensitive approach to posing questions.

Conducting the interview with 3 of the 6 case studies was face-to-face and on setting premises with the parent and educator, the remaining 3 case studies were conducted with participants via a telephone interview. Setting premises were a fundamental component of the data collection process to ensure participants were in familiar surroundings and comfortable during the interview process (Mukherji and Albon, 2010). Likewise, telephone interviews were afforded the same appreciation for a participant to create their own space and time to suit their needs. Telephone interviews were not initially expected when designing the study as local participation was hoped for. Nevertheless, the approach remained the same, as noted by Coe et al., (2017), clarifying the process of the interview, how data would be stored and an opportunity to ask questions. Telephone interviews do not allow for visual cues in facial expression or interpretation of body language (Coe.et al., 2017) however tone of voice came to the fore allowing for intuitive interventions if required.

Data collection involved two phases and evolved out of a delay in recruiting participants. This delay created time and space to consider how additional data from the first case studies could be enhanced. The creation of time between interviews was considered beneficial to document any changes since the first interview with participants. Sroufe (2005) explores infant attachment development in context over time and likewise this resonates with this study as grief and changes in the child's responses over time dictate the need to fully examine the context of a given case. Gaining an insight in changes over time however small helped to fully appreciate the changes a very young bereaved child goes through. Preliminary analysis of phase one interviews allowed identification of areas to ask further questions prior to the phase two interview.

Without this evolving nature of each case, willingly offered by participants the richness of data would not have been possible; to refuse each opportunity offered would not have allowed for extension in the field. This willingness could be due to three aspects, firstly the participants felt at ease to share their story as a result of the sensitive communication in emails and telephone conversations shared. Secondly, they were at a time in their lives where they want to, and still need to talk about their story and for someone to listen. Thirdly, and this could be the most logical aspect, the participants want to find out more how to help the child. Parents, whilst dealing with their own grief, were concerned about their child and any information they could share to help identify areas of concern would be helpful for them and their family.

3.12 Data Analysis

Interpretation of empirical research is supported by the process of analysis thus enabling legitimisation of research findings (Coe et al., 2017). The aim is to present findings that, "…honours the beliefs, values and understanding of all participants appropriately" defined as fairness in Guba and Lincoln's authenticity quality criteria (1989, cited by Coe et al., 2017, p51). Yin (2014) contends case study data analysis is the least developed aspect in this type of research, largely due to researchers not knowing what to do with the data.

One strategy Yin (2014) proposes is an inductive strategy as knowledgeable researchers can confidently immerse themselves in the data from 'ground level' developing lines of further exploration creating meaning.

This immersion in the data was possible through the formulation of 6 stages of analysis which has provided a systematic portrayal of the processes involved in the thorough examination of the raw data. These stages emerged during data analysis by taking time to reflect on the conversations and ponder the meaning of each case study response.

- *Preliminary engagement* – revisit and clarify – engagement with each transcript

- *Engagement* – listen, note, reflect - highlighting raw data, writing down initial themes
- *Understanding* - context and meaning - placing meaning to initial themes to create initial codes forming case study representations
- *Detachment* - reflexive, non-emotional stage– initial codes across studies documented for the next stage
- *Formation* – collation of initial codes into refined main codes
- *Synthesis* – identification of significance of main codes across studies to arrive at unified entities to explain the phenomenon.

Preliminary engagement analysis was conducted following the transcription of each interview; this facilitated the formation of follow up questions to clarify areas of uncertainty, aspects not previously explored and areas of an ambiguous nature. This has contributed to the rigorous application of data collection to answer the research questions. Furthermore, it allowed for further credibility of the raw data by eliminating any misunderstood responses and extensions of previously unexplored concepts.

Engagement with each transcript, read concurrently with the audio allowed notes to be made and reflections on tone, emphasis of issues and pace of the interview to be examined. Reading and re-reading transcripts is the starting point of qualitative analysis leading to a structured approach to managing a significant amount of data (Harding 2013). The emphasis and tone expressed by participants was important to fully appreciate the context and meaning behind the words and phrases used in every sentence and paragraph.

The emotional engagement in this part of the process was a challenge but necessary to be close enough to the data and in tune with their stories to capture the essence of the meanings expressed. The time taken for this was underestimated but not rushed to ensure that all data was fully considered to arrive at meaningful findings supported by raw data and well considered interpretations.

Due to the sensitive nature of the data it was necessary to take time between the analysis engagement stage of each case to mentally adjust and rebalance

prior to engagement with the next case. This provided an opportunity to 'see' each case and not to be influenced by data understandings from the previous case explored. This clarity between cases still facilitated connections to be made as they arose during the engagement process and suggested significance of initial links noted. These overarching connections were noted on the relevant case study documents created at the understanding analysis stage for later referral.

After the analysis understanding stage, detachment from the main context and transcript detail enabled a collective appreciation of the initial codes to systematically apply further consolidation of those codes to progress with the formation stage to define main codes. Assigning main codes on the individual case study documents at the understanding stage created a traceability of the raw data through to main code formation. This created an effective mechanism to trace back the raw data to support the writing process for the analysis chapter. Main codes were then synthesised to fully appreciate the scale of the noted main codes to arrive at the substantive findings explaining the phenomenon. Complete immersion in the data facilitated links between codes, cases with identification of links easier to visualise, separate, re-form and create new perspectives in understanding the phenomenon.

This robust stage by stage process enabled identification of significant findings and consideration of outliers for inclusion or exclusion and the justification for the decisions made on these aspects. The emerging themes include death conversations and comprehension, moments in time, attachment relationships at home and at school, educational progress post bereavement, future challenges for parents and educators along with a child's developing sense of self post-bereavement. The findings presented demonstrate the nature of qualitative research in constructing meaning of social phenomenon to create new meanings not previously considered. This new knowledge can help shape future research with questions focussed on answering a phenomenon.

3.13 Summary

This chapter has outlined the approach to the research and design of the study. It explores the case study approach enabling a pragmatic approach to be taken in answering the research questions. Validity and reliability have been considered to allow for data that offers credibility through data interpretations and clarity in the presentation of findings. Pilot interviews have supported the approach to data collection and facilitated a greater understanding of the sensitivities in this study of bereaved individuals. Recruitment of participants was thorough and provided a sample large enough to gain data that leads to meaningful findings. Ethical considerations have been reflected upon in the research design and data collection stages to ensure that participants were not harmed. The data analysis process has been presented along with an analysis framework that supported the process to ensure that the data was fully explored.

Chapter Four: Findings

4.1 Introduction

This chapter addresses the research question "What is the emotional and educational impact of parental bereavement in children 0-7 years old in the home and school environment?" Six case studies are introduced first followed by presentation of findings under four themes.

CS1	Right time to tell, what to say, how to explain death. Conversations with educators Communication with the educators.	Keeping attachments to family. Keeping routines. Consistent educators as key persons. Development of an imaginary friend.	Role play as remembering. Educators unsure of approach to support. Lack of access to information. Lack of trained staff.
CS2	Time in life/moments. Communication with the school. Multiple deaths and how to explain these. Generational knowing of childhood bereavement and feelings.	Time away from school to be with her father. Attachments to drawings and food. Possessiveness with belongings. Special time with grandma – one to one relationship.	Scrap book of memories. Trained staff in setting. Mindfulness in school/strong leadership with death issues. Childhood experiences that shape adult responses in handling death.
CS3	Communication with the parent and extended family. Explaining death to under ones. Telling the children immediately.	Relationships with extended family (living together). Support from school and family, close relationships.	Creating a memory box. Dealing with child anger outbursts. LSA trained school support. School and family connected across a wide family unit.
CS4	Communication with the school. Writing songs to express emotion. Co-sleeping for security.	Relationships with extended family (living together and apart). Educator knowledge of the child.	Dealing with child emotions. Consistent peer relationships.
CS5	Keeping conversations simple/truth telling. Explaining death to those with no memories of the deceased.Communication with the school.	Childhood experiences that shape adult responses in handling death. Death befriender for support.	Communication with the parent. Creating photographic memories. Consistent peer relationships. LSA trained school support.
CS6	Explaining death and illness. Communication with the school. Matter of fact response to death.	Educator knowledge of the child. Close relationship between parent and educator. Sense of responsibility of the educator for child well-being.	Communication with the parent. Preparing for school transition/educator mindful of child's next school phase. Some bereavement training.
Themes	Responses to death (Section 4.2)	Nature of attachments (Section 4.3)	Professional narratives in bereavement education (Section 4.4)
Underlying theme	Connections through conversations and memory making (Section 4.5)		

Table 1. Case studies and emerging themes

The first theme (Table 1.) explores responses to death through death conversations, death comprehension and moments in time. The second theme explores the nature of attachments and focuses on how attachment relationships assist parents and educators in providing for the holistic needs of the child. This is examined from a home and school perspective. The third theme explores professional narratives in bereavement. This is through educators' professional narratives, meeting the needs of bereaved children and if there is any impact on educational progress. The fourth theme underpins the themes with connections through conversations and memory making. It considers the challenges parents and educators face in the ongoing support of the bereaved child. This theme also considers the developing sense of self in a bereaved child's identity through memory making. The experience of children is articulated through the surviving parent's perspective and educator's knowledge and understanding of the death event in a school context through recall over time.

It is acknowledged that the emotion involved in researching sensitive subjects (Visser, 2017) can take its toll on researcher well-being (Section 5.5). Data collection, analysis, and reflection on what the cases have revealed has taken time to account for the emotional toil of the stories told. This was important to ensure clarity in analysis and discussion of the responses to respectfully present each case studies story. The following introduces each case study with children assigned a pseudonym and other identifiers removed.

4.1.1 Irina - Case Study One (CS1)

Irina was two years old at the time of her Father's death and turned three at the time the research interviews took place. Irina lives with her mother and attends an early years' setting where her mother works. She is making the transition to Reception soon and has attended some sessions at the new primary establishment. Her parents had been separated for two years at the time of the Father's death. Although separated both parents had a positive relationship that fostered continuation of parent/child bonds after the marriage separation. Due to the father's medical condition weekly contact was supported by the mother and facilitated consistent contact time between Irina

and her father. The mother reflects on their last night together at her house where Irina and her father were playing and laughing. They were due to go to his house later that week, but the father was not answering his telephone. At this point the police were called and he was discovered unresponsive. It was a sudden death linked to a medical condition. Irina remains in contact with her paternal family as she is the only child of the father. Her mother appreciates the importance of Irina being a part of her fathers' family and facilitates continued bonds and relationships with the grandmother.

Interviews were carried out with Irina's mother and two Key Persons in the setting.

4.1.2 Sarah - Case Study Two (CS2)

Sarah is seven years old and her father died from a terminal illness when she was five years old and had just started in Year 1. Sarah has three older siblings, a sister and two brothers. The mother works part-time at Sarah's school. Sarah and her family have been affected by multiple events. At the time of her father's diagnosis her grandfather had been diagnosed four weeks earlier with the same form of cancer. Her paternal grandmother has also been living with a terminal diagnosis for the last four years. Sarah's father died eleven months after diagnosis in 2015. The family dog died six weeks later followed by her grandfather. During the eleven months from diagnosis the school authorised family time leave of absence for them to spend together to make memories. This was during Sarah's Reception Year.

Six months after the father's death and around the time of the grandfather's death Sarah's mother requested external support through the school professional networks. This referral to an external agency resulted in fortnightly school-based contact with a bereavement counsellor.

Interviews were carried out with Sarah's mother, grandmother, Reception teacher, Headteacher, bereavement counsellor and a focus group of school staff. A total of eight interviews were conducted for this case. Opportunity to interview a range of adults in this case was taken to explore the wider context of bereavement.

4.1.3 David and Naomi - Case Study Three (CS3)

David is five years old and his sister, Naomi, is three years old. Their mother died six months prior to data collection after a long illness. The first sign of their mother's illness was two and a half years prior to death and the family unit moved in with the maternal extended family. Six months after emergency surgery the mother became ill once more. Throughout her illness, the mother spent increasing amounts of time in hospital. David and Naomi did not visit their mother regularly as the hospital was situated a great distance away. During times of better health, the family spent time together, had a holiday abroad and purchased a house currently being renovated. The children have regular contact with an extensive family community with cousins of similar age to interact with who attend the same education setting. David is in Year 1 in a primary school and Naomi is in a day care setting in the pre-school room. David also attended the same day care setting along with his cousins and the family are well known by the setting staff. David has the support of a Learning Support Assistant to offer him the one to one time to talk through any emotional worries associated with his bereavement. The family faced multiple losses, firstly with the mother and then her brother, all within a six-month period.

Interviews were conducted with David and Naomi's father, David's teacher and Headteacher, Naomi's Key Person and nursery manager.

4.1.4 Evelyn and Martha - Case Study Four (CS4)

Evelyn is seven years old and her sister, Martha, is five years old and it is two years since their father died in a traffic accident. Prior to their father's death the family lived temporarily with the paternal grandparents. The children now live in their own house with their mother. Both girls attend the same primary school, and both have been taught in the Reception Year by the same teacher. Evelyn was in Reception when her father died, and Martha was being cared for at home. Six months after the bereavement, in the spring term, Evelyn began counselling sessions in school from the same organisation accessed by Sarah in Case Study 2. The counselling ceased before the summer months as Evelyn was settled and happy. The mother requested counselling sessions to re-start for Evelyn two years post-bereavement as she felt Evelyn needed

the support. Martha does not have any counselling sessions at school. Shortly after death counselling was sought for both Evelyn and Martha but declined for Martha based on her age at 2 years old.

Interviews were conducted with Evelyn and Martha's mother, Reception teacher and Evelyn's counsellor.

4.1.5 Ayden and Ira - Case Study Five (CS5)

Ayden is six years old and Ira is two years old. Their mother died during childbirth, so Ira has only spent pre-natal time with his mother. The death was a rare complication in childbirth that was unforeseen. There were no signs that there was a problem with the pregnancy as it developed as she gave birth; a condition called amniotic fluid embolism. The father explained that if recognised early enough interventions could prevent death, sadly this was not in this case. The father was now faced with raising a four-year-old and newborn child whilst coming to terms with the loss of his wife. Close friends provided support in the days that followed the death and the father sought guidance from national bereavement charities.

Ayden is currently in Year 2 and Ira is due to start Reception at the time of data collection. Aside from the main teaching staff the school is supported by Learning Support Assistants (LSA) who carry out one to one sessions with children who need support for a range of reasons. One LSA has been trained in child bereavement and she has supported Ayden.

Interviews were carried out with Ayden and Ira's father, Ayden's teacher and headteacher.

4.1.6 Lucien - Case Study Six (CS6)

Lucien was two years old when his father died from cancer. He had previously been treated successfully for cancer in the years before Lucien was born. He was diagnosed as terminal just before Lucien's second birthday with a six-month prognosis. He died three months after the terminal diagnosis. Hospice care was needed in the last few weeks and at times Lucien visited to see his father, his mother was present every day. Due to daily hospice visits Lucien

spent time with family and friends. Lucien started pre-school in the April and his father died in May. Lucien quickly formed an attachment to his pre-school Key Person and has settled into the setting well. Lucien's mother intended to stay at home with Lucien in the first two years of his life. This has been extended due to his father's death and she intends to return to work once Lucien starts primary school. Family support is located close by to the family and this has been important throughout the illness and death. Interviews were conducted with Lucien's mother and his Key Person at the setting.

The case studies for this research have been briefly outlined. Opportunities to interview more adults in Sarah's case was offered by the parent and educator. This was not always possible to interview other adults in the other cases due to time constraints of participants. The following sections will present the findings associated with the emerging themes derived from the responses from all the cases.

4.2 Responses to death

Understanding separation and loss following the death of a parent and the child responses to the event underpins the first research question in this study. The age of the child (DiCiacco, 2008) reminds us that children aged 0-7 have varying appreciation of what death means and the finality of it. Parent responses to children asking about where the bereaved parent was varied across the case studies. The emotions associated with holding conversations with children is apparent across both parent and educator responses. Parents and educators felt a sense of responsibility to be prepared and well-informed about what such conversations could involve ensuring the children had their queries met with an answer that was based on family values and beliefs.

This section will examine responses to death in the conversations adults and children had (Section 4.2.1). The presence of time is noted (Section 4.2.2) when death conversations occurred, how life events unfolded over time and summarises the importance of taking time to talk about death. Further to this the comprehension of death across the case study children is presented (Section 4.2.3).

4.2.1 Death conversations

Parents recalled moments with their child/children when death was discussed. CS3 father recalls how distressed David was:

> I just sort of said Mummy was ill and the doctors couldn't make her better and he did become very distressed when he knew what it meant, he became very distressed quite quickly or straight away […] sort of tried to comfort him and pretty upsetting for us all and I think he went off and drew a picture straight away, it was like a face the opposite of smiley, you know, an unhappy face. He did a few drawings like that which is obviously quite sad to see. We sat with him and he was obviously really sad. Naomi did not know what was going on […] she was climbing on me, jumping around.

Ayden's father noted (CS5):

> [Ayden] kept asking the same questions over and over again for the first however many months but that's to be expected […] but what was also clear from the information [from charities] was not to hide my own emotions, so at that time we would cry together, both upset together […]

Questions about the deceased and wanting to know where the dead parent was also occurred. Use of words associated with death were considered by the parents and educators. Lucien's mother (CS6) found the death conversation difficult:

> […]Daddy is sleeping, we can't see Daddy, he is asleep and I think I probably said that for the first month because I couldn't bring myself to say that he had died […] when I was strong enough to say it I started to say, you know, Daddy has gone, Daddy has died.

Death conversations here show how difficult it can be when the emotions of parent and child are combined. Adults may struggle to express in child terms

what death means to avoid upsetting the child further. This was evident in CS1 where the parents lived separately. Irina had not noticed or voiced any questions a few weeks after the death of her father. The mother stated "I didn't really know what to do [tell Irina] …I was kind of sorting out in my head how to tell her…then I just decided to tell her that Daddy was gone…" Acceptance that Daddy was now "…in the sky…" and could no longer be seen was accepted by Irina but the mother acknowledged that as Irina grew more questions would be asked.

> …as she is growing, she will be asking more questions, so I am waiting… (CS1 mother).

Conversation timing was also apparent as the setting educators were waiting for the mother to tell the child; during these initial few weeks educators "…would kind of change the subject or ignore what she [Irina] was saying…" (CS1 mother).

As the case study children began to have further conversations with parents this presented an opportunity to express emotions for both parent and child.

> …he would get my phone, can we ring Daddy [Lucien], no we can't [mum], and quite often when I was saying this I would start to cry, and he would say, 'oh are you sad?' I would say yes, I am sad, and he would give me a kiss and a cuddle… (CS6 mother).

