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# Consequences of childhood bereavement in the context of the British school system

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## Contents

## Executive summary

This review explores the findings of research on children who have lost a mother, father or sibling before the age of 18, with a specific focus on support from school. The review was carried out between February and December 2018 by a research team from the Faculty of Education, University of Cambridge, on behalf of Winston's Wish. The primary purpose of this review is to explore the immediate and long-term consequences of such losses for children in Western countries as well as the current state of support being provided to bereaved children in UK schools. The review focused upon recent research between the years 2000 and 2017 and aims to be an update. Most of the recent research on this topic is to be found within the fields of psychology, educational psychology and psychiatry, although reference is made to other disciplines.

### Research questions and review details

The research questions which drove the review are:

1. What does existing research cited in this report say about the short and long-term impact of parental and sibling bereavement on children?
2. What evidence is there about support in schools or lack of it for bereavement in childhood and the short and long-term consequences?
3. What is the evidence about the part that schools can play in supporting bereaved children?
4. What is the evidence on the factors that facilitate or block schools' engagement in the support of bereaved children?
5. Where are the gaps in research?

To create a concise and informative overview of the consequences of childhood bereavement, this report was written as a narrative review which aimed to answer the five specific research questions listed above. Although the method, procedures and principles differ from the methodology often used in systematic reviews, narrative reviews are systematic.

*Caveats on the research*

There are complexities in the research studies cited which affect the evidence on how much bereavement impacts upon children. These include:

- The applicability for the UK of research from many other countries.
- Differences in the sample of bereaved children in the study and how the samples were treated.
- Differences in research methods and tools used.
- Large-scale quantitative studies can cancel out 'opposite effects'.
- The theoretical frameworks used can affect the research design and the interpretation of the data.

This executive summary delivers a concise summary of the themes from the main report relating to:

- Psychological consequences
- Physical and health consequences
- Social consequences
- Educational consequences
- Factors that facilitate and block school engagement
- Status of current support provided by British schools

## Summary of main findings

### Introductory remarks

Loss and bereavement are very much part of being human and as such are normal, painful, predictable life events. Grief is not an illness. Customs around death have changed and are cultural. Beliefs about children and death mean that children are at times still excluded from mourning rituals and not always provided with information about own and other family members' critical illness. The Childhood Bereavement Network (2016) estimated that in 2015, approximately 41,000 children born in the United Kingdom lost a parent before the age of 18, which means that each day a child is parentally bereaved every 22 minutes. There has been some increase in the evidence on the long-term impact for some children. Although most bereaved children will not suffer long-term adverse effects of bereavement, bereaved children in general may have increased vulnerability when facing the developing psychological, physical and social challenges in life.

## Definitions

There are many definitions of bereavement and many use the concept of loss. We have used a narrower definition suggesting that bereavement is '…the term used to denote the objective situation of having lost someone significant through death' (Stroebe et al., 2008) and grief as a natural reaction to bereavement – a 'primarily emotional (affective) reaction to the loss of a loved one through death. It incorporates diverse psychological (cognitive, social, behavioural) and physical (psychological-somatic) manifestations' (p. 5). The majority of the field agree that grief is a natural process and does not necessitate professional intervention. Whether grief inevitably has long-term implications, especially for mental and social health, is an important and contested area where there are contradictory findings.

The early work on bereavement and grief by Freud, Winnicott and Bowlby has played an important role and continues to do so. It has also been critiqued. Parkes led the early focus on empirical work. More recent research has focused not so much on theory building but on empirical studies, although the theoretical frameworks have influenced the design and outcomes of empirical studies too. There has been little research on the role of the school and also less emphasis on bereavement from the death of a sibling, as well as the role of disadvantage.

The mediating and moderating factors that have been identified as affecting outcomes for bereaved children are:

1. The death and the rituals surrounding it.
2. The relationships between the child and the deceased parent and/or sibling both before and after the death.
3. The ability of the surviving parent to function and support the child after the death.
4. Family factors such as size, financial state, structure, style of coping, support and communication plus the stressors that affect the child. We do know now that mortality rates are linked to deprivation and poverty.
5. Support from peers and other institutions and persons, such as grandparents and schools.

6. Child characteristics including age, gender, self-perception and understanding of death.

We also know that disadvantage matters. Mortality rates vary and those living in disadvantaged homes can be at higher risk.

## Impacts from sibling and parental bereavement

Bereavement has been associated with a wide array of potential vulnerabilities, including challenges related to social interactions as well as mental and physical health. Four themes of psychological consequences; physical and health consequences; social consequences; and educational consequences address the following two questions:

1. *What does the cited research say about the short and long-term impact of bereavement on children?*
2. *What evidence is there about support or lack of it for bereavement in childhood and the short and long-term consequences?*

### 1. Psychological consequences

This is an expanding area of research. Recent conceptual and empirical work examines the complex pathways of development for children and young people and explores the role of bereavement in this journey.

Researchers have consistently found that childhood bereavement is associated with an increase in psychological distress and the majority of bereaved children and young people exhibit acute grief reactions, such as fear, helplessness, anxiety, anger, regression in developmental milestones, increased helplessness and lower self-esteem, insomnia, intrusive thoughts, apathy and psychosomatic symptoms. These indicators of distress are to be expected as the death of a parent or sibling is extremely distressing.

How short-lived is the impact is a source of much debate and contradictory findings. There are studies that report that bereaved children are one and a half times more likely to be diagnosed with any mental health disorder and vulnerability to depression among people who have experienced parental bereavement has been well documented. Other researchers reported

finding few indications that there was a significant increase in mental disorders in adulthood among people who had lost a parent before the age of 16 and concluded that most children 'overcome the loss of a parent during childhood without experiencing increased mental health problems, reduced functional limitations or a greater need for mental health services during adulthood' (Stikkelbroek et al., 2012).