Death conversations over time evolved with children presenting further questions as they developmentally matured. CS6 mother reported more questions being asked by Lucien about the death a year on from the event. Initially after death, and as time passed Lucien would still ask questions and respond in a 'matter of fact' way described as acceptance of the answer with a resuming of play-based activities. This 'matter of fact' response was noted by the educator in CS1, with the resuming of play-based activities immediately after the death conversation. This 'matter of fact' response was noted in CS4

when Martha attended Reception. In the creation of a celebration card she stated, “I am going to write mine to Mum and my sister because I don’t have a Dad.” More searching questions from the case study children emerged as to the whereabouts of the deceased. Lucien (CS6) enquired, “I know Daddy has gone but, where is he? Can I see him? I want him to come back.” CS4 mother also reflected on her youngest child, Martha and how confused she was, asking,

> …why is Daddy not coming home? How long is he going to be? Why is he not coming home yet? Where is his motorbike?

Her eldest, Evelyn, too had similar questions although the mother expressed at 5 years old, she, “…kind of understood...” with Evelyn asking if she could go to Heaven to see her father and expressed an unfairness to the situation. This case study had access to a counsellor during school time for Evelyn to facilitate conversations further but not for the youngest sibling, Martha. At two years old,

> …they [counselling service] said that she couldn’t have any bereavement help because she was too young but, in my opinion, she wasn’t too young, she needed it…she has just had to deal with it…when it comes to her Daddy she doesn’t talk much. (CS4 mother)

Wishful thinking was reported by the parent in CS3 with his son, David saying “…she [Mummy] will come back soon…” along with “…can I get a new Mummy…” Overtime this changed into verbalising the unfairness of the death, “…it’s not fair that other people have a Mummy…” (CS3 father)

Distraction from death conversations was apparent in CS1 “…so we just try and say, ‘right come on then, let’s go and play’, let Irina focus her mind on something else.” (CS1 Key Person A). This was coupled with the acknowledgment that conversations about death are “…a tricky one.” (see 4.2.1). Equally being mindful of conversations involving the deceased parent was present in the mind of CS3 educator noting that this could “…trigger…” a

response in the child and more so around the time of celebrations such as Mother's Day.

Parents were in search of support and answers to help them respond to their child's death related questions, "I am always on the internet trying to find answers to what I should tell him." (CS6 mother). Likewise, CS5 father sought professional advice from bereavement charities on age-related understanding of death, "…to get him to understand…" This approach in gaining professional advice was sought days after the mother's death and gave the parent clear guidance on death conversations with his children.

> …all the advice was, be clear, be honest, keep it in simple terms, don't lie, don't talk about things like going to Heaven because kids can't process that, you know they say they have gone away, or gone to Heaven they think they can come back… (CS5 father)

CS4 confirmed using the internet as a source to find out about death conversations with children, with guidance suggesting "…sitting down and talking about happy memories and stuff like that, so we have tried to do that…" The mother felt that Evelyn was able to, "…break down…" and cry with family but less so with others outside of the family. This was a feature the Reception class teacher in CS4 remarked upon with Evelyn's peers wanting to talk about the death. However, Evelyn, "…didn't really talk about it…." The catalyst for death conversations was Evelyn, with the teaching staff not mentioning the death unless she did. It was after the summer break and a change in class when teachers noted she spoke more about her father, "…quite often she would be saying I miss my Dad and that sort of thing at school which she obviously hadn't been saying before." Evelyn's new class teacher, a Newly Qualified Teacher (NQT), sought guidance from the Reception teacher who remarked, "Miss Jones came to me and said, 'Oh I don't feel comfortable talking about it because I don't really know what happened…" The Reception teacher supported the NQT with conversations about her experience in supporting Evelyn and what the NQT might do in a similar situation. The

Reception teacher was concerned Evelyn was not able to converse openly and would become withdrawn if not "…given the opportunity to discuss…" with someone in school.

Conversations with trusted adults appeared to be pertinent whereby some of the case study children were more reserved about who they spoke with about death.

> …he does not mention it to anyone else, he won't mention it to any of the family or anybody else it is…I think it is just me. (CS6 mother).

In contrast the educator in this case study recalled conversations with Lucien about his father reminding the educator that, "…my Daddy has gone…" Sarah (CS2) did not talk about her father's death in class for 9 months following the death event and could signify a readiness to talk in an environment other than the home might be delayed. Likewise, once she established a forum in class to talk about her father, she too would make a statement and continue with class work viewed by the educator as, "…positive acceptance from her…" CS3 educator noted the first day David returned to class nothing was raised by him about the death. On the third day in class the educator approached the whole class with a discussion about Mummy's and Daddy's inviting children to share stories, David then responded, raising his hand to talk, "my Mummy has died." Further mentions of his mother were noted as infrequent in class. Irina (CS1) spoke with an imaginary friend communicating to her mother that this friend "…doesn't have a Daddy…" (CS1 mother). This verbal expression only occurred in the home context, never at the setting and appeared when Irina started primary school (see section 4.6).

Communication of death responses at home were shared with settings and how to use these words was confirmed to educators. CS3 educator remarked how conversations with David's father had clarified terminology to use; "I am making sure that I'm obviously respecting what he [Dad] says and on the same track as him as well." CS6 educator conversed with the mother on the types of words used at home to explain death to facilitate death conversations in the

setting when they arose. This word validation enabled the educator to talk openly when the child verbally expressed about the deceased.

> …he knows he has died; you can use that word… (CS6 mother)

Death conversations continued with external professionals for some children. Sarah's mother (CS2) recognised the benefit of her daughter having the opportunity to talk with someone other than family members or a teacher, "…it's a release to talk…" Similarly, CS3 school provided a member of staff responsible for emotional literacy support to have time with David, "…in case he wanted someone to talk to…" (CS3 Headteacher). Provision to talk can be varied and involve a range of adults in a professional role. These occurred either on a formal one-to one basis between an educator and child or spontaneously initiated by the case study children. Conversations at home took place at various times in the everyday life of the children. The emphasis from family and professionals was their willingness to facilitate death conversations but not always knowing what to say.

4.2.2 Moments in time

Death was emphasised by participants in terms of moments in time. These time markers were associated with significant memories involving distressing events, birthdays, or holidays without the deceased. Sarah's mother (CS2) recalled the 'worst day' was when her husband was admitted to a hospice, "…because knowing he was never going to come back and see him look at the house and know he was going away to die…" This day resonated with her more than any other death milestone such as a birthday, "…birthdays are birthdays, it's neither here nor there in the big scheme of things". This case study was notable with other members of the family having a terminal diagnosis and the death of the family pet. Sarah's mother (CS2) spoke about the moments in time when these occurred in relation to other family upsetting events. This posed an additional consideration of the mother in preparing Sarah for the eventuality of another family death. The family dog also died 6 weeks after the child's father and due to the timing was explained as the dog

"…going off because she was old." Evelyn and Martha's mother (CS4) spoke of a numbness for the first three months after the death of her husband with a "…coming back to reality…" gaining a sense of being organised and a process from 'thinking to doing' for her children.

> For the first three months it was just numb, you are plodding on, you are not really eating or anything, you are just kind of doing what needs to be done. And then after that you just slightly start to realise that you are missing stuff and you start to come back to reality, that 'oh my god' you have actually got to be organised…you don't ever stop thinking [about his death] but it doesn't stop you from doing. (CS4 mother)

The months following death resonated with Lucien's mother (CS6) who could not bring herself to say to Lucien that his father had died. Time was noted for her by her partners terminal diagnosis just before Lucien's second birthday. The father was given 6-7 months to live but died in less than 3 months after diagnosis.

Moments in time were also associated with CS3 linked to ages of the two children. The mother first became ill when Naomi was a few months old and over a period of two years experienced some recovery before she died. The characterisation of time by the father was noted as being quite 'busy' as amongst the illness they purchased a house for renovation. The mother's illness and hospitalisation saw David and Naomi spending time with closely aged cousins, "…their early years have all been spent together." (CS3 father). Living arrangements changed which gave David and Naomi consistent time with the extended family over those two years (section 4.6). They were told of their mother's death the same day it occurred. This moment in time was clear for the father, who was present, how the children were told and the reactions afterwards. CS3 educator commented upon the time spent by the children with close family members. The setting had put support in place, "…he [David] needed that time to be with an adult in case he wanted to talk to someone." Educator mindfulness and reflection on time to talk was stressed and regular

sessions were available for David. Time to talk in support sessions during focused Key Person group talk time was embedded into the timetabled day for all children. Like CS2, CS3 had multiple death events in the family with three episodes of illness and death in the same week. It is not clear in CS2 and CS3 from the parents and educators' perspectives if multiple events in a short space of time have an immediate or longer-term negative impact on the children (section 4.6). Responses over time from the children do vary and this could be associated with comprehension of death as well as the impact of multiple deaths around the same time.

Time was a reoccurring element in the data across case studies with parents and educators noting the 'time' to tell children about death. It was evident in CS1 with educators waiting for the mother to tell Irina, "…they were waiting for me to tell her" (CS1 mother). This coupled with future thinking about how in time, and as a teenager Irina would reflect on not having a father, "I am a worrier as a person, so I look in advance and I am thinking…what if she starts, you know, 'I don't have a father'." Irina's mother spoke at a follow up interview that her initial worries had lessened, "…I am less panicky and paranoid…" These worries have lessened over time as she became more certain about the future with her child, "…I feel more settled…I am more relaxed…"

Ayden and Ira's father (CS5) reflected on the time when support was in place through charity provision of a temporary telephone befriender who was also a bereaved parent. This was noted as 4 weeks after his wife's death, with a permanent befriender matched 6 weeks later. The role of the befriender was to make regular contact with Ayden and Ira's father to talk through day-to-day concerns to wider issues associated with coping with the death. A befriender is not a trained counsellor but a friend, a contact, for the recently bereaved. Every few weeks the befriender would make contact for time to talk and this lasted 2 ½ years which "…at that time I found useful…" (CS5 father). Further to this, moments in time were emphasised less for CS5 when reflecting on death and bereavement, "…it will take time, there is no quick fix, to take each day at a time."

These moments in time for the case study families are life and death milestones for recollection and laid down in their memories to retell.

Consideration of the context of death can be given in relation to the 'time to tell' children and based on a sudden death or long-term illness (section 4.6). It is not clear how multiple death events in a short period of time impact on the children in this study and further studies would be beneficial.

4.2.3 Death comprehension

Emotions associated with death comprehension arose in other instances at home. Irina's mother (CS1) noted an increased awareness and sensitivity of Irina when she was aware of others being 'hurt' or 'dying'. Films elicited this response from Irina resulting in her feeling upset and crying. Awareness of death and how this manifest itself in day-to-day lives of bereaved children can lead to moments where sensitivities are apparent. Evelyn's counsellor in CS4 remarked that working with bereaved children, "…never really ends…" as anniversaries and birthdays can cause re-emergence of grief. A memory book (Section 4.5.2) was an opportunity to encourage death conversations and extend conversations from school into the home environment. The book remains with the child and they choose who they share it with. Both CS2 and CS3 also have a memory book.

Role play for Irina (CS1) involving her father has increased from the first few weeks after death at age 2 with her talking to her father on the telephone, to using the playhouse area at age 3 to open the door to let her father in the playhouse. As she moved into the pre-school room her role play extended to 'Mums and Dads' (CS1 educator B) explaining that "…this baby hasn't got a Daddy." Play facilitates relaxed conversation opportunities allowing children to ponder and reflect.

Future life events were reflected upon by CS2 mother. She recognised that Sarah and her siblings will not have their father present for life events such as "prom, getting married…", and noted that Sarah,

> …doesn't know about all of that yet, so every time she hits these things she is going to have to go through that [grief] again and again…the older ones can prepare themselves for it...she is going to have to be a lot stronger [than her siblings] and deal with it [death] more. (CS2 mother)

Comprehension of lifelong loss cannot be understood as young children have yet to gain life experience. Re-grieving as a process of comprehending death and loss is therefore a part of a young child's understanding of loss through their lifetime. Children go through stages (DiCiacco, 2008) of grief to comprehend what death means to them.

Reliving loss and the process of understanding death in CS2 was evident in the experience of other adults closely associated with the family. CS3 grandmother and CS3 Headteacher recalled their own life experiences of death at a young age. Sarah's grandmother spoke about the death of her own father at 5 years old and Sarah's Headteacher spoke about her own father's death when she was 15 years old. Clear recollection of the death event shaped the Headteachers professional practice (Section 4.4.1) based on her personal experience,

> …my world was completely and utterly turned upside down and I know those feelings…" (CS2 Headteacher).

Adult understanding of what children will experience was significant for CS2. Sarah's grandmother reflected on her own parental bereavement at 5 years old, with the death of her own father, and drew similarities to her granddaughter now experiencing what she went through. This highly emotional comparison has helped the grandmother to support Sarah and her siblings based on her own bereavement experience as a child. This level of comprehension by others and the impact of death on a child is worthy to note in relation to death empathy.

A recognition of children's first experiences of death was evident in CS2 focus group interview. This interview with 6 teachers uncovered the number of children bereaved of a parent in the last three years across the primary age

phase. Teacher 1 conveyed the importance of talking with the rest of the class, allowing time to talk about what is happening with the bereaved pupil alongside his or her peers. Teacher 3 echoed that one pupil did not want to talk to his friends, "…he's not ready…he couldn't verbally [say], he was obviously upset and there were some changes in his behaviour." Teacher 1 added that from her personal bereavement experience shielding children "…from everything…" was not necessarily a good thing. Protecting children from further death events was ever present for CS2 family with the mother-in-law receiving cancer treatment. The Mother spoke about preparing to talk once again to Sarah about the illness which had claimed her father, family pet (noncancer related) and grandfather in quick succession. Adults talking openly with children can help to facilitate an understanding of death for the child and assist when grieving occurs as the child enters different developmental stages. It is unclear how multiple death events impact on children when they are processing what death means especially when multiple events occur.

CS3 father remarked upon David's comment about getting a new mummy, "…he said things like 'can I get a new mummy' which maybe suggests he does understand she is not coming back" (section 4.6). Whereas Naomi was described as just carrying on with her normal routine in the setting (CS3 educator) and on occasion states, "…mummy is in the stars…mummy is in Heaven…" Like this, CS4 mother shared how Evelyn's initial tears turned to confusion with the 'unfairness' that her father could not come home and why they could not go and see him in Heaven. Her sister, Martha asked, "Why is Daddy not coming home? How long is he going to be?" Death comprehension in these cases show how developmental age and maturity limit the understanding of death with a raised awareness of permanency around age 4 (DiCiacco, 2008), earlier than this, children do not comprehend the finality of death. A heightened sensitivity to the sadness of others, mentioned earlier in this Section was also evident in CS4 with the Teacher noting that Evelyn was aware of others upset, "…all of the clinginess stopped…she knew Nan was upset, she knew that Mum was upset…she knew she couldn't be a burden…" Although Evelyn was emotionally aware of others' grief she remained "matter

of fact" (CS4 teacher) when discussing her father in school time. CS6 mother also noted the matter of fact nature when Lucien responded to her tears when talking about his father, "…I would start to cry and he would say 'oh are you sad?'…he would do a little sad face and then say 'can I have a biscuit?' " Further to this Lucien's mother reported that as he neared 3 ½ years old he became 'clingy and cried' when attending pre-school, asking where his father was, leaving the parent to assume he is realising "...if Daddy has left him then you know Mummy is going to do the same." This could mark a transition age between non-comprehension and comprehension of death. The findings indicate it is difficult for parents and educators to 'know' what to say and how to respond to children of different ages so that the children are not anxious. The data reveals some parents chose to mention Heaven or the sky or stars to explain where the deceased is, perhaps to assist their child's awareness of death (section 4.6) that the dead 'go' somewhere.

The onset of death comprehension is still unclear from these case studies although some children have demonstrated an awareness as early as 4 years old. Death comprehension is timebound and as children grow their awareness of death changes and they re-grieve as their concept of death changes.

Parents and educators are sensitive to the children's need to talk, or the need to remain silent, in relation to the death. Responding to children with an appropriate explanation of death has been difficult for parents and educators alike as they themselves also must adjust to the bereavement.

4.3 Nature of attachments

This section discusses the data associated with attachment relationships between the bereaved child at home and in school. It shows the conversations between the children and adults and how separation from the deceased and continuation of the surviving parents attachment relationship with their child/children continues. Attachments between adults and significant others are important for children to gain a sense of security growing up and to meet their emotional needs. In some cases, children form lasting relationships with educators, and this remains as they transition through the school year.

Likewise, educators speak fondly of their own attachment to the case study children.

4.3.1 Attachments at home

CS1 parent was separated from Irina's father when she was 10 months old. His health deemed that he was unable to have unsupervised contact with Irina so twice a week they would all meet at each other's houses. Her mother remarked that, "I always wanted to make sure she has a relationship with her Dad…" Close attachments were further enabled with the child's keyworker as the family babysitter, "…I thought, you know, it would be good…she would feel safe at home with her keyworker." The mother spoke about how extended family live away and the only other relatives Irina has are the paternal side of the family. This relationship with Nan was described as, "…really nice…" and viewed positively for the child, "…she [Irina] needs that, that is what I think…she needs her Nan, it is beautiful [the relationship] and she [Irina] is happy to be with them. Obviously, she [Irina] is very precious to them now Dad has gone…" Irina is the only grandchild of the deceased and the relationship since death has been maintained over the last two years. The mother saw this relationship as a, "...connection and I want her to have that." She spoke about a respect between Nan and herself on religious beliefs and how to explain the death to Irina. This firm foundation in relationships is furthered by a house move so that Irina can attend her new school and it is located closer to Nan. This is a time of transition for Irina from the nursery setting to induction sessions at primary school, and a house move. This also marks the onset of Irina being, "…clingier now to me than she was before." (CS1 mother).

Aside from this, new attachments are forming with another male role model. This is described by the mother as a friend to Irina, "…not a replacement Dad…" and something which she is taking her time with. Emerging from this Irina appears to demonstrate friendly behaviours and the beginnings of forming a new attachment.

Sarah's mother (CS2) considered her daughter to be "insecure" prior to the child's father's illness and had low confidence. Further to this, the mother revealed that Sarah, who she described as being "overweight before [death event]", had developed an increased attachment to food after the death. This is noted in (section 2.2.1) where attachment to food is the only attachment relationship remaining when other personal attachments are absent. The mother describes this food attachment as an "obsession…in the last 6 months…" (section 4.6) but one that is not seeing the Sarah consume more. She reported that Sarah is:

> …constantly asking what is for the next meal…when is it breakfast time? When is it lunch time? What are we having? Can I have a pudding after? This is lunchtime isn't it? And we have still got tea to come? And you know I have supper? It is like it is filling her whole world. (CS2 mother)

Sarah was also asking for more food during the day which both the mother and grandmother were mindful of and together they are helping Sarah to make healthy food choices and to not overeat.