Many researchers agree that the death of a parent or sibling can be a potential risk for mental health issues for the first two years, that symptoms decline with time, and that risks are highest when children experience death at a young age and unexpected deaths (e.g. car accidents, suicide). There remains disagreement regarding the significance for later mental health impacts. There are many reasons for this and recent studies have begun to engage seriously with the complexity of these contradictory findings and to propose ways in which we should deal with them.

The first set of issues is around the nature, scope and quality of the research studies and these include the following factors: size of the sample; nature of the sample. One possible reason for these contradictory findings is that the death is considered in isolation from events that led up to the death. Some researchers argue that there needs to be widespread attention to factors in the context such as: a systematic attention to the protective and risk factors and moderation of psychological adjust after family bereavement; to pre- and post-bereavement characteristics and factors; the presence of risk and protective factors prior to the death; multiple deaths and the mode of death; pre-existing problems in the family; gender and the expression of psychological distress; the financial consequences of the bereavement and social deprivation.

In trying to explain the complexity researchers are positing a new and more sophisticated form of research, one that looks at the interrelationship of bereavement with contextual factors. It is well documented in the psychiatric and psychology literature that mental health difficulties are always multifactorial and cannot simply be attributed to a straightforward cause and effect. It does, however, seem clear that bereavement in childhood might be a contributory factor for later vulnerability in some children. Some researchers are arguing for the need to develop an understanding of the interactional and contextual nature of the bereavement. Through detailing

the pathways through which adaptation occurs, professionals can identify optimal areas and time points for intervention.

Another risk that has been explored is the association between Post-Traumatic Stress Disorder (PTSD) and childhood loss. The risk was highest for children who experienced multiple losses or additional traumatic events as well as in traumatic bereavements, such as suicide or murder.

While research on bereavement has traditionally focused on the negative outcomes associated with such losses, there are new studies exploring the development of personal growth. Post-Traumatic Growth (PTG) among children and adolescents is an emerging field. There is disagreement on methods, what is measured and the level of PTG experienced among bereaved. More research is needed to understand the effects of PTG in relation to children and adolescents, as well as how parents and teachers can help facilitate such developments.

There are those for whom grieving is more short term and there are those for whom there are longer-term consequences. Research shows many factors at play. These include the mode of death, the context in which it occurs, the support around the bereaved child, the attachment patterns and other particular risk factors.

## 2. Physical and health consequences

Unlike psychological outcomes, the potential physical health consequences of childhood parental death have been less studied. Grief is a powerful physical and emotional experience that has a powerful physical impact. There is some research in this area on children. Many factors influence whether the impact is short or long term. These include the mode of death, the context in which it occurs, the support around the bereaved child, the attachment patterns and other particular risk factors.

### General health

The general quality of health among children is influenced by the death of a parent or sibling but the debate is about the nature of the consequence and its longevity.

Studies show that those who had experienced childhood bereavement reported having more health issues than their non-bereaved counterparts. There were also gender differences here.

We know that stressful events cause the body to react by producing cortisol and that this can impact severely on physical health. Death is a stressful event and if the system is not brought back into equilibrium, then the system becomes dysregulated and this can impact upon physical health. Therefore, regulation and particularly affect regulation play a crucial part in maintaining good mental and physical health. A critical protective factor is a warm relationship with the surviving caretaker/s. They report parental mental health, negative life events, self-system beliefs, genetics, pre-existing vulnerabilities, socioeconomic status and health behaviours are all significant factors in the stress process. Factors such as the degree of support after bereavement, the risk or protective factors in the environment and whether children are helped to regulate their emotional and behavioural responses are key.

Risks are further increased when the death is the result of a suicide, accident or is unexpected. One type of loss that has particularly significant consequences for bereaved children is death through suicide. A wide range of studies have observed that people who are bereaved as a result of suicide are themselves at increased risk of taking their own life.

The research on children losing a parent suggests that the 'adequacy of remaining parental care and the personal characteristics of the child are more powerful predictors of later adjustment than the loss of the parent per se.' (p. 1967). Research proposes psychosocial pathways for children in relation to bereavement. These pathways are linked to the psychosocial support, the context that the child is in when bereaved and their impact on the development of responses to future stressors.

While there appears to be an increase in risks to mortality following childhood bereavement, it has been somewhat difficult for researchers to predict how much of this risk is derived from the death itself and how much comes from family characteristics already in place at the time of the

loss. The investigation of this issue is further complicated by the fact that relatively few studies have explored the health-based risks of childhood bereavement.

### 3. Social consequences

Bereavement can create particular vulnerabilities for some young people, partly because of their youth and lack of power, but also because social context matters a great deal. When a parent dies the knock-on social effects can be complex and wide-ranging, especially for some modes of death e.g. suicide. Researchers have also found that childhood bereavement is socially biased. Children from disadvantaged homes are at increased risk of losing a loved one, which means that those who are already facing social challenges in their lives are also more likely to encounter bereavement during their childhood. Strong social networks mediate the negative effects caused by childhood bereavement.

One of the main findings is the importance of children and adolescents having someone to talk to following a loss. Twenty percent of bereaved participants reported that they had not talked to anyone, and this was directly correlated with an increased risk of having participated in bullying or assaults. They found that the loss led children to feel as though they had lost a connection with their peers and some participants felt the loss had made it difficult to connect with other people since they feared losing these relationships again. One of the most significant factors that can help mediate the negative effects caused by childhood bereavement is the existence of strong social networks, which give the bereaved someone to talk to about the loss. British and international experts have suggested that schools are particularly well suited to offer support. Schools often already understand the needs of the individual student and are one of the arenas where children spend most of their waking hours.

A study found that at age 30, the bereaved individual had an increased risk of being unemployed. They were also more likely to report that they 'never get what they want out of life.' However, the importance of coming from a parentally bereaved family could not be confirmed within the relevant statistical significance level.

A major analysis of the British Cohort Study showed that childhood bereavement does seem to have some long-term impact, but that the effect is limited after family background is taken into account. Other forms of family disruption have a different and more lasting influence on a child's ability to negotiate a successful transition to adult life than childhood bereavement.

As previously alluded to, researchers have also found that childhood bereavement is socially biased. Children from disadvantaged homes are at increased risk of losing a loved one, which means that those who are already facing social challenges in their lives are also more likely to encounter bereavement during their childhood.

### High-risk behaviour

Studies have linked the loss of a parent or sibling to high-risk behaviour and this finding has been confirmed by similar studies.

## 4. Educational consequences

During the period 2000 to 2017 there have been major changes in the English education system that pertain to the topic of childhood bereavement. Studies of the impact of these changes have shown that schools and local authorities have faced considerable challenges engaging with supporting and caring for vulnerable pupils. Added to this is a widening inequity in the school system. It would seem that it is harder to give time and attention to vulnerable pupils yet within the context of the mainstream school a specific focus on the needs of bereaved children is also clearly part of the agenda.

Childhood bereavement has been found to have some implications for children's ability to function and achieve at school. This is a complex and, as yet, inconclusive area of research. There are not many research studies but those there are do show some impact on school attainment. What is difficult to determine is the time span, the relationships and 'causes'. We can conclude that it is similar to other factors already discussed i.e. it all depends on the context of the bereavement and the supportive or unsupportive factors. The death often complicates relationships with friends for it can result in huge changes in life circumstances. It can affect the child's self-image, as well as creating concentration difficulties and possible drops in attainment for a period. While little research has been undertaken on the topic, the challenges that arise might increase the risk of the

student dropping out or being excluded from school, especially if there is an unsupportive environment.

### Achievement, educational aspirations and school dropout

A number of researchers have showed that bereaved children could be at increased risk of underachieving in school compared to their peers. Some of the association between parental bereavement and school performance could equally be explained by childhood socioeconomic position. Divergent results may stem from inconsistencies in the methodology used in different studies. Many of these studies did not take pre-loss factors, such as previous school performance, the child's overall level of competence and the type of loss, into account

It is as difficult to clarify the underlying reasons for negative performance in school as it is to explain positive performance gains. Again, many possible factors are identified: disadvantaged backgrounds relative to the other groups, age, experience, personality and the type of loss. Pre-existing factors are hard to disentangle. Another study concluded that current evidence does appear to suggest that parentally bereaved children are at risk of underperforming in school. The other factor is timescale. Both psychological and social challenges, such as depression and issues with friendships, which developed in the wake of a loss could lead to changes in the child's ability to function at school.

Studies show that when a child is grieving there are understandable challenges, such as concentration difficulties, and these may have short-term consequences. They also show that the bereavement cannot be said to be a causal factor in itself. Many of these studies show that this factor cannot be disentangled from issues of context i.e. support, care from surviving parent and socioeconomic issues. There is some evidence of increased vulnerability and of the power of support and care at this time.

### Social isolation and lack of student involvement

Few studies have interviewed bereaved children themselves about their experiences following a death and their wishes regarding the support provided by their schools, although a few examples exist.

Relatively little is still known about students' desires in relation to school bereavement support. As such, the endeavour to obtain student perspectives on the support they need has been highly under-prioritised within the research field and requires significantly more attention in the future.

### Exclusion

The ways in which childhood bereavement might relate to school exclusion have received little attention from researchers since 2000. There have been suggestions that childhood bereavement and the challenges that follow in its wake might increase the risk of bereaved children being subject to exclusion in British schools. There is evidence of deprivation but the direct part played by bereavement alone is very hard to identify in current research. We cannot seek simple cause and effect as multiple factors are at play and these interact in a complex manner. We do know there is a bi-directional relationship between exclusion from school and psychopathology in children as seen in a large population-based survey of childhood mental health in Great Britain and its follow-up three years later. New onset mental health disorder may be a consequence of exclusion from school. Therefore, supporting children who struggle at school may prevent both exclusion and future psychiatric disorder, but no in-depth or large-scale studies have been undertaken on the topic. Studies have shown that often it is not a single event in the lives of such children that creates an increased risk, but a combination of many factors; researchers should be encouraged explore this issue in more depth.

## The British school system and childhood bereavement

This section explores how the current British school system deals with bereavement and the ways in which such support can be improved. It answers the questions:

3. *What is the evidence on the part that schools can play in supporting bereaved children?*
4. *What is the evidence on the factors that facilitate or block schools' engagement in the support of bereaved children?*

A lack of clarity on governmental and school polices on mental health and bereavement has led to both confusion and disagreement on the forms of support schools should offer and the extent of

that support. This has led to a somewhat random approach to the forms of support currently provided to bereaved children in British schools.

The Chief Inspector for Schools over the last 18 months has consistently warned that vulnerable pupils are not being treated with equity and that schools and local authorities have faced considerable challenges engaging with supporting and caring for vulnerable pupils and dealing with a widening inequity in the school system. The climate in English schools is highly pressured, the focus has shifted to academic outcomes and time and support are rare resources. This makes it harder to give time and attention to vulnerable pupils within the context of mainstream schools. Students report receiving only little or no help at all following bereavement.