This attachment to food extends to Sarah's possessiveness over what the mother describes as "the smallest things, a piece of paper, 'you can't throw that away, that is mine'." This continues with Sarah's toy babies who she will not allow anyone to touch. The mother describes an occasion where a person wanted to touch Sarah's baby and Sarah held the baby tightly and "glared" at the person before quietly saying to her mother afterwards, "I don't want to let my baby go." The mother is mindful of Sarah's need to keep the paper that she draws and writes on and over a period of time, "her doodles go on the fridge, then in a basket on the kitchen side before they 'disappear'…" This has helped her to manage Sarah's need to hold on to possessions and reduce any further upset (section 4.6). Transitional objects (Section 2.2.4) are usually evident in children younger who are keen to keep inanimate objects close by which give them a sense of security. This is like attachments children make

to their parents. This transition point for Sarah signifies a moment in the older sibling's life where the two eldest are away at University. On returning home the older two, "…do things that Dad would have done [with Sarah] …" This parental male role model example from the eldest male siblings was viewed by the parent as something they had not realised they were doing but have taken on the responsibility of a father figure. An enhanced attachment relationship between Sarah and her grandmother is noted by Sarah's mother, "they are really close…" and recognises that Sarah may speak to the grandmother about "things that she doesn't say to me." This may suggest a strengthening of attachments in association with remaining family when faced with bereavement. This appears as an isolated example but one which may help to understand attachments after death.

A large maternal extended family is evident in CS3 with both David and Naomi regularly seeing young cousins and having lived with the maternal grandparents during their own house restoration and during their mother's illness. In the early stages of her illness the mother spent 5 weeks in hospital and David, then aged 2 ½, and Naomi, aged 5 months, did not see their mother often as the commute to hospital was lengthy. CS3 father noted that David was "a bit affected" by the separation but settled once the mother came home and recovery began. Two years on after the initial illness the mother died. In the weeks and months that followed David displayed some emotional distress particularly in settling at night which was described as "pining for Mummy". The father commented that the first two months after death David was spending time in his bed overnight. Separation anxiety (Section 1.3.4) is to be expected during this time. More recently this seeking security has lessened (section 4.6), and David only goes into his fathers' bed around 6am. The mother's death coincided with David starting school and it appears, from the father's perspective, that David has formed some friendships and "is quite popular" (section 4.6). Like CS1 this is a time of transition to something new and unknown in David's life. CS3 father reflects on how "fortunate" he is to have all the extended family close by mentioning that David and Naomi, "...have kind of got a second mum in my sister-in-law…" who picks them up from school

and nursery along with her own children. This closeness and consistent routines with significant others, like CS2, are forming enhanced attachment bonds in the absence of the mother. The sister-in-law as a mother herself and 'mothering' her sisters' children may strengthen this attachment bond. Likewise, the educator in CS3 from the nursery setting noted how close the children were to their maternal grandmother. Both the children and cousins have attended the setting and therefore the practitioner can confidently reflect on the attachment relationship the children and wider family have with the maternal grandmother, "…they all love her, …she is always there…" Extended family in these cases, especially grandparents appear to be a significant feature of how attachments are can be beneficial to support bereaved children and is closely associated with the act of mothering. The data also reveals that male role models can adopt a parenting role in the absence of the male parent. CS4 mother explained her attachment relationship to her children and paternal grandmother which involved the family living together in the grandparents' house before purchasing their own home. She describes her relationship with her mother-in-law as a "tight bond" and that Evelyn and Martha do not have a 'Mum and Dad', they have, "…their Mum and Nan." The mother noted that she felt Evelyn was missing a male role model and when a male relative was around Evelyn would "latch on to them…she will give them a hug, sit with them…" Again, this male role model in the absence of the father appears to be important for some children in this study who are bereaved of their father. After the death, the mother moved out of the paternal grandparent's home with the children, a move, on reflection she wishes she had not done.

> I wish I hadn't [moved out] now, but when I moved out, the girls, I don't think that helped because the girls were like 'why can't we go back to Nanny's house, why can't we live together again? (CS4 mother)

The mother reflected on the children's separation from the grandmother and felt that the separation did not help her daughters as they wanted to all live together again. Separation anxiety along with parental bereavement in this case created some anxiety for the children. Loss and restoration (Stroebe and

Schut, 2016) towards a new way of life after death allows adults to process what death is. Children also experience the movement between these two orientations, one of loss and grief to one of restoration and a sense of being settled. A regular routine has been established in CS4 so that Evelyn and Martha can stay with the grandmother every week with overnight stays. The children's ability to adjust may therefore take time as they re-engage with the loss and restoration process with the loss of the previous living arrangements and the adaptation to a new way of living.

Continuing bonds with CS4 were signified by Evelyn writing songs to her father in heaven about "how much she loves him" (CS4 mother). Martha, according to the mother, has no recollection of her father as she was only 2 years old at the time of death and is beginning to say, "it's not fair because I can't remember Daddy." This is when photographs have helped the mother to create attachment bonds between Martha and the deceased. The mother also noted that attachments between the father and children were different as when the youngest was born the father spent more time with the eldest. This was primarily due to breast feeding, reducing the amount of time and photograph opportunities for the youngest with her father. The mother further explained the family attachment relationships with the children sleeping in the same room with her and the Father. This was explained as the mother's need to have her children close,

> …they just never left my bed, never, unless they wanted to sleep with Nanny, and Grampy would sleep on the sofa. (CS4 mother)

In their new house the mother reports waking up in the night to check the children are "still breathing". The onset of Evelyn wanting to sleep on her own coincided with counselling sessions at school. Towards the end of her counselling period the mother reported Evelyn wanted to sleep in her own bed. This could signify some emotional stability for Evelyn and a sense of safety and security to manage being on her own (section 4.6).

CS5 father reflected on the loss of his wife after the birth of Ira, their second child. Photographs feature widely in the house, in the children's bedrooms and the father talks about the mother with Ayden and Ira frequently,

> …he [Ira] needs to find a relationship with her through all the videos, pictures and stories, all the things about her favourite colour, etc…so yes he started asking things like 'did Mummy like fish Daddy?' so then we would talk about what she didn't like to eat… (CS5 father)

These memories further support the attachment process beyond death but can be difficult when there are limited photographs of the deceased with the child. CS5 father remarks that there are some photographs of his wife pregnant with Ira and this helps to make that connection for Ira with a mother he has no memory of. Attachment relationships and continuing bonds are an important feature of continuing these early relationships and bonds. Therefore, it is essential that 'absent attachments' can be forged for a bereaved child to facilitate a relationship from memories.

Attachments formed can provide children with a sense of security and safety when young and lead into adult life and their own ability to form future healthy attachments with others. CS5 father reflected on his own childhood and attachment to his grandmother following a permanent separation from both his parents at 2 years old. He, and his two older brothers were raised by grandmother, a parent figure in her 60s, until CS5 father was 14 years old when she died, "…she was Mum and Dad to me at that age…" Her 'mothering' of her grandchildren has had a lasting impact on the father.

> She taught me lots of things through her actions. She was always positive about life and always showed no matter what happens in your life it's your response and approach to what has happened that dictates how you deal, cope with it, and ultimately your future. This has had a significant impact on how I raise my boys, not least because I show them that I didn't have either of my parents, but I still managed to get an education and build a life for myself. (CS5 father)

Close attachments are important but more so the role models those adults become can influence how children become adults who can manage adversity in life. CS5 father further demonstrated this recognising, "…I need to get myself in the best place that I could so that I could be the best for both boys…" referring to his own mental health and seeking counselling and professional help straight after his wife died.

All the case studies show different attachments to the parents, grandparents, and external significant others, like peers, in bereaved children's lives. CS6 mother noted that she wanted to stay at home for the first two years of Lucien's life with her husband working away in the week. She reflected on Lucien's relationship with his father and one that was a close bond. Despite being apart in the week Lucien and his father had time together involving mealtimes, bathing, to story time and bedtime routines and outings together. The father died when Lucien was two years old and shortly before the death, Lucien started pre-school. The mother mentions that in the last few months, a year after the death, Lucien has become 'clingy' and not wanting her to leave him at pre-school. She further explains that Lucien does not have an object that he is attached to and sees herself as his comforter, "I think it was me that was his blankie or his comforter." Her son, before and after the death, would seek physical closeness to significant adults such as mum, dad, nan, by putting his lips against the person's neck and "like a little sucking, kissing motion where you would see kids do that with a little blanket…" This attachment behaviour is comforting to him and possibly to those caring for him as they enable him to meet his comfort needs. Attachments to people and objects, and the closeness it brings is also evident in the other case studies. Irina (CS1) has an imaginary friend, Sarah (CS2) has her closeness to her 'babies', Naomi (CS4) has her 'pooh bear' and as mentioned Lucien has the close physical kissing comfort cuddles with his mother (section 4.6).

Attachments at home with the surviving parent and extended family are present in all case studies and vary in the way those relationships are, prior to, and after the death. Children demonstrate their awareness in the home environment, as they grow older, that relationships can change and the fear of

losing that significant attachment figure for some children can create separation anxiety. Attachments are formed in other environments such as nurseries and schools with consistent educators in place with each of the case studies.

4.3.2 Attachments within settings

Settings encompass both private, voluntary, and independent settings (PVI) along with maintained and non-maintained school provision in the case studies. Attachments with significant others can be viewed through the teacher's perspectives and how they manage their relationship with the bereaved child whilst caring and educating all the children in their class.

Irina (CS1) is educated in a PVI setting where her mother is employed. Irina and her mother do not inhabit the same space in the setting and relationships are established with other educators who have daily contact with Irina. Educators provide a fundamental relationship for children and foster additional attachments. CS1 educator spoke about her own emotions and connections with Irina in the setting associated with the death. She reflected on role play situations where Irina would 'talk to Daddy' on the telephone and how emotional this would make the educator, "…that would get me upset…" Their relationship was strengthened by an out of setting relationship with the educator as the family babysitter. This external and internal educator attachment provides another layer of emotional connection, maintaining care with consistent significant adults in a child's early life. This attachment relationship has changed with transitions to the pre-school room and another transition soon, to primary school. Conversely, the pre-school educator identified the Key Person role as one where they are, "…just somebody that writes the [child] observations…" The Key Person role is an important role emphasised in early years involving care and education of children. This role is not a function to fulfil but a responsibility to undertake to ensure the emotional and social needs of children are met and secure attachments are formed.

The Key Person approach is practiced widely across PVI settings forming firm foundations for secure relationships with other adults. CS2 teacher was in her

NQT year when she began to teach Sarah. She was supported by a TA who was with Sarah in the Reception Year who moved up with the Reception children into Year 1. Sarah is now in Year 2 and this teacher wanted to share her knowledge of Sarah as one of her main educators in the school. The teacher noted that from the beginning of their interactions Sarah was "huggy, [Sarah] needed some reassurance." Since moving to Year 2 Sarah still goes to her Year 1 teacher for a hug. Some staff changes in Year 2 have made the Year 1 teacher ponder how Sarah may have been affected by the change in teaching staff and the formation of attachment bonds, "…she likes security, she likes having a person to go to…" She also notes that this is Sarah's personality, to seek others for comfort and emotional support, "…she just needed someone there if she wanted to talk, that is all she ever needed." The teacher recalled the early transition into Year 1 after Sarah's father's death. Sarah was initially upset on leaving her mother but settled within 5 minutes. The teacher commented that in those 5 minutes and in an emotional frame of mind Sarah had forgotten if she was staying for school lunch or had brought her own. The data suggests this transition of attachments between significant adults at key points in the day are important to recognise and handle sensitively.

A follow up interview 6 months later revealed the teacher felt Sarah was not coping well remarking, "…she is struggling at the moment, I don't know too much…" but that she was on a 'cause for concern list' for emotional support in school. The evidence of different and changing teaching staff in Year 2, following on from previous consistent relationships from Reception to Year 1, may be influencing how the child is forming a sense of her own security through attachments that are yet to be established. Sarah has school time contact with a counsellor and has formed an attachment to her noted by a teacher (CS2 focus group teacher 2), "Her face when she saw the counsellor…she just beamed and gave her a big hug….it was just that release of somebody that she could pour it [emotions] out to that wasn't Mum." Sarah is facing multiple death events and illness in the family and as Furniss, Beyer, and Mùller, (2009) suggests these multiple life events can have a negative

impact on a child's mental health before they enter school at age 6. This is evident for Sarah as she started school at 5 years old.

The thoughts and feelings of educators about the children they care for is noted in CS3 through their recollections and how their setting can help to establish meaningful relationships. CS3 setting manager reflected on the setting environment as an extension of home a 'family setting' where pride is taken in this approach for children. The manager felt it was the Key Person who "kept the relationship going" between the setting, family, and child. Naomi (CS3) has a current Key Person who has been with her for 18 months. The Key Person commented on how the setting has cared for both David and Naomi and their three cousins, knowing the family well. The Key Person spoke fondly of Naomi, "I know her inside out" and noting on occasion she comes into the setting with her attachment toy 'Pooh bear' and has a cuddle before going off to play. She reflects on Naomi's relationship and attachment with her deceased mother and how, after the death, Naomi carried on as "normal" and was matter of fact about the death. Her attachment to 'Pooh bear' was important with the Key Person recalling two occasions where the toy was left either at home or the setting causing Naomi to become upset. Attachment objects from home, the mother's jumper or favourite childhood book, were brought into the setting enabling a continuation of attachment bonds for Naomi.

David (CS3) is in Reception and the class have defined key groups of children with a consistent member of staff responsible for that group. The teacher comments that this gives all children time to talk to their Key Person. The teacher observed that David was a shy child initially and would be "clingy" to adults but would play alongside others. David has one-to-one support sessions as a proactive measure where he can take in items associated with his mother or anything creative which he enjoys. This has been in place from the first term in school and will continue, spanning across his transition into Year 1, "…because any sort of change can have an effect [on David]." The teacher noted at times in term 1 David would ask permission to do things or ask for support in his task. This is not evident after the Christmas break where

he has returned to school “very independent” and this may suggest a sense of security, emotional adjustment, or maturity in child development terms (section 4.6). The teacher reflected on his progression through the school and how his support worker would be the consistent person for him that he could go to and talk to. Consistent adult relationships for children in settings support attachment formation and continuing bonds across their time in school.

Relationship building was recognised by the counsellor in CS4, so that, “…they know you and you know them…” and that sessions were not about achieving an outcome or targets but about strengthening relationships. The counsellor saw Evelyn in school time and has seen her for two periods of support over time. The teacher remarked how the school is part of a small community and on the father’s death Evelyn’s peers were “…really kind to her…” and this was a little overwhelming for Evelyn who the teacher describes as a ‘thinker’. On transition to Year 1, Evelyn needed counselling support once more and the teacher supported her new class teacher who was in her NQT year. This almost is an act of mothering from the experienced Reception teacher to the younger less experienced NQT and of Evelyn who she once taught in her class. This show of care and concern for the child’s well-being is something the teacher reflected upon in her training, “It [teacher training] didn’t prepare me for being a teacher and the pastoral side of it all…” This reflection shows that teaching is associated with educating children and the care, or pastoral aspect, being a feature of what it is to be a primary school teacher (see Winnicott, 1996; Isenbarger and Zembylas, 2006 in section 2.2.7).

Small community-based provision was also a feature in CS5 remarked upon by the Headteacher with all children being “very familiar” with the adults in the school and similar to CS3 the support worker in place for Ayden is a consistent adult who he knows and is forming a relationship with. The class teacher commented on the close bond between Ayden and his father, with Ayden “wanting to make his Dad proud…and he is proud…” The teacher continues to note that Ayden has secure friendships and is happy to work with his peers (section 4.6). Multiple attachments are evident here and in the other case studies, showing how attachments between children and adults are working in

practice. CS6 educator talks with enthusiastic fondness for Lucien describing him as “a very gentle little boy…” who attached to her “very quickly” and seemingly her to him,

> Still to this day it is me, I am the main person, he will look for me, he always comes to me for reassurance…I have always been number one in his eyes here. (CS6 educator)

She recognised his “…really, really close relationship…” with his mother and their shared adult relationship in the care of Lucien has facilitated a clear way forward of keeping his routines ‘normal’ to using the correct words in explaining death that are used by Lucien’s family. The attachment relationship in CS6 between the educator and child will go through a transition when Lucien begins formal schooling. The educator feels she needs to “step back” to let him grow further in confidence and independence ready for this school transition. The educator remarked that this ‘detachment’ has created some reaction from the child who ‘scowled’ at her when she encouraged his independence to solve his own dilemmas. In doing so she is preparing him for the next stage in his life that will see him attach to other adults, performing a social and emotional duty of care.

This section has explored the nature of attachments with adults in a home and school environment. It shares the reflections of the parent, educators and other adults involved in the care and education of the bereaved children in the six case studies. The following section extends professional reflections when working with bereaved children, how adults strive to meet the needs of the case study children and explores the educational impact of their bereavement.

4.4 Professional narratives in bereavement education

The case study educators varied across the sample from nursery practitioners, class teachers, counsellors, and more senior staff within the school. This is where their personal self became evident in their professional practice to meet the needs of bereaved children. Educators spoke about children’s happiness

and reflected on their education progress during the bereavement and the impact on their progress in education.

4.4.1 Professional narratives

Conversations with children at times proved emotional for the educators (Section 4.2.1) with CS6 educator becoming upset during a conversation with Lucien about his father, and CS1 educator becoming upset from observing Irina's role play involving her father. This educator was unsure how to respond initially and sought guidance from Irina's mother (CS1) who was also a member of staff at the setting. Irina's educator spoke about how all the staff knew what had happened to the family and how Irina was emotionally since her father's death. She noted this as, "…a work thing…we're all close." She further voiced about honesty in conversations and conveyed a professional confidence to do this in practice around difficult death conversations but noted that an external person to advise them would have been beneficial.

Sarah's headteacher (CS2) spoke candidly about understanding how children feel about being bereaved in childhood. Although she was bereaved in her teenage years whilst still at school, she vividly recalls how she felt and the reaction of others around her,

> …I know those feelings of not feeling safe and not belonging…being aware that other people did not know what to say or do…I know what they [bereaved pupils] went through…

This personal history has evidently informed her professional practice and is also noted in David and Naomi's case (CS3) with the setting manager reflecting on her own experiences of her mother's death. Sarah's headteacher (CS2) reflects on a successful school "…is all about relationships…" relationships with children, parents and as a team. This was underpinned by her belief that, "…whatever stage we are at in our life we all need time to breathe and stop, and just focus". Her leadership of the school has supported her teaching team to form a "tight knit community" (CS2 teacher 2) leading to professional development in bereavement training. Fifty percent of the

teaching team had received bereavement training and it was clear there was a supportive ethos of all staff,

> …If I felt a member of staff needed support, I would pursue that…we are quite open staff, so therefore, you know we depend on each other… (CS2 headteacher)

The 'tight knit' community was reflected in the personal life of Sarah's teacher. She knew Sarah's older brothers as they were similar in age and had grown up in the village and felt, "mentally prepared for what was going to happen [fathers' death]" with all the information she already knew about the family. This professional knowing based on information about the family and a personal link to them adds a personal dimension to this professional context.