### Factors that facilitate and block school engagement

It is the environments where children grow up that are highly influential in promoting or damaging mental wellbeing and schools are a powerful site for supporting and developing children socially and emotionally. There is a new focus on mental health and schools, as well as personal and social development. There have been references to child bereavement but there has not been a specific and precise focus upon or definition of the role of the school.

Several studies have uncovered that British schools find bereavement support to be of high priority but school staff feel they lack the skills and the capacity to promote student mental health. They often feel isolated when facing issues related to emotional wellbeing and unable to provide the precise support required for struggling students to achieve in modern-day schools. These challenges lead to significant variance in the efforts schools undertake to promote mental wellbeing.

### Status of current support provided by British schools

Studies report that small numbers of British schools have a planned, managed and holistic response to bereavement. Provision is patchy with existing examples of good and bad practice. More research and in particular a large-scale study of high quality is needed to provide a better understanding of the current state of bereavement support in schools.

### How schools can act as a supportive factor

Studies have shown that schools have the potential to be a significant support factor in the lives of bereaved children following a loss. In the time directly after a death, the ability of the remaining family to support the bereaved child is often reduced. The best way to mediate vulnerability at this time is to provide children with support mechanisms, such as giving them someone to talk to. Studies have found that having someone to share difficult thoughts with appears to engender significant resilience in the child, which directly reduces the experienced difficulties and the potential for high-risk behaviour. Staff in schools can be well suited to offer support at a time where bereaved families might not be able to.

### Advantages of a planned holistic response to bereavement

Studies have shown the important part that a planned, managed and holistic response to bereavement can play in supporting bereaved students and in helping staff to intervene and work with confidence. A limited number of qualitative studies indicate that many students do want their teachers to support them, but students are also ambivalent. Well-managed support can reduce many of the challenges and issues bereaved children encounter at school. Currently only Denmark and Australia seem to have school bereavement response systems that are implemented on a national scale. In addition to supporting the bereaved student and teachers, planned responses also appear to be able to provide support to the school community in general.

While the number of studies on the benefits of planned holistic responses to bereavement is small, the research that does exist indicates that there are significant benefits, both for the teachers who have to support bereaved students, and in relation to the amount and quality of support provided to the children themselves.

## Gaps in literature

This section provides a summary of the current gaps in the literature and answers question 5: *Where are the gaps in research?*

The main gaps are: research on the death of a sibling and its impact as opposed to the death of a parent. There is also a lack of research on grief in children and adolescents which focuses on a

specific age and whether there are age differences. Researchers have also found that the cultural and socioeconomic factors in the families play a role in the support needed following a death. Little research has explored how these areas affect the support schools should provide.

Current researchers are interested in a more complex theory and design of research i.e. one that accepts the importance of the social and cultural context and one that aims to look at how the risk and protective factors can be mediated and inform the work of professionals. This seems to have emerged as a very important gap and one that is being pursued by researchers.

Specific UK research with a national spread is also needed. A study needs to determine the challenges British teachers face when encountering childhood bereavement. There is a need to understand the current context and practices, plus the challenges and successes.

## Concluding remarks

In reading the research we need to be mindful that there is a general difficulty in establishing causal connection between child bereavement and particular outcomes.

Bereavement is an inevitable part of life and the majority of children come through this painful experience changed but able to move on to live constructive lives. There is evidence that the death of a mother, father or sibling can have an extensive influence on children's lives and for some it is longer lasting. Children who experience such losses encounter psychological, physical, health, social, cultural and educational challenges in the time that follows. Some challenges fade with time and with support, while others seem to persist and be life-long. The idea of pathways to impact is an important thread in the research. Understanding the pathways through which adaptation occurs can help identify optimal areas or time points for intervention, maximizing the opportunity to promote positive development post-bereavement. Professionals need to understand these pathways better. It is important to identify the facilitators of reduced vulnerability and in particular the part that schools can play in that.

Few English schools today have planned responses to bereavement. This is a challenge for teachers, who often struggle with knowing what to do and fear doing more harm than good when encountering bereaved children.

Not all experiences gained from bereavement are negative, and some of those who have experienced loss report perceived personal growth and the development of strengths.

There is a need to involve young people themselves in shaping the responses that are formed in schools.

Research and development are much needed and especially that which focuses upon what makes a significant difference to the consequences for young people. The involvement of young people and their teachers in research and development on bereavement would be a step forward.

## 1.0 Introduction

Loss and bereavement are very much part of being human and as such are normal, painful, predictable life events. Grief is not an illness. However, there have also been changes in how our society deals with death. These have had an impact and there has been some increase in the evidence on the long-term impact for some children. There have been recent reviews of the evidence on the potential consequences in later life of bereavement as a child. These include Akerman and Statham (2014) for the Department of Education and Penny and Stubbs (2015) *Bereavement in Childhood* for the Childhood Bereavement Network. These have been very useful indeed. Our focus has been on research only in the period from 2000 to 2017 with the intention of providing an update. We will give a brief history of previous work in Section 2 but we are focusing first on recent evidence and second on children and young people experiencing the death of a parent or sibling.

The Childhood Bereavement Network (2016) estimated that in 2015 approximately 41,000 children born in the United Kingdom lost a parent before the age of 18 and that each day a child in the UK was parentally bereaved every 22 minutes. While exact numbers are hard to establish, Fauth, Thompson and Penny (2009) further estimate that around 3.5% of all 5 to 16-year-old children have experienced the loss of a parent or sibling in the UK. This is the equivalent of 1 in 29 children, meaning that approximately one child in every British primary and secondary class has experienced the death of a mother, father or sibling. Over the past decade, there has been more research evidence that for some young people childhood bereavement may have short and long-term consequences. Children who have experienced the death of a parent will show a wide range of emotional and behavioural responses. However, psychiatric disorder is rare (Akerman & Statham, 2011). We also know that there are mediating factors which will impact upon how young people progress after a bereavement. These aspects will be explored in more depth later on in this report.

'While many young people find bereavement deeply upsetting, not all the consequences are necessarily negative; opposite effects may occur for different individuals or at different times. Much depends on the context and nature of the bereavement and the meaning it holds for individuals.' (Ribbens and Jessop, 2005; p. 1)

Although most bereaved children will not suffer long-term adverse effects of bereavement, bereaved children in general may have increased vulnerability when facing the developing psychological, physical and social challenges in life. In general, they face challenges around completing levels of education, life happiness and mortality rates (e.g. Abdelnoor & Hollins, 2004; A. Dyregrov, Dyregrov, Endsjø, & Idsoe, 2015; Li et al., 2014; Parsons, 2011). Where losses have been caused by life-threatening illnesses, these challenges can be identified in the period leading up to the loss (e.g. Lytje, 2016a; Phillips, 2014) as well as in the time period following the bereavement (e.g. Dowdney, 2000; K. Dyregrov, 2004; Nielsen, Sørensen, & Hansen, 2012). Several studies (Kravdal & Grundy, 2016; Parsons, 2011; Smith, Hanson, Norton, Hollingshaus, & Mineau, 2014) have also found that some of the challenges that arise as a consequence of childhood bereavement appear to be life-long rather than temporary. There has also been a growth in evidence on the impact of providing support to children at this time (e.g. Christ & Christ, 2006; Nielsen et al., 2012) which underlines the importance of examining and providing appropriate support. This review aims to explore these issues by examining the personal consequences associated with the death of a mother, father or sibling before the age of 18 through the themes of:

- Psychological consequences
- Physical and health consequences
- Social consequences
- Educational consequences
- Bereavement support provided by British schools
- Gaps in the literature



## 1.1 Research questions and review structure

There is research which shows that many areas would benefit from further exploration when examining the impact and support for bereavement for children and young people. For example, one is peer support and another is peer bereavement. We have taken a more singular focus in this report. This literature review is structured around five questions. These are:

1. What does existing research cited in this review say about the short and long-term impact of parental and sibling bereavement on children?
2. What evidence is there about support in schools for bereavement in childhood and the short and long-term consequences?
3. What is the evidence about the part that schools play in supporting bereaved children?
4. What is the evidence on the factors that facilitate or block schools' engagement in the support of bereaved children?
5. Where are the gaps in in the cited research in relation to these questions?

After having delineated the types of loss explored in this review and the methods used in the writing of this publication, section two gives a quick summary of important historic research and societal challenges in approaching death. This is followed by a review of the current state of the research on bereavement. These sections are provided to establish a foundation from where to answer the posed research questions.

Research questions 1 and 2 are answered in section three, which explores current evidence on the challenges that arise from parental and sibling bereavement. Research questions 3 and 4 are investigated in section four, which analyses the state of current bereavement responses in British schools. This includes facilitating and hindering factors, as well as experiences, gained from other countries that apply structured bereavement responses in their schools. Section five answers research question five by exploring current gaps in the literature, and further provides recommendations for future research. The review concludes with a summary of known consequences and a discussion on how British schools can be encouraged and supported in the work to provide better support for bereaved students.

*Caveats*

There are complexities in the research studies cited and they affect the evidence on how much bereavement impacts upon children. Both Penny and Stubbs (2015) and Ribbens McCarthy and

Jessop (2005) provided a useful list of why findings can appear complex and contradictory, which we paraphrase here:

- Research from many countries is not necessarily directly applicable to the UK. The US and Scandinavia, for example, have different health care and social support systems. However, the traditions of research in these countries have grown and have much to offer;
- Due to differences in the sample of bereaved children in the study e.g. are parental and sibling bereavement treated separately? Are mental health difficulties before a bereavement factored in to the study?
- Due to differences in research methods and tools used. Is a scale used to be the basis for a mental health referral the same as an interview for symptoms of depression?
- Large scale quantitative studies can cancel out 'opposite effects';
- The theoretical framework used can affect the research design and the interpretation of the data.

These will be explored further in relation to particular studies and mediating factors will also be further discussed in section 3.0

### 1.2 Types of bereavement and age groups explored in this review

This review explores bereavements where a child has experienced the death of a mother, father or sibling before the age of 18. This includes both expected deaths (e.g. cancer, diabetes) and unexpected deaths (accidents, suicide). Researchers (e.g. Niederkrotenthaler, Floderus, Alexanderson, Rasmussen, & Mittendorfer-Rutz, 2012; Rostila, Berg, Arat, Vinnerljung, & Hjern, 2016) have found that the type of bereavement directly influences the risks to the bereaved child. During the review, such differentiations will be highlighted when these are present in the literature.

It is not uncommon that researchers investigate the consequences for both children and adolescents in the same study. As such, some studies on bereavement include samples of participants both over and under the age of 18. While this review mainly explores the

consequences for children under the age of 18, in order not to exclude studies that cover both children and adolescent participants, adolescent studies will be included in this review when they also cover data from participants under the age of 18. To provide clarity when this occurs, such studies are mentioned as including an adolescent participant group.

There has been some debate on what age groups are covered in the term *Adolescence.* Sawyer, Azzopardi, Wickremarathne and Patton (2018) argue that this has led to some confusion and propose that while adolescence has often been defined as children aged 10-19, a definition that covers 10-24-year-olds better corresponds to popular understanding and usage. This expanded definition can also be seen in other studies that include adolescents as a group, and therefore this review will use the term *Adolescents* for participants up to the age of 24.