David's educator spoke about knowing him 'inside out' (Section 4.3.2) but reflected upon the team approach in the setting, "…what we are going to do to support the family and youngest child." The adjoining school had a bereavement trained member of staff, so the team were able to talk "things through" with her to help them as educators to support David. The educator spoke fondly of David and Naomi and was able to express her professional care and nurture of Naomi in time of upset. The setting manager also expressed this professional but personal knowing of children, "to know what makes them tick, to see what they need in the day" voicing that caring for children "comes from our natural background." She remarked on her own personal loss of her Mother and curiosity to find out more about how children cope and being "emotionally in tune" with others due to her own bereavement experience.

Evident in Sarah, Evelyn and Martha, and Ayden and Ira's case studies (CS2, CS4 and CS5) is a sense of belonging felt in the schools and by the teachers, "everybody knows everybody" (CS4 teacher) with many of the staff living in the same community. The teacher spoke openly about feeling the school had "lived through it [fathers' death] with them…I was absolutely devastated" and how "every Mum out of the class went to the funeral." She further reflected

that her professional practice was “led more by instinct than [school] policy...” Her personal but professional thoughts on Evelyn were concerned with her ability to feel Evelyn could talk to her in class. This was a concern of Evelyn’s mother who wondered who would give Evelyn a cuddle if she “broke down” in class. Again, this form of mothering, loco parentis in education (section 2.2.7) is important to recognise in the relationships bereaved children have with significant adults. Instinct and being in-tune with children were therefore seemingly at the forefront of educator’s minds.

The counsellor in CS4 reflected on children’s sadness when bereaved,

> …they don’t want to be sad in school…we all put a mask on when it comes to school because we don’t want to show anybody else how upset we are, but I think most of the time they go home and they can then be themselves and let their feelings out…they don’t want to be upset at school, so they get on with it…

Her perspective on bereaved children in school was that these children felt a sense of stability in the school environment. This sense of stability was further expressed in CS5 with other adults being part of a community in working together for all children. Ayden’s Headteacher (CS5) spoke about supportive parents in their “close knit” village school, where children are familiar with the adults in school and feel comfortable talking to them. She spoke about being a teacher and having “passion” for the role, it is more than just a job, it’s “…something that is inside of you…” to become a dedicated teacher. Like CS3, CS5 has trained staff for children who need emotional support, however the teacher felt she could support Ayden in the class if needed, suggesting a professional confidence in her role. Likewise, CS6 educator expressed her confidence to openly deal with the Lucien’s questions as they arose in the day. Her degree training had involved bereavement awareness and she believed her relationship with the mother further supported her professional competence to manage any arising situation. She demonstrated this through examples of her practice, “…if they ask you tell them the truth, in a language

they understand…if you haven't got the answers you can just say so…that is fine…it is just being honest isn't it." She reflected, "…if I hadn't had that training, I would have avoided it [death conversations] a lot, or passed it on to the manager…" The findings suggest professional training associated with bereavement assist death conversations with children and the parent (Section 4.2.1). They are an important element adding to professional confidence in dealing with children's questions. The data suggests professional competence, knowing and personal experiences influence how significant educators can shape and support a bereaved child. The data reveals access to training or trained staff, although not widespread across the case studies, can aid professional competence and confidence when supporting children's needs.

4.4.2 Meeting the needs of bereaved children

Meeting the needs of a very young bereaved child can be difficult to determine when children of this age are 'matter of fact' about the death. Across the case studies parents reported that they,

> …didn't know what to do [telling the child about her Daddy] … (CS1 mother)

> …that sometimes it [routine] is the only thing you can give them …and that is helpful for them to know there is some normality in their day. (CS3 father)

> …I did not want to push them [children] into it [counselling] if they didn't need it… (CS4 mother)

> …I knew I had to get professional advice…for him to try and recognise, understand as best as a three-year-old could… (CS5 father)

Meeting a child's need to talk about the deceased was difficult in CS1 as the educator described it as "tricky" especially as the mother had not told Irina about her father's death. The educator reflected on how staff would let Irina

role play her interaction with her father. When Irina asked if she was going to see her father the staff would "distract" her with other play scenarios. Distracting Irina in death conversations caused some professional tension in CS1 as the educator felt by distracting Irina from the subject of death the team "…were ignoring it." CS1 educator reflected further,

> … we could do with somebody coming in…that has experience because its hard isn't it, it is just the odd one or two [children] that go through it [parental bereavement].

The mother reflected at a follow up interview that Irina had become, "clingier…she cries there [school] in the mornings…I cry which doesn't help…as soon as I am gone, she is fine." Transition points, like starting a new school, can be unsettling and an awareness of this for all children is required by adults. This is not necessarily a bereavement related issue but associated with the attachment's children make followed by a separation as they attend a new setting. Meeting bereaved children's needs, appropriate to their age and stage of development, can depend on the confidence and life experience of the adults around them in handling the subject of death.

Sarah's mother (CS2) is managing her child's attachment to food (Section 4.3.1) with the support of Sarah's grandmother and together they help to reassure and enable Sarah to make healthy food choices stemming from an attachment need. They also manage Sarah's possessiveness over objects, namely paper, pens, and drawings she has made. A consistent approach across these elements of need may reduce over time but at this point it is too early to determine when that would start to be noticed. The mother acknowledged that she felt the obsessions were mental health related, reflecting on her child's low self-esteem. Positive mental health (section 4.4.3) is essential for life and school success.

The CS2 Headteacher spoke about how recruiting the right person was for the school. Children's mental health and well-being was fundamental to their education success (Section 4.4.3) and she felt this could be achieved by

attentive teaching approaches such as weekly staff meetings to discuss those on a 'watch list'. CS2 teacher noted that Sarah had been on the list "a few times." Staff mindfulness of Sarah's needs in school will help to identify early interventions needed to support either her emotional or educational needs.

The focus group of 6 teachers in CS2 recalled 5 children across the school who were bereaved in the last few years and how their needs were met. Proactive staff sought out more experienced staff to talk through how to manage difficult conversations arising from a child's writing in class. This child had been bereaved in Year 1 and was now in Year 5. This child communicated her need through writing whereas a younger child communicated her need to talk about her father through 'show and tell' in class. The teaching team reflected on how different each child is, some needing to verbally share their bereavement stories, others reluctant to and the day-to-day changes in the children noted. Some children became, "…a lot quieter, [some] very, very quick to tears…" over a school aspect such as incorrect work. Literacy, creativity, and sports were cited as the preferred medium to work through their feelings and "coming to terms" (CS2 teacher 1) with a parent's death or terminal illness.

Like CS2, CS3 family were managing a long-term condition and with much younger children than in CS2. Their perceived need for consistent routines during a time when both parents would be absent resulted in a living arrangement with the maternal family. This stability in home routines when the mother was hospitalised enabled David and Naomi "to play with their cousins…it was a busy time…over Christmas…he was reasonably ok to be honest." Emotional needs came to the fore after death when David presented with disturbed sleep and seeking his father during the night. This progressed to anger in the first few weeks, "…he would get really angry and start trying to hit me [father] and then start crying and saying sorry…" Lucien (CS6), who is a year younger than David also presented with angry behaviours (section 4.6) which Lucien's mother noted was more evident than other children his age. She equated this to his observation of her anger and wondered if he was copying her. Like David (CS3), Evelyn and Martha (CS4) presented with upset

behaviours and disturbed sleeping patterns (section 4.6), Martha's upset associated with no memories of her father. Even though Martha was displaying upset behaviours her mother reported that she had asked for counselling support for Martha and was told "…she is too young…" The mother firmly believed that she was not too young but still could not access this type of support. It is difficult to correlate changed behaviours with the type of death, sudden or illness, as CS2, 3 and 6 were associated with illness and CS 4 a sudden death. Subtle changes in behaviour were noted by Naomi's (CS3) Key Person, "she went a tiny little bit quieter…she just carried on [as before]." Observed behaviours can help adults identify the range of emotions the child is experiencing. However, it is not always clear how adults should respond, as in CS1 the educator used distraction techniques to avoid addressing the child's role play with her dead father.

The data reveals a variety of professional training experiences across the case studies. CS1 educators, trained to level three, received no bereavement training; CS2 school had trained fifty percent of their teaching team; CS3 had two trained LSAs across the school; CS4 had one member of staff trained in bereavement but they also had regular access to a trained bereavement counsellor; CS5 had a trained LSA in school and CS6 educator had bereavement training which amounted to two hours across her PGCE course. It appears that those who are employed in schools are more likely to gain some training to support the emotional needs of bereaved children. The data also suggests that those with enhanced qualifications, like Teacher Training, are engaging in training to support children's needs. Educators in PVI settings have a range of qualification levels and experience of training to support bereaved children. The data presents a varied representation of educator training to support children in need and few opportunities to engage with bereavement specific training opportunities during initial training and in employment.

4.4.3 Impact of bereavement on educational progress

Irina (CS1) was 2 years old at the time of her father's death and in between interviews has moved from the 'toddler' room to the 'pre-school' room in the setting. The increase in language acquisition during this time has led to more questions being asked by Irina about her father. She uses her expanding vocabulary to extend her role play with her imaginary friend, baby dolls and role play scenarios in the setting. Her mother and educator are not concerned about her educational progress:

> …the girls are telling me she is doing really well…, she is very bright, her memory is really impressive. (CS1 mother)
>
> …she is progressing, she is not going backwards…she is above her age band [in the EYFS, 30-50 months] (CS1 Key Person A).

This was further supported at a later interview with the child's new Key Person who confirmed her progress as "generally in 40-60 months, maybe 30-50 for somethings, although very little." (CS1 Key Person B). The 30-50 months progress was in mathematical thinking (EE, 2014) which still suggests she is making expected progress for her age.

Sarah's mother (CS2) recognised that Sarah's mind is still processing her father's death and "…comes out with the odd thing…" possibly thinking more about her father as time progresses. Now aged 7, and two years since the death, her mother reflected on how happy Sarah is to attend school with her friends (section 4.6) and remarked,

> …I am not bothered in terms of academic, what she is doing, she is a clever girl, she has got a wonderful imagination…I just want her to be happy. (CS2 mother)

This happiness feature was reflected by the Headteacher in CS2 who remarked, "none of the learning, …sharing of knowledge is going to happen if

the child doesn't feel safe and cared for, loved, you know, within the school environment." These two perspectives of academic achievement and happiness are important to note as an approach the school and Sarah's mother are aligned with.

Additionally, Sarah's teacher reflected on the interventions required for her in Year 1. This was in relation to literacy and associated with the time Sarah had away from school during her Reception Year. This was to spend time with her father and the family to make memories. The teacher noted that there was no delay in her mathematical thinking. After interventions were in place the teacher remarked, "…she bounced back academically really quickly, because she wasn't having any time off, …we thought she would struggle but there was never any gap afterwards, ever." Sarah ended the academic year exceeding her targets. The interventions covered all the prior literacy learning she had missed though absence. Memory recall was compromised during morning transitions at the start of term where Sarah could not recall if she was for lunch or had a packed lunch with her. The findings suggest this transition point is important to recognise and manage so that throughout learning challenging emotional moments do not negatively impact the ability to engage with learning.

Transition points such as starting school for all children can be an emotional time. David's father (CS3) noted that teachers had noticed David was "quieter than normal" and sought out an adult's company at lunch times, "…he wasn't joining in too much [with peers]." David's father felt that the "non-academic side of things…" had been impacted upon more so than his progress in education, "he is doing really well at reading…I'm not sure he enjoys it, but he is good at it…" LSA support is in place at school for David, once a week for 30-40 minutes as a one to one session. This support is a pro-active measure to offer an opportunity for David to talk to an adult. The Reception teacher commented that he had never been forthcoming in talking about his mother but appeared happy and opted to play with Lego during some sessions. David is also "on track to meet all of his Early Learning Goals…" Likewise, Naomi

“is meeting everything [EYFS targets] and she is incredibly chatty…” (CS3 Key Person) as she approaches her 3rd birthday.

Literacy was also a positive educational element in CS4 with Evelyn and Martha’s mother commenting that Evelyn is good at writing, often creating her own stories at home and participating well in school, “…in class she is focussed on what she is doing…” Evelyn’s mother felt she had not “gone backwards” in her educational progress due to the death of her father. She did wonder if Evelyn’s emotional literacy was part of her good progress at school (section 4.6). CS4 Reception teacher also commented on the child’s writing suggesting,

> …academically she [Evelyn] kind of had a real spurt [in ability] … she left Reception being one of my most able children, particularly with her literacy skills.

Once Evelyn transitioned to Year 1, she required some emotional support once more and the impact of not providing that support was a concern to the Reception teacher, “I knew that potentially the detrimental effect that it could have if she didn’t have those opportunities [to talk].” The teacher’s concern was that she would become withdrawn. Counselling then recommenced and currently she is maintaining her progress in Year 1, “…there are no concerns…” (CS4 teacher). Equally there are no concerns educationally for Martha who is now in Reception (CS4 teacher).

Ayden (CS5) is described by his father as “…quite studious, he just liked learning” and was very physical and enjoyed the outdoors as a young child. At school he is excelling,

> He is very studious, if not even more…they have to give him extra work because what they give him in school he goes through pretty quickly and then he gets bored… (CS5 father)

The class teacher reflected on Ayden's progress and how well he was doing at school, "…he is high attaining in Maths and Literacy…he just tries everything, there isn't anything that he sort of gives up at or anything" (section 4.6). She also noted how happy he was to work with peers. Ayden's ability to apply himself in learning could perhaps stem from the example set by his father who has set out to show his children they can achieve what they want even though they do not have a mum.

Lucien's mother (CS6) is aware that educators in the setting are happy with his educational progress and that there are no concerns. The parent describes him as wanting to play with the 'big boys' when he first started the setting and spends most of his time outdoors, "…he loves being outside…" The Key Person commented on how as one of the oldest in the room now he was more sociable, more confident and it was "lovely to see the transformation" from a quiet, shy boy from a year ago. The only educational concern was when he had become ill with an ear infection and the Key Person felt he had become "run down" but within weeks had recovered being back to normal with "a vengeance." The Key Person confidently responds to the child's statement that he 'hasn't got a Daddy' and she encourages him to make drawings or cards for his father.

Whilst there appears no educational delay in the children across all case studies as illustrated above, there is a clear difference between them all, their age, how they express themselves and how the adults around them respond to death conversations.

4.5 Connections through conversations and memory making

This next section considers how connections between a range of adults and bereaved children are supported through communication. It also explores a child's sense of self and formation of a new identity following their bereavement. This is explored through making memories and how children and adults create these moments.

4.5.1 Connections and communication between adults for children

Children communicate their needs in a range of ways with adults. The adults must interpret those communications and converse with other adults to decipher what the child needs. Communication between these adults is important, arguably, to provide a consistent way of managing a bereaved child's needs.

Irina's mother (CS1) reflected on the support from people around her to help during the initial days and weeks after the death, "…purely talking to people here [work], my friends or just family." Although she was separated from the deceased she preferred to work and not be in the house on her own citing how supportive her work colleagues were. Irina's mother benefitted from a close working relationship (Section 4.4.1) and extended that to the Key Person becoming the family babysitter.

Communication between parents and key education staff was evident in day-to-day interactions in relation to Sarah (CS2). Her class teacher, having attended the school herself as a child with Sarah's older siblings, felt the communication between her and Sarah's mother was already established. This relationship was strengthened further with the involvement of the school nurse who was the mother of the class teacher,

> She [Sarah's mother] was happy for anything she shared [with the school nurse] to be passed on to me without needing a formal meeting, I could be told outside of school...so I would know [about Sarah] the next day when she came in. (CS2 teacher)

Further consistent focused face-to-face communications in CS2 between the staff team facilitated discussions around children to 'watch' (Section 4.4.2). These discussions extended to external services when additional support beyond the teacher's role was required. The school fostered communication between the counsellor and family to arrange onsite support sessions for

Sarah. Sarah's mother was confident that the counsellor would discuss any concerns about the child with her but mainly what happened in the session remained between the counsellor and child. This client confidentiality was also evident in CS4 counselling relationship.

CS3 father reflected on the first few weeks after death and being able to talk to the teacher in the morning before the start of school. This enabled the father to share any worries or concerns, "…to see how he was and [the staff] to keep a close eye on him." In the second week following death David's father recalled a meeting with the class teacher and LSA to talk through how conversations were managed at home to inform the setting's approach. This was followed with the Headteacher seeking David's father in the playground for an informal conversation. David's teacher commented that LSA is the main programme for children in school, but it was also important to, "…have really good communication with the parents." The nursery setting for Naomi had access through the attached primary school to a bereavement-trained member of staff and were able to access this support to guide their professional practice. Additionally, and external to school communications, David's father remarked that Facebook groups such as the 'Gentleman's Room' helped him as a parent with childcare associated elements. It is worth noting that even though there is a bereavement the parent still needs support as a 'single parent' in child-related aspects.

Communication between staff, the parent and the school and counsellor has enabled Evelyn and Martha (CS4) to be provided with bereavement support when Evelyn's behaviour in school started to change. The NQT in Year 1 discussed with the Reception teacher (who knew the child from her previous teaching year) about how to manage death conversations with Evelyn. This professional dialogue led to the realisation that Evelyn needed support from the external bereavement service. This suggests communication with knowledgeable people can assist in gaining the right support in a timely way so that the child's needs are met sooner. Like CS2, CS4 school is within a 'close knit' community and this wider connection between communities and

the people within it appear to further support children and their families during a bereavement.

Ayden and Ira's father (CS5) immediately sought external support through charities, choosing not to follow guidance from "well-meaning" friends. A birth reflection unit was used initially at the hospital where some counselling and practical support was offered. This is open to all new parents who may be finding becoming a parent a difficult transition immediately after birth. Charity based provision provided the father with the opportunity to go on a residential weekend with other bereaved parents but without the children who stayed with a relative. This, along with a telephone befriender, provided support for the Father so in turn he could support his children.

The findings of this study illustrate communication between parents and staff occurs in a variety of ways and occasionally charity-based provision is evident. Apart from one school nurse there are no health care professionals associated with the case studies and this perhaps is worthy of further investigation to create and sustain links between parents, school, and services.

4.5.2 A sense of self: Creating identities through memories

Creating memories for bereaved children were evident in several ways from keeping photographs in the house to creating memory boxes or books for the case study children to see or have access to on a day-to-day basis. All created the opportunity to talk and remember their deceased parent.