In a few places studies comprise adult samples. This only occurs when the sample has either lost someone during childhood and the review explores long-term consequences of this loss or if such studies might provide indications about an issue, in cases where no children or adolescent studies exist.

### 1.3 Review method

To create a concise and informative overview of the consequences of childhood bereavement, this report was written as a narrative review which aimed to answer the five specific research questions listed in 1.1. Narrative reviews are scholarly summaries that are presented along with interpretations and critique of the articles they cover (MacLure, 2005). They are especially effective at creating an overview of a larger field as opposed to examining a single specific area in depth within a larger field (Mulrow & Cook, 1998). Although the method, procedures and principles differ from the methodology often used in systematic reviews, narrative reviews are by no means unsystematic (Greenhalgh, Thorne, & Malterud, 2018).

The aim of the narrative review is to provide an authoritative argument, founded on informed wisdom, which is credible to an audience of experts. Therefore, the review must authentically present both the underpinning evidence and how this evidence has been used and combined, to inform its review conclusions (Greenhalgh et al., 2018). Greenhalgh et al. (2018) conclude that the narrative review is not a poor cousin of the systematic review but an alternative and often

complementary form of scholarship. Although the method is an effective tool for creating an overview of a field, it has been criticised for overemphasising highly quoted articles at the expense of latest research knowledge (Mulrow & Cook, 1998). To avoid this problem in this article, experience gained from recent reviews (Lytje, 2016a; Lytje & Dyregrov, In press), and updated literature searches focusing on mental, physical, social and educational challenges have been used. During this process, focus was placed on uncovering the most recent articles on the topic to provide readers with as contemporary a perspective as possible on the challenges relating to parental and sibling bereavement.

Research on childhood bereavement has been heavily embedded within the fields of psychology and educational psychology. Therefore, this review will draw most of its articles from these fields, while also including studies from areas such as medicine, education, exclusion and psycho-oncology. Since British schools deal with bereavements under the banner of mental health, articles on this topic will also be included when exploring the state of support offered by British schools. While significant theoretical contributions from other fields such as sociology and anthropology (e.g. Králová & Walter, 2018; Mellor & Shilling, 1993; Seale, 1998) are recognised as highly important, the coverage of such theories goes beyond the research questions posed for this review.

Instead the aim is to present a contemporary review on the consequences of parental and sibling bereavement, as experienced in Western countries and based on empirical research. The review further endeavours to explore the current state of support provided to bereaved children by British schools. In order to do this, the review mainly focuses on research authored between 2000 and 2017. The only exception from this will be when older studies have found significant results that have not been recreated in later studies. Table 1 gives an overview of the complete review process.

*Table 1: Literature review process*

| Step | Search procedure |
|---|---|
| 1. | Preceding literature reviews were used as a foundation for this review: these included a systematic review, covering 385 articles, undertaken for a doctoral dissertation (Lytje, 2016a), as well as new insights gained from an upcoming narrative review by Lytje and Dyregrov (In press). |
| 2 | Using Google Scholar, additional searches were undertaken based on the key themes of this review and informed by the experience gained from step 1. |
| 3 | Based on the experiences gained from previous reviews, key journals (Death Studies, OMEGA, Bereavement Care), were explored for new publications. |
| 4 | New articles that were uncovered and found relevant to this review were tracked via Google Scholar, in relation to the articles that they had been cited in. This allowed the study to uncover relevant publications that were not published in the more area-specific journals.<br>Systematic library searches were undertaken on specific themes e.g. exclusions from school.<br>The search terms used are detailed in Appendix 1. |

## 2.0 Historic development of research on grief and bereavement

This section explores the historic development of research on grief in Western society. It begins with a delineation of bereavement, grief, mourning and complicated grief, is followed by a summary of how Western society has come to perceive bereavement and examines the taboo associated with death. With this in place, the review provides a summary of the early foundations on which contemporary research is built, as well as an overview of the current state of bereavement research and literature.

### 2.1 Bereavement, grief, mourning and complicated grief

During the last decades researchers have debated how to define bereavement. This has led to several diverse definitions. Worden in 2009 characterised bereavement as: '...the loss to which a person is trying to adapt' (p. 17). This definition is similar to that by Ollendick and Schroeder (2003), who proposed that bereavement is: '...The process that occurs when people lose someone or something significant to them' (p. 59). Interestingly, the word *death* is never mentioned in

any of these definitions. Based on the above definitions bereavement might happen during events such as divorce, illness or the loss of a beloved item.

A more narrow interpretation is that of Stroebe, Hansson, Schut and Stroebe (2008) who suggest that bereavement should be defined as: '…the term used to denote the objective situation of having lost someone significant through death' (p. 4). They subsequently define *'someone significant'* as including: '…personal losses experienced across the life span: The death of parents, siblings, partners, friends and… one's own child' (Stroebe et al., 2008, p. 5). Stroebe et al. (2008) argue that this definition has generally been used with reasonable consistency by authors within the field, including Archer (1999) and Parkes (1985). On the topic of defining grief and mourning, Stroebe et al. (2008) propose that while these terms have at times been considered synonymous, they are today seen as different concepts. Worden (2009) proposes that mourning is the social and outward display of grief, following a loss, whereas grief is the more personal and inward experience of a loss.

As with bereavement, researchers have struggled to agree on a definition of grief. Archer (1999) defined it as: 'the cost we pay for being able to love in the way we do' (p. 5). This definition is quite successful in describing the nature of grief but fails to illustrate the consequences of it. Here, the definition by Stroebe et al. (2008) is more concrete. They define grief as a natural reaction to bereavement and a 'primarily emotional (affective) reaction to the loss of a loved one through death. It incorporates diverse psychological (cognitive, social behavioural) and physical (psychological-somatic) manifestations' (p. 5). The majority of the field (e.g. Cullberg, 2006; Jordan & Neimeyer, 2003; Stroebe et al., 2008) agree that grief is a natural process and does not necessitate professional intervention. This is supported by Archer (1999), who further highlights that grief has never been classified as a psychiatric disorder.

Despite grief in most cases being a healthy reaction, there can be situations where a bereaved person fails to work through it by his or her own means (Bonanno & Kaltman, 1999). In such cases, it can turn into a more severe and enduring form. This phenomenon has been known under different names, including *pathological, traumatic, unresolved* and *prolonged* grief. However, within the last decade, the field has mainly settled on the terms *Prolonged Grief Disorder* and

*Complicated Grief.* Both diagnoses describe severe and debilitating distress reactions in bereaved individuals that have not subsided after six months. The concepts cover almost the same diagnosis and are more dependent on the different emphasis of researchers (Bryant, 2014). Where complicated grief sees unhealthy grief reactions as qualitatively distinct from the reactions that arise in the acute phase of grief, prolonged grief suggests that the acute reactions from this period simply persist, and the bereaved person becomes 'stuck' in his or her recovery process (Bryant, 2014, p. 22). Proponents (e.g. Bryant, 2014; Prigerson et al., 2009) suggest that both diagnoses describe a constant and persistent yearning for the deceased and/or an intense preoccupation with the loss. Further symptoms include that the bereaved individual may have difficulty accepting that the death occurred, as well as experiencing problems in resuming social relations and other parts of their lives. Although most people do not suffer from complicated grief after bereavement, studies (e.g. Lundorff, Holmgren, Zachariae, Farver-Vestergaard, & O'Connor, 2017; Shear et al., 2011) have indicated that a subset of 10% of the group do.

In recent years, there has been extensive research into the development of a diagnosis related to losses that are so difficult they hinder the bereaved from living a full life. It is expected that the diagnosis *Prolonged Grief Disorder* will be introduced in the 11$^{th}$ revision of the *International Classification of Diseases* (ICD-11) published by the *World Health Organization* (WHO) in 2018. However, the official diagnosis has yet to be published, and at the time of this writing it is still uncertain as to whether it will include children who in general have been found to have a different trajectory of grief than adults (e.g. Cohen, Mannarino, 2006: A. Dyregrov & Dyregrov, 2013). This development is highly contentious as it provides the potential for grief to become pathologised. Granek and Peleg-Sagy (2017) frame the contextual nature of grief very well, 'While the phenomenon of grief may be universal, the expression of grief and mourning is contextually bound (Cowles, 1996; Eisenbruch, 1984a, 1984b; Stroebe & Schut, 1998). The expression and experience of grief and mourning are mediated by one's culture, ethnicity, race, religion, geographical location, socio-economic status, age, gender, and so on.' (p. 386)

## 2.2 Societal understanding of death in a historical perspective

As our society has advanced, our understanding and conceptualisation of death has changed. While researchers today have a greater understanding than ever about the causes of death, there are still debates about our capacity to accept and talk about death (e.g. Walter, 1994). This section explores some of the changes in society and the challenges created, not only for bereaved children and the people trying to support them, but for everyone.

According to Ariés (1981), in modern society religion has lost much of the power it once held and many rituals and beliefs, such as the last communion with God, have been abandoned. Society has seen significant advances in medicine and this has had the consequence that the dying are now often hospitalised. At the same time, some mourning has often disappeared from the public view. The British Social Attitudes survey has begun to explore attitudes and in 2012 asked about attitudes to death and dying. The research showed that there is a complex picture (Cox et al., 2013). Public attitudes have remained relatively constant over the past 20 years but the evidence available suggests that they are becoming more complex and equivocal. Influential factors that shape attitudes are gender, ethnicity and previous experience of death. It can be reasonably assumed that there will be the same diversity and range of response when dealing with children, although more specific research is needed on this.

We do know that beliefs about children and death mean that children are at times still excluded from mourning rituals and not always provided with information about their own and other family members' critical illness (Heeren, 2011; Holland, 2001). Similarly, there can be ambiguity and fear among schoolteachers and how they feel about dealing with bereavement. Some previous studies (e.g. Cullinan, 1990; Reid & Dixon, 1999) have found that teachers keenly feel the taboo surrounding death and often struggle with knowing how and when to overcome the barriers it creates. This creates much frustration and sometimes leads to little being done to support grieving children (Holland, 2001; Lowton & Higginson, 2003).

## 2.3 Early foundations for research on grief

Death has always played a significant role in society and many prominent researchers have undertaken studies trying to understand the role of grief in humans and their communities. While

not all-inclusive, this section provides an overview of key ideas from researchers during the last century and how they informed and inspired future research.

There exists a general consensus that Freud (1913a, 1917b) was one of the first and most significant contributors to the field of grief (e.g. Archer, 2008; Holland, 2001; Jacobs, 1999). *Mourning and Melancholia* (Freud, 1917) is today considered a seminal work and seen as the first real theory of grief. In this publication Freud cautioned that if a person suffering from grief failed to deal with his or her loss, or suffered from conflicting emotions related to the bereaved, the grief might turn pathological (Worden, 2009). Freud further expressed a belief that many psychiatric illnesses were different iterations of this grief. In their review of his work, Bonanno and Kaltman (1999) suggest that the main inspiration for how Freud developed his theory of grief was his own experiences with loss. They further highlight that Freud himself presented his views on grief with some caution, and personally was more interested in exploring depression than grief. In addition, they discuss how, despite Freud's own ambivalence, his theory on grief became highly influential and the inspiration for many important grief researchers who would follow in his steps, including Lindemann (1944) and Bowlby (1969, 1973, 1980).