Photographs were a feature across the case studies as a way of remembering the deceased, to continue the conversations and facilitating continuing bonds keeping the deceased in mind. This was noted primarily in the home environments but also as a talking point in settings when the children brought them in from home (section 4.6).

> …yes, she has four photographs in her bedroom of Daddy and sometimes we talk about Daddy…I am keeping a lot or personal things that she can have… (CS1 mother)

> …she [Sarah] was looking at pictures we have on the walls and said if anything happened to you [Mother and relatives] who would come and live with us and look after us? (CS2 mother)

This heightened death awareness for Sarah (CS2) shows her concerns of being alone in the event of her mother's death. Whilst photographs can keep the deceased in the present it can remind children and adults of what once was, their own sense of mortality and that of others. This reminder was a feature in CS4 as Martha could not remember her father, "…she cries more because she can't remember stuff…" (CS4 Mother). Photographs were then used by Martha's mother to show her a picture of her father. Sadly, this served as a reminder that there were not many photographs of the youngest with her father. This was echoed by Martha's teacher, "…she probably doesn't even have the memory of him…" The teaching assistant (TA) did discuss this when Martha remarked "…I don't have a Dad…" Martha spoke with the TA about photographs they look through at home but remained 'matter of fact' in her conversation. Some confusion was experienced by Ira in CS5 whose mother died after he was born. The photographs in the house had been a talking point and Ira had begun to identify himself in pictures with his mother. These were pictures of his mother with Ayden, his older brother. The father had used pictures of his pregnant wife to explain how Ira was "…in mummy's tummy…" and thus creating a history of the child with his mother for the future, "…he needs to find a relationship with her…" an attachment. Through photographs Ira can identify himself as having a mother even though he never met her. The data suggests that photographs may assist in creating memories and identities for the case study children.

Memory time and objects, like books and boxes**,** were evident in some case studies as a positive feature of managing loss and the grieving process. Sarah (CS2) created a memory book with her counsellor as did her older sister sibling who is at secondary school. Sarah's mother remarked how Sarah wanted to show her peers her memory book which contains family photographs and her drawings. Sarah would also share her memory book with her mother and

grandmother, adding to it at home. Sarah's teacher noted that her sessions with the counsellor had led to Sarah's "positive acceptance" of the situation, "…she has gone from not wanting to talk [in school], to it just being part of her life." The memory book used in CS2 was also a feature of counselling in CS4. This book was created by Evelyn and Martha's family before counselling started and was "…called Daddy's book…" (CS4 counsellor). The book is described by the counsellor as a "life book…they put in pictures, drawings, life stories, thoughts and feelings…" This book was added to during school-based counselling session with Evelyn and shared with her mother.

Like memory books, memory boxes were a feature in CS3. The setting manager reflected on her own children's memory boxes for their grandmother. This led to the setting manager and David and Naomi's father discussing provision of a memory box from the setting for David and Naomi. Items in memory boxes can be personal items of the deceased, including photographs and are a visual reminder for the children and family (section 4.6). Personal items of importance were evident before the mother's death in CS3. The Key Person recalled when the mother was away in hospital and Naomi would bring in her mother's jumper or childhood book, which has continued after death.

Drawing and writing have been evident in CS2, Sarah's attachment to her drawings; CS4 with Evelyn's creative writing, her songs, and stories and in CS3 with Naomi's drawings (section 4.6). These depict her father and David and is described by the practitioner as pictures she "happily shared" with her and takes them home in her bag. Creative writing or drawing was explored in support sessions in school for David (CS3) facilitated memory making through "writing about things that mummy liked, making a photo frame for mummy…" Drawing family pictures, including his mother, also occurred in the classroom environment. Birthdays and celebrations such as Mother's Day and Father's Day generated opportunities for settings to create items for loved ones. CS3 setting spoke with David and Naomi's father to check on how he wanted to approach the Mother's Day card making activity. The children were asked during the activity and the card was made for their maternal grandmother who they had spent their younger years living with as a family whilst their mother

was in hospital. Lucien's mother (CS6) reflected on a conversation the Key Person had with Lucien whilst making his father a Father's Day card. The child remarked 'I haven't got a Daddy' and the Key Person used this as an opportunity to talk about Dad, "…you have got a Daddy, he is just not here, and you know your Daddy loves you and didn't want to leave you…" The Key Person shared with Lucien's mother that she found the conversation upsetting and the mother offered the Key Person comforting words. Setting staff provided examples of how they supported the strengthening of a secure child identity through memory making and curriculum themes. Irina's Key Person noted how the theme of families supported the diverse range of family's children have, and this provided an opportunity for all children to talk openly about their family. The point being that "…she can see we are all different…" (CS1 Key Person B). This data suggests an awareness of how different families are, alongside a child's physical and emotional changes as they grow and develop.

4.6 Summary

This chapter has presented the experiences of parents, educators and other significant adults who are associated with the bereaved children across 6 case studies. Death conversations between children and adults have shown their responses and the children's increasing awareness of what death means to them. Recollection of death overtime has been shared by parents and educators and how they have managed these moments sensitively with the children. Further reflection on death was associated with the 'time to tell' and 'what to tell' children.

Attachments have revealed the relationships children have with their family and educators. Interactions between children and adults show the depth of the attachment relationship and the opportunity to provide emotional security for the children. Attachments are not only with people, but the children have attached themselves to other objects, such as, comfort toys, drawings, or food.

Despite the loss of a parent, all bereaved children in this study appear to be progressing well educationally at the time of data collection. Educators reflect on their personal and professional role in relation to the children and how this

influences their professional practice. Educators have contemplated how they can support children and help them to continue in their learning.

The following discussion chapter focuses on the importance of attachments between the child, parent, and educator; identity formation and resilience when bereaved as a child and finally the contribution professionals make in supporting children educationally and emotionally. Challenges and opportunities are considered for children and how they may be supported in their grief when their parent dies.

Chapter Five: Discussion

5.1 Introduction

This chapter discusses the findings of this research which has investigated how children comprehend the death of their parent as explained through the perspectives of the surviving parent and relevant educators'. The research sought to understand how children comprehend death, the emotional impact of bereavement in a home and school context, how and the extent to which attachments to people and objects support children, the impact on their education and challenges parents and educators face when supporting children. Each sub section explores parent and educators' perspectives and the perceived impact of death on the lives of very young children. Section 5.2 considers how children respond to death and their developing understanding of life and death; section 5.3 discusses the attachment relationships children have in a home and education environment. Section 5.4 discusses the professional narratives involved in supporting a bereaved child. Section 5.5 explores connections through conversations and memory making. Section 5.6 presents the model of adaptation based on the data from this study and its contribution to the field of bereavement studies.

5.2 Responses to death

Parents and educators faced some difficult moments when dealing with death conversations with children. Death conversations can take the form of conversations in role play, discussions about the deceased in everyday interactions, to more emotionally charged conversations during times of upset. These conversations are influenced by the language adults and children use, prior personal or professional bereavement experience and if bereavement training was undertaken. Parents may or may not need time to prepare themselves to tell their children about the death so an assumption of the right way to inform children of the death cannot be made. It is a personal choice, and a decision made by the parent based on their knowledge of their child.

Parents noted that they were unsure of what to say initially and overtime, how to explain the death in terms a child could understand whilst managing their own grief. The enormity of a death, either sudden or through a long-term illness, can be difficult to comprehend as an adult with feelings of sadness, anger, loneliness, and helplessness (Worden, 1983, Section 2.2.2). The grief and mourning that follows over time also depends on the attachment relationship with the deceased (Worden, 1983). Acceptance of loss enables the person to adapt to a life without the deceased and to look to the future. This period is important for children and adults to enable effective grieving and continuation with their lives. A physical death can be associated with pain and distress so grieving adults who understand the reality of death may find their understanding hampers how they can explain to their child what death is. Whilst some parents told their child/children straight away, one chose to wait a few weeks (CS1). Time to tell children (section 4.2.2) is therefore a personal choice based on the circumstances of the child and parent. The choice made in this case was not through a decision that the child did not need to know, but more of a time for the mother to work out what to say to her daughter. She used this time initially to manage her own grief and waited for her child to ask questions. A family separation and separate living arrangements from when the child was much younger has created a way of life where the parental separation already occurred. This physical separation with regular visitation has created a way of living that is normal for the child. Therefore, Irina's questions about where her father was, did not occur for several weeks. This child, separated from one parent through a relationship breakdown, provided the mother with time to work out how to respond and explain the death.

Other parents who told their children immediately following the death did so with extended family around them. This is a valuable family support mechanism for the surviving parent and extended family who have forged relationships with the child/children. United in their grief they can support each other and help the children from the outset. This could be problematic if all those present are dealing with their own grief and their own upset further impacts on the child (Section 2.2.1). This is highlighted by McGuire, McCarthy

and Modrcin (2013) who express that children who cannot comprehend death become distressed at others' upset. If adults are openly upset this could be distressing for children. This may be something parents are mindful of, explaining why one adult choose to delay the death conversation with their child. The study revealed conversations are important and responses by adults are sensitive (McLaughlin, Holliday, and Lytjes, 2019). The data from this study confirmed the range of approaches in talking to children about death and how adults feel when conserving with children. The data also revealed that talking about death with children can be difficult with parents and educators unsure of what to say.

Death conversations appear to be difficult for educators with them citing it is the 'not knowing' what to say that caused the most discomfort (section 4.4.2). CS1 educator found talking about death with the child difficult, feeling uncomfortable and concerned that what she might say would create further upset. This led to play distractions to avoid a death conversation (section 4.4.2) Similarly, Renaud et al., (2015) reported this sense of feeling uncomfortable when discussing death with children (Section 2.2.1). The mean sample of their study children was 4 ½ years old and at this point eighty seven percent of the sample had experienced a death. This is significant as this suggests death is an event early on in children's lives. Whilst this study considered any death, i.e., death of a pet, grandparent and so on, there is limited research on talking to this age group of children about death. Again, this could link back to the cognitive ability of the child but highlights the need for explanations of life and death in age appropriate terms (Panagiotaki and Nobes 2014; DiCiacco, 2008). Equally, a child's understanding of life needs consideration. It is difficult to explain a concept such as death when children have a limited understanding of what constitutes life. Panagiotaki and Nobes (2014) note understanding of life to develop around age 4-5 so CS1 is too young to comprehend life and death concepts. Despite the appearance of cognitive understanding of death, children in studies by Nader and Weems (2011) and Pferrer et al., (2007) reported elevated levels of the stress hormone cortisol in young children (Section 2.2.2). This further suggests that despite their age and outward

compliant behaviour children are experiencing separation stress (Ainsworth and Bell, 2015). The case study data revealed some children expressed emotional behaviours in school and this signalled interventions from the settings by way of counselling support or inclusion on the 'watch list'. In these moments, death conversations were not the reason for the emotional behaviour but perhaps a cumulative response to death separation. Further data from parents illustrated the upset and obsessive behaviours evident that children presented with. In all these situations separation stress may be a possible reason for their behaviours. Children therefore may use emotional behaviours as a way of 'talking' about death with adults.

Parents were uncertain in what words they would use to explain the death. Likewise, parents found it difficult to explain where the other parent had gone. Lucien's mother was confident in her guidance for practitioners. She actively encouraged the word 'death' and 'died' to be used in conversations with Lucien. This confidence, arguably, gives educators 'permission' to use words they may have previously been worried to use with very young children. One educator (CS4) spoke of not feeling comfortable to talk about the death with the child, with another educator (CS1) using distraction techniques to avoid talking about the death as she did not know what to say. It could be that the educator's age, work, and life experience have an influence on their ability to respond confidently and talk with ease about death. In contrast, CS3 and CS6 educators recalled conversations they had with the children and how they were able to respond easily. Although still emotive these educators responded appropriately and sensitively, answering the children's questions. These two educators were experienced practitioners and spoke about how discussion with colleagues formed part of how they collectively supported the children. Confidence to respond and talk sensitively with children is supported by the educator's own life experience and their connections with parents allowing for death conversations to be more open. McLaughlin, Holliday, and Lytjes' (2019) interviews with adults bereaved as children confirm the need to respond sensitively when engaging in conversations with bereaved children. The bereaved participants emphasised that talking was helpful especially where

the educator's response was sensitive. McLaughlin, Holliday, and Lytje, (2019) explored participant recall with some experience dating back decades, making it difficult to determine the reliability of the recall. However, it is clear the participants strength of feeling of isolation as a child and being misunderstood during their education following their bereavement. This is something schools can act upon to avoid future feelings of isolation for children. The findings of McLaughlin, Holliday, and Lytje, (2019), coupled with this study support the view that educators need policies and processes (Section 2.2.7) to help support them in delivery of emotionally sensitive responses and arguably the environmental space and resources to do this.

Where conversations and connections for bereaved children work well a whole school approach was evident. This is significant in demonstrating how well a coordinated and proactive education environment can support bereaved children. CS2 school had in place a teaching team of which almost half the staff had bereavement training. This was an initiative led by the school leadership team and based on the Headteachers understanding of childhood bereavement. Her own experiences have enabled her to focus Continuous Professional Development (CPD) for the staff and put in place measures, such as the 'watch list', that focuses each week on children who may benefit from additional support. This weekly meeting enables the wider team to discuss children they are concerned about for a range of reasons. This heightened awareness of children's emotional needs fosters a strong partnership of care and education for all the children across the school, not just those that are bereaved. This approach, noted in research by Dingwall and Sebba, (2018) arguably, keeps mental health and emotional well-being at the forefront of teaching practice; children that are mentally well will be more able to engage with learning. This was evident in the data with 2 educators from different case studies citing child happiness as the foundation for positive engagement with learning. Emotion coaching in attachment aware schools (Section 2.2.7) (Dingwall and Sebba, 2018) can be a supportive measure for all children, not just those bereaved. It is suggested that this model of working, using dialogue, be the chosen approach in supporting bereaved children's needs in education.

Again, this is an approach not widely written about or examined in relation to the benefits gained for bereaved children and requires further exploration beyond the attachment aware schools programme. Further aspects of educator training are explored in section 5.4.

Just as finding the right words to explain death, finding the words to say where the deceased is, revealed some different explanations. Children were curious to know where the deceased was. Some parents explained the location of the deceased as being in the sky or in Heaven (CS1, CS3, CS4). This was based on their thinking that a child would understand that the deceased is somewhere pleasant and associated the place with a happy place to be. This prompted one child to ask to go to Heaven to see her father (CS4). This shows children aged 2, as in CS4, have no concept of abstract things such as Heaven which may cause confusion when they cannot visit the deceased. Simple explanations, as advised by a National Charity to CS5, help to keep death conversations appropriate for the child's age and level of understanding in the absence of a child's life experience in relation to death events. Similarly, Fredman (1997) explored conversations and confirmed the different 'layers' involved when talking about death with children (Section 2.2.4). She concluded that explaining death to a child is challenging for adults as this is an unfamiliar conversation topic. This was evident from the data where adults spoke of the difficulty in explaining death to children. The data revealed that educators were unsure of what to say and were concerned they would say something that contradicted home death conversations (section 4.4.1). Equally parents were concerned about what to say and when to talk about death (section 4.2.1; 4.4.2). To minimise the challenge surrounding death conversations efforts need to be made in making death a familiar subject to talk about, both at home and at school. Increased opportunities to talk about death openly without fear of upset and distress are a positive way forward in making the unfamiliar, familiar in how death is spoken about. This can be proactively achieved by training educators so that they are able to manage easier conversations about death before an event happens. Like the celebration of a new baby, the loss of a loved one needs the same attention

and sensitivity in society. Trained educators are then in a unique position to continue the conversations with children and families should a death event occur. Renaud et al., (2015) confirms the impact of not talking to children about death which leads to a sense of isolation in children that leaves a lifelong impression on those children turned adults. Death conversations (Fredman, 1997) are complex and emotionally intense but should not result in conversation avoidance. Talking more openly about death can help adults and children to grieve and to build their emotional capacity and death comprehension. Responding to a child's questions can be difficult if adults are not prepared or have less experience of talking about death. Some of the case study children asked their parent the same or similar questions over a period of time. This repeated 'checking' through questions assists children is forming an understanding of death and that it is unchanged, irreversible. It is difficult to be certain how these aids cognitive understanding of death but may increase the potential of the child reaching a cognitive maturity other non-bereaved child do not have. This is discussed further in 5.4 in relation to educational progress.

Death comprehension could also be enhanced through death conversations children have in their play. Children of school age were less likely to talk about the death during school time unless circle time, or celebration events were engaged with. Informal play situations are less likely to be a feature of class time where more curriculum-based learning takes place. Those children in nursery provision where play is the foundation for learning were more likely to refer to the deceased. Role play conversations, in CS1, gave Irina the opportunity to play 'mums and dads' where the 'baby' would not have a father. Play as a form of early therapy to understand death is evident here and her conversations in her role play are another opportunity to cognitively engage with the concept of death. This extended for Irina into an imaginary friend at home who was just like her, about to go to primary school and does not have a father. Likewise, Majors (2013) study of 5-10-year olds confirmed the formation of imaginary friends develops at 3-4 years old, the same age as Irina. It is possible that Irina gains comfort and companionship through her imaginary friend and conversational play, and this helps her to make sense of what is

happening in her life. It helps her to continue the bond she lost when her father died (Section 2.2.4). There is no evidence to suggest that an imaginary friend appears due to the lack of opportunities to talk with other adults about the death. It is possible that due to the child's age and maturity this is a restorative behaviour that enhances cognitive understanding of death. This gives very young children an opportunity to explore a difficult to understand concept. They can 'play' through different scenarios in a medium they are comfortable in (Section 2.2.4). This engagement with imaginary others and role play can be an adaptive process of grieving (Steffen and Coyle, 2017) and perhaps in these cases, allowing the children to continue a relationship in the absence of the deceased. It is an interesting concept of bereavement in children and one that needs further exploration to examine the prevalence of imaginary friends following a parent's death and how play can be a restorative behaviour.

Shared communication and conversations with work colleagues, family members and with children, can alleviate some of the tension and anxiety surrounding death and how death is spoken about. Only through talking about death can people begin to feel at ease with the terminology and feel confident in their responses to children. Children need to have opportunities to engage with all forms of communication to develop an understanding of death, not only in one-to-one sessions, but openly in settings and home environments. This will alleviate the 'not knowing what to say' dilemma faced by adults in their conversations with bereaved children.

5.3 Attachment relationships

The relationships children have with the surviving parent, extended family and adults in the education setting are important to demonstrate and how they provide emotional security for children who are going through a separation. Separation resulting from a death is viewed as the most extreme form of relationship deprivation (Parkes, 1993) and therefore it is vital to understand the value and importance of post death attachment relationships with others. Attachment and continuing bonds (Section 2.2.1: 4.3.1) with adults aid emotional security for the child at a time where they may not cognitively

understand what is happening. Silverman and Worden (1992) confirm the way the surviving parent responds to their child and social support has an influence on whether the child develops problems later in life. All the case studies demonstrate a varying degree of social support, from extended family, to support from bereavement charity organisations and in school counsellors. It is not clear at this stage if their social support and parental responses have had a positive or negative impact on the children and the likelihood of developing future problem behaviours. What is clear is that CS3 is expressing they have no memory of the deceased and this is causing distress. CS3 was 2 years old at the death event and had formed a strong bond with her mother through breast feeding. This has reduced the amount of time the child was able to bond with the father. Attachments form early on and in the first 12 months of life (Bowlby, 1969) therefore some children will not have had consistent time with the other parent. This is the same for those children whose parents were hospitalised. Ainsworth and Bell (1970) note the response to separation in babies under one year old. Separation was minimal in their test and therefore difficult to draw comparisons to when examining a permanent separation. Ainsworth et al., (2015) recognise the impact of a child's environment on their attachments and responses to temporary separation. This still does not recognise the permanent separation as noted by others (Strobe and Schut, 2016, section 2.2.2) and the responses over time with everyday life experience from permanent separation. Studies also lack evidence of children with minimal attachment relationships followed by bereavement. It is therefore unclear how the absence of attachment in babies and then separation due to death generates a response to the death event. They may have more difficulty in grieving for someone they have not been securely attached to. This aspect of childhood bereavement would need further exploration like that carried out by Renaud et al., (2015) to ascertain the impact of separation before secure attachment formation and the implications in later life. Only then can meaningful conclusions be made and inform practice.

Not all bereavement experiences and attachments are a concern. Some of the social experiences of children in home and at school demonstrate a caring and secure emotional environment for children to feel safe and secure. Adult attachment relationships which come to the fore are those with grandparents, older siblings, educators, and peers. These attachments compliment the attachment the children have with the surviving parent. At age three and four, typically an age where children are engaged in day care or school, peer relationships form (Papadopoulou, 2016). These new relationships can be a protective factor in helping bereaved children continue in their daily interactions outside of the home. All case study parents reported that their children were either 'popular' or had many friends and this was not an area of concern. Bowlby (1980) remarks that children focus on the here and now and therefore in a nursery or school environment, present with usual behaviours seen in a non-bereaved child. In the case studies with the older children (CS2 and CS3) the two eldest were receiving counselling. Educators had noted a change in their emotional behaviour and provided additional support in school. It appears from this that those who may need additional support are those aged over 5 who present with more emotional behaviours. Children focus on the present (Bowlby, 1980) however children in this study, according to their parents were recalling events with the deceased showing their ability to recall past experiences. This shows the child's ability to maintain day-to-day routine activities, such as attending school, but also to reflect on past emotional events.

Parkes (1993) confirms that loss is personal and understood more by someone who has experienced loss themselves. This aspect of loss and grief is expressed by CS2 grandmother. She reflects on her own parental loss at aged 5 and sees how her granddaughter must now go through what she experienced. Her death empathy and sense of supporting her family leads to a renewed responsibility in a parenting role in the children's lives (section 4.3.1). This parenting role by grandmothers, and includes wider family, is also present in CS3. The children's attachment to grandma is strengthened through the length of time the children have had with her during their mother's

medical treatment. These are important attachment figures that can recall memories of the deceased for the children and help to keep the dead person's memory in the present (section 4.3.1). Memory making and identity formation will be discussed further in section 5.5. Although the paternal grandparents for CS5 had died many years earlier, the father's enduring memories of being raised by a grandmother had shaped how he provided care for his own bereaved children. His abandonment by his own parents and subsequent attachment to his grandmother had given him the emotional security and resilience to manage his grief in later life and support his children through their bereavement. Other family attachment figures for bereaved children can also be in the form of older siblings. CS2 demonstrates how the loss of a male role model, the father, was re-created through his sons, a fatherly attachment figure for Sarah. This is seen through the eyes of the grandmother and mother who talk fondly of the older male siblings' sense of responsibility for Sarah. In the same way, Rutter's (1972, p28) exploration of multiple attachment figures and '…the development of enduring bonds…" is evident in these case studies. In contemporary terms this parenting demonstrated by the siblings provides the interactions and love (Rutter, 1972) to provide the case study children with positive psychological developmental experiences. The creation of continued bonds through a parenting role therefore may have a restorative effect on how very young bereaved children are able to cope with the separation and gradually understand their irreversible parental loss. Once cognitive maturity and understanding of the child's loss is realised, these multiple attachments described as 'mothering' (Rutter 1972) are well formed and provide emotional security for lifelong purposes.

Attachments are readily exhibited until the child is three years old (Bowlby, 1969) and changes occur in attachments when formal schooling occurs. Attachments in the home environment can also manifest itself through attachment to inanimate objects. Bowlby (1969, Section 2.2.4) refers to multiple attachments that are less frequent and less stable or consistent may lead the child to fixate on material objects. However, Rutter (1975) describes these as a source of comfort and not associated with presence or absence of

the attachment figure. This source of comfort could also be one signified by the fixation on food. Sarah's (CS2) fixation on food was clear in her day-to-day concern about what she was going to eat and when. Her constant need to know about food availability and her family's constant reassurance that food was available was evident in the mother and grandmothers' reflections. The mother calls this behaviour an obsession which only presents itself at home. Food has provided Sarah with a consistent daily feature in a time when she is grieving, a source of comfort and security. Food, therefore, provides Sarah with something that she knows is present in the house, something that can be replenished. This offers her attachment security (Bowlby, 1969) and comfort at a time where she is feeling insecure and perhaps, vulnerable. Food gives her the comfort she seeks and knowing it is available is reassuring her. This timeframe also reflects her grandfather's death, her older siblings moving away to University and the death of her dog. Multiple losses therefore have fragmented her attachments and likely to have created further insecurity. Food attachment is seemingly the only attachment relationship left for Sarah when other relationships have been severed, namely her father, grandfather and the dog. Her close relationship with her mother, grandmother and older male siblings, may help to minimise her anxiety associated with loss and separation over time and may reduce her obsessive behaviour towards food. No other case study exhibited this type of attachment and her food fixations may become more pronounced if she experiences another loss. Correspondingly, Bowlby (1969) asserts that a child who loses several attachment figures will become increasingly occupied with material things such as food In CS2, Sarah's preoccupation on food may be associated with her concern for losing another attachment figure. Children may experience trauma (Section 2.2.8) when faced with multiple life events and it is important to recognise when interventions need to be facilitated and different levels of interventions according to need, such as those noted in the HEARTS programme (Dorado et al., 2016). Sarah is of an age where her understanding of life (Panagiotaki and Nobes, 2014) and death is more developed and she understands the finality of death (Di Ciacco, 2008). Further death events may result in enhanced support for her.

Other objects feature in children's attachments, such as cuddly toys, dolls and an imaginary friend. Very young children use these as transitional objects for comfort and reassurance. Children's dependency on transitional objects (Section 2.2.4) can be a mechanism to help them cope emotionally with the death of a parent. Their attachment to, and dependence on these items over a period of time can provide some emotional security. Some of the case study children showed a clear attachment to an object (CS3) and a protective and caring role for dolls (CS1 and 2). The strength of the protectiveness over the dolls for Sarah (CS2) could also signify her making sense of her own circumstances and gaining comfort from protecting her own doll possessions. Likewise, she is role playing her ability to care and protect her dolls possibly based on her own experiences of being cared for. She appears to be exerting control over her world when she is not in control of the grief and emotional consequences of her father's death. Occasionally the reliance on these objects can impact on day-to-day routines whereby the children insist on taking their object with them. When objects are left behind in the setting or left at home, when reminded, can cause the child distress (CS4). Other objects from the deceased parent were also taken by the children into the setting and used as a way of sharing stories about the deceased parent with educators. These small measures enable a continuation of attachment bonds for the child. The developing sense of self for the child (Section 2.2.4) is also strengthened through such objects and will be discussed in section 4.5.

The value of personal objects for children is an essential part of providing emotional security in conjunction with other attachment relationships they have with adults. Bereaved children need a network of attachment options that are consistent and available, for some children this would be prior to the death in cases of a terminal diagnosis. Whilst home attachments can provide consistency of care over time, settings and changes in educators are less consistent year on year. Regardless of this, subordinate attachment figures (Bowlby, 1969; Rutter, 1972), namely educators, who become familiar people in children's lives can complement the mother/child relationship by supporting the nurture given to children that mirrors the home care received. Additionally,

as this new relationship grows, detachment from the main caregiver occurs allowing the child more independence. Educators spoke openly and emotionally about the child in their care. They reflected on their relationship with the child and recalled child to adult conversations about the deceased. Some attachment relationships extended beyond the setting with CS1 educator becoming a babysitter and CS2 and CS4 educators attending the funerals of the deceased. As children transitioned between age grouped rooms and year groups the educators further recalled their continued attachment to the bereaved child. This manifested itself in chance corridor meetings where a 'quick hug' was initiated by Sarah who, as the teacher recalled, was always 'huggy'. The 'watch list' in this setting was also a way for the previous teacher to be aware of how Sarah was even though the educator was not her current teacher. CS4 educator reflected on her role in ensuring that Evelyn was happy at school for her learning to be successful (see Section 4.4) and continued to support the child's next year teacher in identifying when support was needed for the Evelyn. CS3 educators spoke fondly of not just the children, but the whole family. The educators had known the families for several years, educated a range of relatives and felt their knowledge of the family helped them to talk about wider family events with the children. There is a real sense of these children being held in mind (Section 2.2.7) with the relationships and attachments going beyond the form of educating children for curriculum means. The educator's perspectives noted the importance of children feeling happy and secure in the setting to facilitate a positive learning approach and engagement. One educator spoke with less emotion about the child and did not express how her relationship with the child would help her to assess if interventions were needed. This could be due to her level of training, experience, or the newness of the attachment relationship. The educators limited emotional expression in relation to the child and her bereavement could indicate an educator who is less sensitive to children's needs (Section 2.2.7). Messina and Zavattini (2014) suggest insensitive caregivers confirm to children that they are not worthy of love conveying that other adults too, may not meet their needs for love and care. This is quite disturbing as the educator involved may not realise that her lack of emotional engagement with the child

can have harmful consequences. Additionally, if children are not supported by well trained and experienced educators, they are less likely to have their emotional needs assessed effectively for timely interventions to be applied.

O'Connor's (2008) research with schoolteachers from a range of settings found that teachers demonstrate caring in the way they teach and teaching with emotion was a prominent feature of their practice. The participants reported feelings of exhaustion in relation to the emotion in caring for children they were educating. Even though they reported tension between policy and teaching the rewards in teaching were forming meaningful relationships with their pupils. This may begin to reveal a contrast between educators trained to Qualified Teacher Status (QTS) and those trained to level three which is the usual qualification of an educator working with children aged 0-5 in day care settings. Enhanced training (Faulconbridge et al., 2017) may provide educators with an enhanced awareness of children's needs and how to support them. Of those in the CS6 who worked in day care settings, the degree level trained educator expressed an enhanced awareness of the importance of care and being a caring professional. Knowing the children they cared for was very important to them and echoes the meaningful relationship formation expressed by O'Connor's participants.

Attachments with others, objects and places are fundamental in providing children with a sense of normality when a parent dies. Consistent routines, relationships, and attention to the changing needs of children, help parents and educators to support the child's ongoing needs. What emerges is the heightened awareness of others, like grandparents, siblings, and educators, in their own attachment to the child and how this shapes their interactions and care for the children which leads to educational opportunities.

5.4 Professional narratives and education provision for bereaved children

Very young children are changing and developing rapidly in their early years and have yet to fully comprehend the meaning of death. Educators in Nursery settings with children aged up to 3 years old commented on how progress in

language acquisition enabled children to verbalise their thoughts. Provision for this age group is play based and follows the EYFS (DfE, 2017) where educators assess children's progress through age bands (EE, 2014). The increase in verbal acquisition enabled educators to make assessment judgements on educational progress as well as through observations of children in play regardless of verbal abilities. Educators reflected on the children at play incorporating their lived experiences in role play scenarios. Children were able to play through their emerging understanding of death with props such as dolls and telephones. This created age appropriate opportunities for death comprehension. Educators reported that as language acquisition increased so did their questions and comments about the deceased. An imaginary friend developed for one child, but this friend only appeared in the home setting. Educators commented on this preschool age group as being happy to attend the setting, maintaining their social skills having formed a secure attachment to the educator (Bowlby, 1969; Rutter, 1975). It is possible that these social relationships children have at an early age and play-based provision help to support a child as they grow and begin to comprehend what death means. Social attachments with peers are therefore essential as they grow and develop in their understanding of death (Papadopoulou, 2016). Protective factors like social relationships and play may help educators recognise signs of emotional difficulty if children begin to retreat from social experiences.

Educators from the early years' settings reflected on the children's progress reporting no developmental or educational delay; all children were progressing as expected according to their age bands (EE, 2014). They also reflected on the child's demeanour, noting how happy they were, including how educationally bright they were, reporting to parents the positive educational attainment of their children. Some educators commented on how well they know their key children. They spoke with professional pride in their relationships with the children, ultimately knowing them well enough to be emotionally in tune with their key child. This appeared to help them respond to any emotional need the child expressed in their play; they were sensitive to

the child's questions about death and maintained a close relationship with the remaining parent on a day-to-day basis. One educator reflected on her responsibility to prepare the child for his next setting and future educator attachments. She spoke fondly about how this was the right thing to do to help him transition well to the next setting. This care and attention for children, (Page, 2005) known as professional love in education is noteworthy and shows the depth of love and care educators have for the children they look after. Often this professional approach was steeped in personal experiences of having their own family (Albin-Clark et al., 2016) and encouraged a deeper reflective approach in their practice. This included developing empathy in their professional practice from their parenting experiences. Their consistent and enduring time with the children, some over several years has created a professional working relationship steeped in love and care for children beyond educational means. This is also reflected by a Headteacher who expressed that learning will not happen successfully if these children do not "…feel safe, cared for, loved…" (Section 4.4.3). This is paramount for all children but especially for those who are bereaved and do not fully understand the reality of death.

Educators working with older children in a school environment also reflected on the care and education aspects of bereaved children. Educators in CS3 expressed their worry and concern for children and reflected on their own role as an educator and what that role was. Some educators (CS4) reflected on their own parental loss and how this personal aspect had shaped their professional life. This personal history is important in understanding why some provision is more proactive and mindful of bereaved children than other provision. That is not to say other provision is lacking but the strength of understanding loss as a child plays a significant role in how they, as adults, now become the custodian of bereavement care in their professional life. As CS2 Headteacher noted she knew what it (parental bereavement) felt like and it was her responsibility to make a positive difference, educationally and socially, in bereaved children's lives.

Interventions and support for bereaved children were more likely to occur in the primary school setting. Educators noted when children were retreating from social relationships with peers and conversed with the parent. Papadopoulou (2016) stressed the importance of peer relationships (Section 2.2.5.) and the withdrawal from this relationship in school signifies a child who needs support. CS3 child was excelling in all areas of his education but socially was becoming withdrawn from his peers (section 4.6). He was seeking more adult company during peer social time at school (section 4.6). Interventions for him facilitated a play-based session creating a space to play and talk if he needed. Fernandes, Mendes, and Teixeira (2012) assert the importance of well-being in lifelong terms and for this child it is imperative that his emotional needs are met to avoid any deterioration in his mental health. Engagement with play can be therapeutic and restorative in terms of child emotional health and requires educators to be observant of behaviour changes to provide interventions. Other school-based educators noted how different each child is and their response to the death event. Educators demonstrated caring behaviours in keeping these children in mind to ensure any change in demeanour was acted upon and spoken about with other team members and the family. This network of care and responsibility shown by a larger team exposes the extent to which teaching is more than just educating children; it is a hidden holistic framework carried out by educators beyond formal teaching of curriculum subjects. It is a professional knowing and how to be as a thinking, feeling educator who realises that care and education are essential for children. Educators spoke fondly of child hugs they received despite no longer being the class teacher. This demonstration of caring behaviours is in keeping with loco parentis (section 2.2.7) Another educator mentored an NQT when the child had regressed in their emotional needs following a move from Reception to Year One. Despite these transition years the previous year educator still held an attachment to the child like that expressed by Winnicott (1964) when performing a mothering role (Section 2.2.3). Children have left enduring impressions on educators across the case studies explored and the educators all expressed a genuine care and concern for the child's holistic well-being and education. The educator's ability to reengage an attachment which has been

dormant, as in CS4, shows how enduring attachments are, in caring and educating children.

The child's changing comprehension of death also needs consideration across education to account for changes in behaviour and attainment linked to emotional difficulties associated with their bereavement. If social relationship difficulties are noted early on interventions can be implemented. Communication of needs across year groups and settings will aid children being supported according to their needs. Grief is re-occurring, and grief behaviours can be ongoing throughout education. Stroebe, Schut and Stroebe's (2007) explanation of the orientations between loss and restoration goes some way in explaining how adults can orientate between the two modes, one where grief symptoms are evident, to the restoration orientation where adults experience more positive thoughts and behaviours. It is not clear how this model relates to very young children as children may not outwardly exhibit overt grief behaviours. An adaptation model is suggested as part of this study's contribution to the field (section 4.6) to address bereavement behaviours of very young children. At best, educators are well-placed to note subtle changes in behaviour that could escalate and impact negatively on educational attainment. Early social changes in behaviour noted here could indicate the beginning of future difficulties in education. Adverse childhood experiences (Dorado et al., 2016 and Thomas, Crosby, and Vanderhaar, 2019) and escalation of interventions can moderate the effects of difficult childhoods. It would seem any early intervention (section 2.2.8) that can prevent later risky behaviours and disengagement with education are vital for the future of these children. The model of adaptation (section 4.6) can support early identification of need so that interventions can be timely.

Educational attainment was positive in relation to school-based bereaved children. Educators spoke about how the children were engaging with schoolwork well, exceeding expectations in some cases and therefore excelling in their progress for that key stage. It was also noted that a slight delay in attainment occurred for one child who had taken a leave of absence to spend time making memories with her family before her father died. Literacy

interventions were in place for her return to school and she has achieved expected levels of attainment for her age. Poor attendance at settings may therefore have a longer lasting impact educationally if children are not supported sufficiently over time. Literacy-based engagement was also a feature of some of the case studies with children drawing or writing as a way of expression. One parent noted that she thought her child's emotional literacy and ability to express her thoughts in writing songs about her father was one of the reasons for her good progress in school. All the case study children appear to be able to focus on their education with their school life and environments unchanged greatly after the death. It is not possible to determine if this is the case for all bereaved children in all settings. Caution should therefore be applied when children are excelling to avoid assuming that they are unaffected by the death. Children may use education to hide their emotions and feelings using study to distract themselves from their loss. This makes the work of professionals even more difficult in detecting any emotional and mental health difficulties when educationally the child is doing well. Dialogue through emotion coaching (Dingwall and Sebba, 2018; University of Oxford 2019) and facilitation of enhanced attachments can support children in these instances. Children can, arguably, use education to camouflage their emotional difficulties. This makes a strong case for specialist training for setting staff so that they are fully aware of what children need and how they verbally and nonverbally behave to identify those in need of support.

Training across the case studies varied with some educators in nursery settings trained to level three and school educators trained as qualified teachers. Across all the educators asked some recalled a day of bereavement training, others citing a few hours training to no training at all. This left those educators with no training, largely the level three educators, feeling unsure of how to respond to a bereaved child. Qualifications of Early years staff in nursery settings can be less enhanced compared to the qualifications of school staff with very few of the nursery setting educators with a degree level qualification. The nursery educator that did have a degree qualification felt more confident in responding to her bereaved children's needs. Differences

in training are evident and so too is the level of information delivered during the training. Lack of information, a co-ordinated approach to training the workforce (Faulconbridge et al., 2017) and perhaps funding priorities of settings could leave bereavement training adrift in terms of essential CPD for sector staff. This is inadequate at a time when mental health in the sector is being highlighted as a concern (Section 2.3.3) for the lifelong prospects of children and young people. DoH (2015) recognises that the mental health of children needs improved services for parents and carers to ensure that children do not fall behind in their education. Despite consultation feedback on the green paper *'Transforming Children and Young People's Mental Health Provision: a green paper and next steps.'* (DHSC and DfE, 2018) further research on the quality of attachment relationships was noted as requiring more information before further supportive measures for children were reported on formally and acted upon. This coupled with reduced funding in schools (Mason and Weale, 2017) to support children's mental health, it is envisaged that only basis operational costs will be met in running school provision. Schools now need to find funds to implement mental health and well-being strategies in school. Addressing this issue of mental health, trainee educators can be formally trained in mental health, including bereavement, at initial training. The workforce would arguably benefit from detailed training that provides the information educators need to support children's education. If all settings had access to and knowledge of supporting bereaved children this may help to minimise some of the difficulties children have in later years of schooling where risky behaviours are evident (Draper and Hancock, 2011, Section 2.2.6). The reduction in risky behaviours and prevention of, through improved training in mental health, is a proactive measure the workforce now needs to engage with.

Lack of bereavement training in this study has resulted in some practitioners feeling less confident in how to respond to a bereaved child's needs. They rely on parents' guidance and work together to ensure the child is receiving the same responses to avoid any confusion for the child. This is a reactive measure after the event and would benefit from becoming a proactive measure

whereby parents can feel supported by the workforce if they need it. Equally, the workforce and parents need to be able to know where to find information. Participants searched online for information and 'self-taught' themselves on what to say to the bereaved child. This could lead to misinterpretation of information and confusion, possibly generating more worries for parents and practitioners. Educator training by qualified sector experts can be influential in restoring confidence in the workforce and reassuring for parents when faced with the enormity of supporting a bereaved child. This would need to be a coordinated national approach so that all educators in every setting could be trained to offer appropriate support to bereaved children. A trained 'Nurture' co-ordinator in each setting would be well-placed to support all children faced with bereavement or any other emotional support needs. LSAs in place in some of the case studies do this well but this is at a local level and perhaps dependent on Local Authority priorities.

5.5 Connections through conversations and memory making

Children's attachments to their parents are evident in life and after the death event as noted by the parent respondents. The case study children, with support from other adults, were enabled to talk about and reminisce about their deceased parent through a variety of ways. Some children, as previously mentioned in sections 5.2 and 5.3, used play as a medium to initiate conversations with the deceased whilst older children used literacy to write, draw and create songs in memory of their parent. These moments were naturally occurring, child-led and supported by parents and educators taking the time to listen and respond to the child. Some children in moments of emotional distress verbalised how they could not remember the deceased parent and moments such as these enabled parents to create their own memorialisation to support their child. Additionally, children who were not overtly distressed and talked about the deceased assisted the surviving parent in continuing the conversations about the deceased parent. In both scenarios' children were told stories of their parent, what they liked, what their favourite thing was, and photographs were shared to support those conversations. This is not only an essential part of understanding their loss but also a reminder of

who they are as a growing person, and the importance of the deceased to them. As these children grow it is important to maintain a secure foundation of who they are, a sense of what makes them the person they are; it is an attachment to their past and a validation of who they are to become signified by life changes over time (Bronfenbrenner, 2005). Photographs were apparent across all case studies as a way of keeping the deceased present in daily life with photographs around the house, in the child's bedroom and in memory books (discussed later in this section). They are an ever-present visual feature in their homes when the physical being is no longer there; photographs are a reminder that the deceased lived and was an important person in the child's life. Attachment after death through continuing bonds Silverman and Worden (Section 2.2.4) maintains a healthy bond with the deceased (Hall 2014) could help to mitigate against emotional distress and unresolved grief in later educational experiences which may negatively impact on children and their lifelong prospects. Two parents spoke of how photographs were difficult to provide for their youngest when the parent was not photographed at all or very little, with the youngest child. This was clear in the case study 5 where the mother died in childbirth. This child misunderstood a photograph of his brother with his mother. Similarly, another case study child, as the youngest, did not have as many photographic references of her and her father. She expressed her distress at not being able to remember her father. In both cases, explaining why this was so cannot change the situation and may have been difficult for the parent to explain. The data in this study suggests photographs enable a visitation of the attachment with the deceased, a chance to remember and reminisce even after memories begin to fade. In a digital age photographs may be more prevalent as an important reminder of who the child is and where they originated from. Photographs helps us all to create, recreate and share stories of life within families providing a secure foundation for human emotional growth. Photographs are therefore a key element in maintain attachments following death.

Continuing bonds (Section 2.2.4) noted by Hall, (2014) and Bell et al., (2015) are possible with the deceased through photographs and conversations with people who know the deceased. Educators and external specialists have an essential role to play in supporting children who wish to share their memories outside of the home environment. Some children took items into the setting that belonged to the deceased e.g., a jumper, a childhood story book and photographs. Three of the case studies explained their child's creation of a memory book or box. The memory box was arranged by the setting where the nursery manager reflected on her own loss and how a memory box may help both children to create a space for lasting memories to be physically held. This was supported by the parent on consultation. The other two case studies created a memory book through counselling sessions in the setting. This book was a place to write, draw, stick photographs of any memory they wanted to share in the session. It was a book that also went home with the child and was shared at home with the parent. The child could make book entries at home or school. A central point to collate memories for young children is a legacy of who they are and a reference point for their future self. Again, an attachment to the deceased, a continuation of their relationship to assist in their understanding of life and death as they grow and develop. It can also be a transitional object (Section 2.2.1). As children use comforters in emotional times, bereaved children can use their memory book to help in their grief. It forms a part of understanding loss and the restoration and grieving process that enables children to look forward to what is ahead. This process model (Section 2.2.2) is an important element of how grief progresses through life, however it does not fully appreciate the under-developed knowledge of death for children. An additional element in the model of 'grief as they grow' would be an inclusive model of grief over time for everyone. This again is reflective of Bronfenbrenner (2005) where the chronosystem acknowledges the changes over time for children in the world they live in. Influence over their social world gives children agency in the interactions they have with others in the environments they exist in (Costa and Murphy, 2015; Flach, Margulies and Söffner, 2010. Interactions transform peoples behaviours and understanding those interactions allow adults around a bereaved children to respond in a

meaningful way. The process model (Stroebe, Schut and Stroebe, 2007) is transformational and shows how people move between the two orientations with the later addition of mental and physical health complications to represent the dual overload that complicates grief (Strobe and Schut, 2016, section 2.2.2). The creation of an adaptation model for very young children (Section 5.6) shows how children oscillate between need and adaptation and has the potential to be transformational. It demonstrates how children express their coping behaviours and how educators might recognise the signs a child needs support or not. These transformative interactions reflect the agency of the child as an individual responding to their emotional and physical environment with the support of others.

5.6 Adaptation model

The perspectives of the parent, educator and other participants has uncovered the ways in which very young children respond to the loss of their parent. There are several indicators arising from the data that support the creation of an adaptation model showing indicators of need, coping and adaptation over time (Diagram 3).

The data revealed indicators (Diagram 3) that the case study children displayed in their behaviours and verbal expressions. These indicators of need show the responses children have following of a death event in the home and education setting. These indicators include a regression in sleeping patterns, seeking proximity to their attachment figures, and anger and upset during moments of recall. It shows how coping indicators supported the needs of children using personal objects related to the deceased, creation of close attachments to others and talking about the deceased. Children use these coping strategies to support their needs in times of grief and emotional upset.

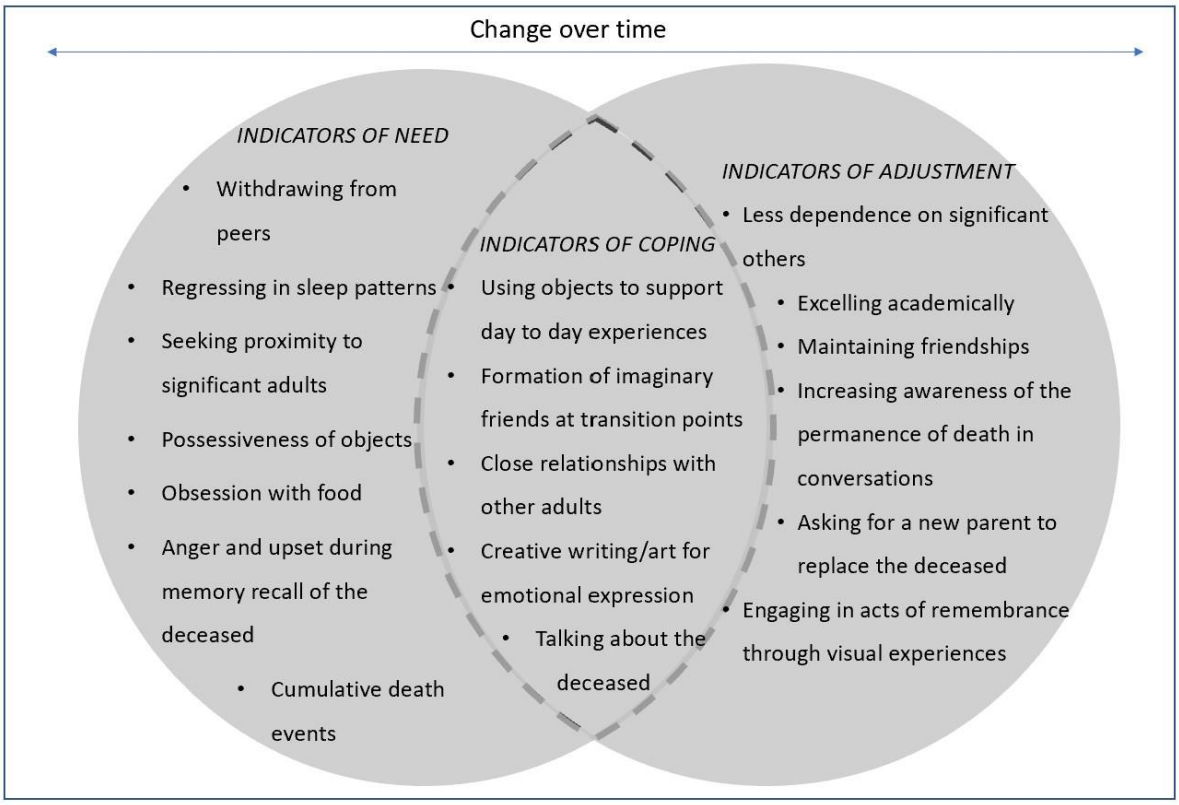

Diagram 3. Indicators of need, coping, and adaptation over time

Additionally, children displayed indicators of adjustment showing how they were progressing at home and the education setting. Their behaviours showed less dependence on significant attachment figures, consistent engagement in school, excelling in their education achievements, conversations about the deceased and engaging with remembrance experiences.

The indicators of adjustment were supported by the coping indicators whereby objects associated with the deceased were still used as a transition object. Such objects are a way of keeping the deceased close, maintaining that attachment bond whilst the child continues in a life without their parent. The imaginary friend was a key example of a child using that for support in a time of transition in adapting to a new phase in her life.

Together the indicators created from the data show how children respond to the death of a parent. This model of adaptation (Diagram 3) also notes the importance of time across the indicators. As children become cognitively aware of the concept of death their needs and adaption may change over time. One example from the data revealed that children who received counselling support re-engaged with that support after a period of time had passed (section 4.3.2). The interconnected model takes account of changes over time and reminds us that children re-grieve (Aumen, 2007) and may switch from adjustment to need (Hudson, 2020). The indicators of coping can be present in times of need or adaptation.

Whilst the model presents the opportunity to fully consider how children respond to the death of a parent it is expressed as a model for these case studies and may not be representative of the wider population. Issues of poor emotional well-being may be present for children in a range of life phases therefore the module notes withdrawal from peers as a consideration for educators rather than an absolute indicator of a response to death. Likewise, children who appear to rely on adults more for reassurance shows an emotional need, but one noted in the data as more pronounced when their emotions are heightened through a death event. The model therefore attempts to raise awareness of the indictors so that educators may reflect and consider if the child is responding to the death event and needs support or that some indicators are a sign of a life phase all children experience. Like the three-tier system (Dorado et al., 2016), the model is a way to escalate interventions based on knowledge of the children through observing their behaviours which may help to prevent trauma later on in life.

5.7 Summary

This chapter has discussed the findings in relation to existing literature and theory, with more reflection and consideration of what the findings represent. It ponders on death conversations between children and adults and the understanding of what death means for these children. It explores the attachments children have with parents and educators and how these impact

on the professional and personal lives of educators. Educational progress has been examined and, whilst not conclusive, shows some evidence of a positive educational experience for bereaved children. The chapter concludes with reflection on the importance of making lasting memories for children and why this is important for their future selves. The final chapter concludes the thesis and proposes recommendations for practice and research along with the study's limitations and the personal and professional learning that has taken place.

Chapter Six: Conclusion

This chapter summarises the research findings in relation to the research questions identified in chapter 1. This is followed by reflection on the research design and methodological choices made and the limitations of the research. Consideration is then given to the contribution of this research to the field in addressing gaps in bereavement knowledge for children aged 0-7-years old. Future recommendations for research and practice in the sector are presented and suggestions for dissemination of the findings. This chapter concludes with a personal and professional learning on the research before finally concluding the thesis.

6.1 Summary of the research findings

This research sought to investigate the perspectives of parents and educators in relation to how very young children comprehend the death of one of their parents. This was framed with one overarching research question 'What is the emotional and educational impact of parental bereavement in children 0-7 years old?' Sub questions were created to define different elements present in the literature and from a professional perspective, to explore in depth the concept of understanding death in very young children. The following summaries present to what extent these sub questions have been addressed to achieve a substantive answer to the main research questions and objectives.

6.1.1 How do very young children comprehend death?

The findings illustrate that children, regardless of cognitive ability, have the emotional capacity to feel emotion and respond to events around them. As the children in this study grew and cognitive abilities changed their understanding became more pronounced. Usually this was through the asking of questions, or experiences of emotional distress at times and making requests for a new mummy (section 4.2.1). The children were able to 'hold on' to the memories of the deceased through photographs, personal items and conversations with their parent, extended family and friends as well as the educators with whom they spent a large amount of their day with (section 4.3.1; 4.5.2; 4.5). All these

aspects allow children to form a comprehension of death through their own lens and what it means for them in that moment in time. It allows for additional considerations on theory of the enduring nature of attachments through facilitating bonds after death and how attachments are never ending but evolve through phases of life.

Death conversations proved difficult for parents and educators at times and there are still further advances to be made in helping adults and society in feeling comfortable when talking about death (section 4.4.2). Some parents relied on charity-based support whilst other parents and educators spoke with each other, basing their explanations on their personal beliefs. Educators were less confident to use death associated words for fear of upsetting the child. Educators that were confident in their approach to bereaved children were able through a supportive whole school approach led by senior staff. Their approach to emotional well-being and commitment to training staff in bereavement proved a positive step in giving educators the confidence and knowledge to support their work with bereaved children (section 4.4.1). There needs to be improved awareness raising of how to explain death to children for parents and educators. This could be through a range of services so that everyone has the basic appreciation of how to talk about death, how to explain it to a range of age groups and where to gain additional support. This includes knowledge of what terminology to use. Raised awareness and confidence in speaking about death would, arguable, give adults confidence to use appropriate terminology. This awkwardness some educators feel is avoidable, and this could be supported by further training (section 5.3).

6.1.2 What is the emotional impact post-bereavement at home and in the setting?

The data did not reveal a positive or negative impact on children's emotional behaviours as a result of being bereaved. It did show the range of emotions expressed by children and how parents and educators responded to emotional events. It is not clear what the longer-term implications are for children without this established attachment to the deceased and how new and existing

attachments mitigate any negative impacts. Some older children present with emotional upset in the school and home environment; support and interventions from school-based educators and external counselling services help to provide children with an opportunity to talk about their feelings. This would be suitably supported by dedicated LSA educators (section 4.5.1) to facilitate clear links and communication between all those involved with the child. Further research which explores the longer-term emotional impact to determine the extent to which bereavement influences their emotional behaviour in the home and school environment is needed.

6.1.3 To what extent do attachment relationships support bereaved children?

Complimentary attachments from the wider family and educators provide a supportive network of consistent care and education (section 5.3). Adults' own attachment experiences and exposure to death events assisted them in supporting the child as did other adults taking on the parenting role (section 4.3.1). Peers were a feature of bereaved children's positive social networks and whilst the research did not seek to explore this aspect, parents and educators reported that their children had formed some positive peer relationships and maintained these (section 5.3).These social interactions which provide consistency of care can provide a strong emotional support network for bereaved children and may help to lessen the emotional distress experienced when a parent dies.

Children at this age may not fully comprehend death but they do show signs of understanding that the person cannot come back. They use objects for either comfort or to remain close to the deceased. A food attachment (section 2.2.1; 4.3.1) became significant for one child and this is important in understanding the range of attachments children may make following the death of a parent (section 5.3). In the absence of the deceased, the children maintained attachments to the remaining parent or extended family and these were a consistent and supportive network of familiar people in the child's life. These attachments are fundamental for children at a time when they are

experiencing a permanent separation from a parent. The case studies bring together data that demonstrates a range of behaviours to theorise what bereavement is for very young children in the social context of family. Further research on theory-based bereavement studies of very young children will assist in strengthening this area of study. Inclusion of very young children's voices in research can be achieved through visual representations and conversations with children to add another dimension of attachment and separation not explored in this study.

6.1.4 Does educational progress differ post-bereavement?

Children's educational attainment, in some cases, improved and the parent reporting an increase in progress and enjoyment in the school environment (section 4.4.3). Timely interventions proved beneficial in a case where the child was not progressing as much as her peers. This was attributed to the time away from school she had with her father before he died. It is in the best interests of the child to maintain attendance to school to avoid any delays in educational attainment. Other cases reported an increase in progress. This could be for several reasons, one being that the age of the child was such that the increase in competence was a developmentally associated case rather than an impact on bereavement. Largely the children continued with their education as they previously had, some excelling in their progress. It was the older school children who presented with emerging emotional behaviours and this was sensitively dealt with by educators. Studies of older bereaved children (Bowlby, 1973; Conradt et al., 2014; Koblenz, 2016; Steffen and Coyle, 2017) demonstrate the difficulties they have emotionally and educationally. This is where policy interventions and support systems in tiers (Dorado, 2016; Faulconbridge, 2017) would facilitate effective interventions to reflect the changing needs of children for positive life and education outcomes. This research has illustrated the gap in research and proposed a model of adaptation (Section 5.6) to attend to the gap in knowledge for very young bereaved children.

6.1.5 What challenges do parents and educators face in the ongoing support of a parentally bereaved child?

Initial challenges are associated with responding to death conversations with children. Parents are dealing with their own grief and supporting a grieving child making spontaneous responses challenging when a child is wanting an answer. Parents were mindful of answering appropriately as were educators. Grief can remerge as children grow therefore as children progress in their education, educators may face the challenge of supporting a child who is experiencing emotional and educational difficulties associated with the death. This was clear in one case were the child's grief remerged resulting in the teacher asking colleagues for support in how to manage the situation.

Challenges for educators were associated with knowing how to respond to children (section 4.2.3; 4.4.1; 4.2). It was clear that very little training had been experienced by five out of the six case studies and one which Faulconbridge et al., (2017) highlighted back in 2017. Their experiences were a few hours training or a day's training on a degree level course to no training for level three trained educators. Raising awareness of this limited training can help training providers improve the death content in the curriculum. Increasing the training may be problematic as training providers' curriculum content may already be constrained by all the other requirements needed in the course. It may also be difficult for providers to deliver if they do not have access to the right training. Nonetheless, evidence from other studies (Faulconbridge et al., 2017; McLaughlin, Holliday, and Lytje, 2019) and data from this study strengthen the requirement to provide detailed training for educators around bereavement.

Challenges for parents, as previously mentioned, are the continued questions from children as they grow about the deceased. Making memories for children can be challenging for parents especially where the child has no knowledge or attachment relationship with the deceased (CS5). Three of the case studies had very young children at the time of death. These children as they grew began to try and identify themselves as part of the deceased's life. Photographs and other personal items were important in these cases to help the child visually connect and attach to the deceased.

The research raises an important overarching challenge for all educators in understanding death. An adjustment of the process model by Strobe and Schut (2002; 2016) to include children would help to raise awareness of the ways in which children move between the orientations of loss and restoration. The adaptation model (section 5.6) highlights the indicators of need and adjustment with coping indicators for children in the early years which shows, like the dual process model, how children can move between the indicators.

6.2 Reflection on methodological choices and research limitations

The research was designed to investigate parent and educator perspectives on early childhood bereavement. This framed how the research was approached, designed, and considered in relation to the participants. The following sections detail the choices made and how these would assist in answering the research question. Participant involvement is explored and experiences of managing large amounts of data. Limitations of the methodological choices made are referred to throughout.

6.2.1 Approach and research design

The approach to the study was grounded in a personal and professional perspective interested in parent and educator thoughts and feelings around bereavement. Therefore, an interpretivist paradigm was the favoured approach to gain the rich narrative associated with interpretivist research. The stories of the participants were important to represent as without this, the lived experiences of the parent and educators could not be fully explored and shared. Their lived experiences have been possible to document through a case study approach (section 2.3) which captured a range of perspectives from a range of participants. Reflection on this design aspect was lengthy and required extensive engagement with the different types of case studies (Tight, 2017). Consideration of trauma-based literature to inform methodological approaches would enhance the study by creating a broader remit for investigation. Inclusion of trauma-based practitioners would be one way to enhance the study and reveal more about responses to death events.

Early in the recruitment of participants the emphasis was on case studies being similar in their composition, for example a parent and educator. During the recruitment phase it was evident that more participants were willing to be involved. This broadened some case studies to include, Headteachers, managers, counsellors, and a grandparent. This added another dimension of experience and enriched the parent and educators' contribution. This approach and the evolved design of the case study composition makes comparison difficult as there can be no 'like for like' comparability. That said, all participants reflected on their experiences differently, therefore even if the composition were a parent and educator structure, the responses within that would always generate different personal views and data. The change in design to carry out telephone interviews (section 3.11) allowed for further participant engagement outside of the locality. The limitations of this impacted on how rapport with the participant was forged and resulted in shorter more functional interviews which reduced the elaboration of points made in response to the questions. It also felt emotionally distant and limited how non-verbal gestures could be acted upon. Skype interviews would probably have been a more suitable medium to communicate through. Additionally, the inclusion of a quantitative method, such as a questionnaire, would have triangulated the data further providing statistical evidence on experiences of bereavement. Inclusion of trauma-based professionals would also vary the participant groups enhancing triangulation in a field not previously considered in this study. That said, the study was designed to gain perceptions and capture the stories of bereaved individuals in a family context making quantitative data difficult to use in terms of confirmation of narratives with statistical data from a wider population. The case study design with different adult participants was therefore the method to triangulate participant perceptions within each case.

6.2.2 Ethical considerations

The decision to omit children from the case study research was an ethical consideration. It was difficult to determine prior to the collection of data if their involvement would have hindered their emotional stability and had an impact

on their mental health. This was a valid choice given parental subsequent accounts of how distressed some children were in their conversations at home about the deceased. Reflecting on the omission of children, it may have been beneficial to include artefacts from the children, such as drawings, memory book entries and video diaries from the parents and children. This would have created a different element for analysis hearing the voices of children first-hand rather than second-hand from the parent or educator. This has not limited what this research aimed to do but rather provided future consideration for further research in the field.

Conversations with adults at times touched on sensitive and emotional moments in their lives. Through experiencing this in the pilot and learning how to manage this sensitively has enabled reflective ethical practices to be implemented in those situations (see section 3.8).

6.2.3 Analysis choices

An inductive approach to analysis (Section 2.12) allowed for a thorough immersion in the data to create enhanced meaning (Yin, 2014). A six-stage process evolved which enabled meaning behind initial emerging themes to be formed prior to codes being applied. This was a reflective process and required six months of engagement with the raw data to facilitate reflection and connections to be made between the cases and themes. This was an important time for analysis before writing the findings chapter. It was emotionally challenging time but necessary to fully understand the meanings in each conversation. Approaching this using NVIVO may have assisted in systematic coding and would be a consideration in future studies. Whilst it is not a limitation it would help in managing large amounts of data.

6.3 Contribution to the field

Attachment theory has provided a theoretical framework to help understand the experiences of a bereaved child. Bowlby's (1969, 1973, 1980) seminal work has created theoretical foundations for other studies building on the lives of children and adults. His work has explored how children attach to others and what happens when separations occur. Likewise, Stroebe and Schut's

(2002;2016) influential development of the dual process model has created a greater understanding of how grief is experienced in terms of loss and restoration in adults. Current studies (Lai and Carr, 2018) have extended attachment thinking to present context specific attachments that reflect the social worlds of children today. Similarly, attachment thinking in the form of professional love (Page, 2018) and the relationships educators form with very young children are a pertinent focus particularly in relation to children in this study. Additionally, Stroebe and Schut's (2016) creation of a dual overload element in loss and restoration reflects the current lives of grieving individuals with everyday life noted as a factor in how individuals face bereavement and grieve. This study shows how the enduring nature of attachments continue after death with families creating moments to remember the deceased.

Limitations are evident in older theoretical research like that of Bowlby and Ainsworth and Bell which do not reflect the current day lives of families and their children. Likewise, grief studies focus on adults and omit children. Contemporary research needs to investigate how attachments are impacted upon in the early years following a parental death, what separation anxieties children have and how grief presents itself to significant others. Too few studies investigate the 0-7 age range and there needs to be further emphasis on how early years bereavement may affect children. The following recommendations lead the way forward in addressing some of the limitations in bereavement research.

6.3.1 Further considerations

In the absence of a child's life experience in relation to death events, to help them cope with the death, adults are creating meaning through words and gestures to aid their cognition. Creation of death meaning for very young children may help to minimise grief behaviours such as anxiety, insomnia, and fear of abandonment. Adults need to show confidence in their conversations with children (section 4.2) so that children can build their own emotional capacity based on what they have observed of the adults around them. Talking openly about death and the deceased can therefore be beneficial for

both the child and adults around them as they grieve. Clarity on terminology to use, with specified age groups, will help to break down taboos in talking about death. Implications for schools and charities include raising bereavement awareness using resources like those proposed by Holland (2001) which would strengthen educator confidence in talking about death with children. Integrating practices to strengthen emotion coaching (Dingwall and Sebba, 2018) creates the open dialogue between children and practitioners aiding attachments and opportunities to talk about issues affecting emotional health.

The training of professionals has sector wide implications in meeting the needs of children so that educators feel confident to respond appropriately. CS1 educators, trained to level three, received no bereavement training; CS2 school had trained fifty percent of their teaching team; CS3 had two trained LSAs across the school; CS4 had one member of staff trained in bereavement but they also had regular access to a trained bereavement counsellor; CS5 had a trained LSA in school and CS6 educator had bereavement training which amounted to two hours across her PGCE course. Emotional and educational needs of bereaved children should be met by well-informed educators who have had enhanced training. Faulconbridge et al., (2017) and McLaughlin, Holliday, and Lytje (2019) have raised training as a necessary requirement for educators which has yet to be implemented. Dissemination of this research would assist educators in their work with bereaved children and influence training of the future early years' workforce (Section 5.4). The message to the Government should be one showing that supporting children at the point of need minimises the increased need later in life for mental health services. Dedicated LSA educators supporting bereaved children ~~and~~ is a positive step forward to address later mental health concerns. Longitudinal research to determine what factors impact on children and young people at intervals over their lifetime has positive lifelong implications for future success and has been effective in the HEARTS programme (Dorado et al., 2016). Only then can accurate and informed recommendations lead to effective policy creation to support bereaved children.

Whilst there appears no educational delay in the children across all case studies there is a clear difference between them all, their age, how they express themselves and how the adults around them respond to death conversations. As other studies have shown older children (Conradt et al., 2014; Koblenz, 2016; Steffen and Coyle, 2017) to experience social and educational difficulties it is vital that further studies are carried out to understand at what point do very young children become the older child with social and educational difficulties. The exploration of educational attainment has provided positive evidence of good progress in educational terms for these children.

This study has shown that educational progress appears positive, but it is vital to recognise the indictors or need, how children cope and adjust to their bereavement for future educational and emotional growth. The adaptation model (Hudson, 2020) shows the child indicators expressed by significant adults in relation to how children respond to parental death. This model, using theory based on attachment and adjustment to loss and data from this study, further theorises bereavement responses of very young children, something which is absent from the field. This increases knowledge and understanding of very young bereaved children and how they respond to parental death.

6.3.2 Contribution to bereavement studies

The contribution to research in the bereavement field has been identified as the creation of an adaptation model (Hudson, 2020; section 4.6) based on data from this study. It clarifies the indicators noted from adult perspectives on how children respond to death and how the indicators may suggest needs or adjustment behaviours. The adaptation model can be examined further in future research and for the sector in creating a greater understanding of bereavement in the early years. Improved confidence in death conversations and terminology to use is still needed to help all those caring for bereaved children. Open dialogue and national school-based bereavement provision through policy transformation can be the beginnings of a new way of working for all those working with and caring for a grieving child. This has implications for training all educators to ensure they are confident to support children

emotionally and educationally. Additionally, identification of other forms of attachment has been significant in understanding how very young children cope after parental death. The enduring nature of attachments has shown how attachments are maintained after death and continue as children grow. Educators attachments to children are a key component of facilitating conversations with bereaved children and their families. The exploration of educational attainment has provided positive evidence of good progress in educational terms for these children. This evidence and the data from this study promote the importance of close adult and child relationships, confident conversations around death and education support when children show indicators of need.

6.4 Further Research and Dissemination

There is further research to be conducted in understanding the impact of parental death in early years. A national study on early years bereavement indictors and support measures will advance what has been found in this study and impact on how educators are trained in the future. This national study would support further measures to create education bereavement policy and initiatives for positive lifelong educational outcomes. Part of this national study would look to gain the perspectives of children through artefacts which represent their experiences of death. These could be expressions through art and creative writing along with how memory boxes and memory books are used with very young children. Likewise, inclusion of the impact of multiple death events, trauma (Thomas, Crosby, and Vanderhaar, 2019), adverse children's experiences (Dorado et al., 2016) and the impact on children emotionally and educationally would be necessary in a national study to fully investigate the life experiences of bereaved families and children.

Further research with bereaved children and the prevalence of imaginary friends would reveal how children 'use' them for support in times of need. It will identify key times when an imaginary friend develops and how parents and educators can support the child. Imaginary friends may develop in many childhoods so initially a study would include all young children to decipher what

child characteristics and circumstances prompt the appearance of the imaginary friend.

Dissemination of this study has taken place at national external events at Universities' Council for the Education of Teachers (Hudson-Gill, 2019) and more recently the Early Childhood Studies Degree Network conference (Hudson, 2020). Responses from dissemination have highlighted the sensitivity of the subject and identification of practice difficulties experienced by a wide range of practice educators. Audiences welcomed improved knowledge and understanding of death education for research purposes and practice application.

Future dissemination to national charities and Local Authorities will continue to place early years parental bereavement as an important feature in applying interventions that support positive educational progress and promote positive mental health. The impact of raising awareness of child bereavement through this and other more recent studies will support extension of national initiatives to create dialogue through emotion coaching (Dingwall and Sebba, 2018) and promotion of enduring attachments for children (University of Oxford, 2019). Additional dissemination through academic networks like Significant Interest Groups focused on bereavement and death has research implications leading to potential extensions in understanding of childhood bereavement. Advancement in this field is critical to facilitate greater understanding and support for bereaved children and the educators that support them.

This study has presented early years adaptation to parental bereavement in children aged 0-7 and dissemination of this will support parents, educators, and academics to continue to have a greater understanding of early years bereavement.

6.5 Personal and professional reflection on the research

When I started this research journey, as outlined in Chapter 1, I did not anticipate the emotional investment that would be made. This research has therefore been challenging for several personal and professional reasons. Personally, this research has touched upon my own lived experiences and at

times revealed my own journey through grief and loss retrospectively. This has raised questions of my own life and loss I had not previously thought about and continue to reflect on. The loss of friendships whilst carrying out the research was one such experience. Separation of friendships was a natural process where you grow apart from some due to what you are researching and the time it takes away from your friendship, time that you would have usually spent with friends. Talking about death is sadly a topic people avoid, and then they avoid you because they are afraid to ask how the research is progressing. It is easy to see how isolated people can become following death. Death is part of life and I am more at ease now with talking about death than I was before the research commenced. I hope that this will help me to talk more freely with friends and colleagues to begin advancing the knowledge of others and give them confidence about talking about death.

The professional learning across the duration of the study have taken its emotional toll and as Visser suggests impact on a researcher's well-being (section 3.8). The emotional investment in making sure the data was presented accurately required times of emotional reflexivity (section 1.4) to regain a balance of the purpose of study. It has taken time to make professional links with death study research groups due to the nature of early years and education in death studies. It is only in the final year of this study that an invitation has been offered to be part of a death studies research community at another University. These experiences to talk with other academics are important to advance knowledge in the field and offer academic support to early career researchers. This opportunity has created a professional sense of belonging reducing academic isolation. Further professional learning has allowed for a greater understanding of the research process and the time needed to complete such an undertaking. The professional learning that has taken place has changed how I approach academic work and apply a robust approach to enquiry. These are skills not learned in a classroom but learned by going through the Doctoral journey with the guidance of experienced researcher supervisors.

Engaging with the participants in this study has been of great personal and professional growth. They have selflessly given their time to share their experiences, to share with someone who would listen, and perhaps to help themselves understand more about their child following the outcome of the study. It has been a privilege to be part of their lived experiences, to see first-hand their story unfold, to appreciate human life and the importance of relationships. The profound impact this has, personally and professionally, will forever remain with me and has changed my view of the world, my place in it and that of those I hold dear.

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Appendix 1 - Original questions

1. To what extent are education settings aware of the long-term effects of childhood bereavement.

a. To what extent are children supported in education settings?

b. How is children's attainment in the EYFS affected by bereavement?

2. To what extent is a bereaved child's attainment in the EYFS influenced by their well-being?

a. How has the child's well-being altered pre and post bereavement?

b. How can interventions raise attainment in all areas of the EYFS and support the child's ongoing emotional needs?

Appendix 2 – Amended questions and interview schedule for educators and parents

Research Question

- What is the emotional and educational impact of parental bereavement in children 0-7 years old? Specific Research Questions
- How do very young children comprehend death?
- What is the emotional impact post-bereavement at home and in the setting?
- To what extent do attachment relationships support bereaved children?
- Does educational progress differ post-bereavement?
- What challenges do parents and educators face in the ongoing support of a parentally bereaved child?

Parent core questions	Educator core questions
1. Setting the context. Can you give me some background information on your family bereavement and the children that you have?	1. Setting the context. Can you give me some background information about the bereaved child/children you have worked with?
2. Before your family bereavement how would you describe your child/children's school experiences/progress?	2. What changes did you observe in the child/children following the bereavement?
3. Can you tell me about your child/children immediately after the bereavement and how they initially responded?	3. How was the child's attainment affected by the bereavement?
4. Can you recall how the school supported you and your children during this time?	4. What setting policies support or hinder your practice with bereaved children?

5. What changes have you noticed in your child/children?	5. Do bereaved children require specific support that is different to other school interventions for children in need of support?
6. How is your child progressing at school? Do you have any concerns about their progress and achievement?	6. In your view what are the long term effects of bereavement on a child's education and attainment?

Appendix 3 – Interviews undertaken

Participant Interviews	Case study 1	Case study 2	Case study 3	Case study 4	Case study 5	Case study 6
Parent	1) 18 mins 2) 23mins	1) 34mins 2) 25 mins	1) 28mins 2) 15mins	1) 43mins 2) 9 mins	30mins	25 mins
Educator/s Key Person	KP1) 7 mins KP2) 6 mins	29 mins	22 mins	34mins	10 mins	20 mins
Counsellor	-	75 mins	-	33 mins	-	-
Educator focus group	-	24 mins	-	-	-	-
Relative	-	58 mins	-	-	-	-
Headteacher/ Manager	-	10 mins	24 mins	-	14 mins	-