Bowlby, in particular, continued the work towards creating a theory of grief. Inspired by both Darwinian and Freudian contributions, in 1980 Bowlby published the highly influential book *Loss: Sadness and Depression.* The central thesis in his book was that human beings are born with an attachment behavioural system that motivates them to seek proximity to significant others in times of distress. They do this to protect themselves and reduce stress. Such a mechanism was, according to Bowlby (1980b), a survival strategy and something that is evident in all humans but especially intense in infants and children. The availability and responsiveness of a child's attachment figure (usually a parent) provides the child with a 'strong and pervasive' sense of security (Bowlby, 1988, p. 30). The loss of a parent is therefore associated with the loss of security. Bowlby (1982) described the effect of parental loss in children in terms of both an increased likelihood of, and a greater vulnerability to, future adversity. He articulated a clear description of the mourning responses of both adults and children. These include anger, directed at third parties, the self, and sometimes the person lost; disbelief, and a tendency to search for the person lost in the hope of reunion. Importantly, Bowlby (1982) reported that when the mourning of children

follows an atypical course it is often because the child was not given adequate information about what happened or there was no one there to empathise with them and help them come to terms with their loss and their feelings about the loss. This is a theme also visited by Winnicott (1996), who describes a false personality that might be developed if the bereaved child is not supported to grieve their loss. Such a personality he argues is 'jocular, shallow and distractible', and such a child might struggle to make friends (Winnicott, 1996, p. 47). Winnicott's view is the child needs a supportive holding environment that acknowledges the child's feelings and grief. This will allow the child to recover from the loss and the guilt the child may feel despite not being to blame for the death of the loved one.

This early work by Bowlby and Winnicott resonates closely with current thinking and theory in affect regulation and development of the self from researchers of neurobiology such as Schore (2014). This more recent work confirms that human development is not the isolated unfolding of a self in a vacuum but requires a psychosocial context of a relationship with an intimate other. Attachment does much more than provide a sense of safety and security: it is the basis of 'experience dependent' brain growth. A child needs the presence of an empathic, emotionally sensitive and reflective adult in order to develop the capacity to regulate their emotional experience. A bereaved child, therefore, needs the presence of a caring, compassionate adult who can meet their psychological needs and calm and soothe their emotional distress and insecurity.

According to Weiss (2008) Bowlby quickly became influential and remained so for the next 20 years. Archer (2008) further highlights that Bowlby's work was the main inspiration for later theories such as those of Kübler-Ross (1972), Freeman (1984) and Goldberg (1981).

While Bowlby was mainly interested in developing a theory of grief, his student Parkes would become a key figure in the development of empirical research on grief. Where Bowlby was inspired by psychoanalysis, Parkes believed grief needed to be examined using empirical methods (Granek, 2010). This led Parkes to undertake several clinical (1964, 1965, 1972) and longitudinal studies (1970, 1972) on grief. According to Granek (2010) these studies resulted in a shift in bereavement research, which in the following years spent less effort on theory building and increased the focus

on empirically based studies. Granek (2010) concluded that Parkes was vital in establishing grief as a psychological entity within the discipline but may also have contributed to the danger of pathologising grief. He successfully highlighted both the problem of pathological grief, and, at the same time, presented a solution for it in the form of psychiatric intervention. While the influence of Freud and Bowlby would wane as time passed, the work of Parkes would come to spearhead the increased focus among researchers on the use of empirical methods when undertaking research on bereavement.

Specific empirical work on adolescents and bereavement in schools began in the 1990s. John Holland made a particular contribution (e.g. Holland 1993; Tracey & Holland, 2008). The studies showed that although it was a high priority for teachers there was fear and apprehension about how to tackle the issues around bereaved children in school.

### 2.4 Cultural and religious factors impacting bereavement

Oyebode and Owens (2013) proposed that while death itself is universal, the ways in which people respond to it are remarkably varied. In light of this, several studies (e.g. Granek & Peleg-Sagy, 2017; Rosenblatt, 2013; Walter & McCoyd, 2009), have reported that grief, mourning and death rituals vary in different cultures and are often highly influenced by religious practices and doctrines. This includes factors such as how and when rituals are practised, as well as differences in duration, frequency and intensity of the grieving process (Clements et al., 2003; Lobar, Youngblut, & Brooten, 2006). As an example Rivera-Andino and Lopez (2000) reported that Hispanic families found it detrimental for ill members of their family to know about the seriousness of their illness. Instead the family would make the important decisions. Another study by Oltjenbruns (1998) based on 100 Hispanic and Anglo college students, uncovered that Hispanic students displayed greater outward expression of grief, as well as more severe physiologic reactions than Anglo students. At the same time Parkes, Lauguani and Young (2015) reported that people of faith were likely to find support in coping with the loss of a loved one through their religion, while the religions themselves provided different perspectives on what occurs following death, such as reincarnation or heaven and hell (Deshpande, Reid, & Rao, 2005; Hays et al., 2008).

In a short overview of the cultural influences on adolescence grief, Lopez (2011) noted that although there has been an acknowledgement of culture being an important factor in understanding grief, there has been very little focus on how it impacts the experience of grief among adolescents. While Lopez (2011) does not comment on this in relation to children, this statement also seems true for this age group. She concludes that more attention needs to be given to such research so that we can develop our understanding of how culture shapes the adolescent's experience of loss and subsequent grief. While guidebooks on school support (e.g. Brown & Jimerson, 2017; Webb & Doka, 2010) and bereavement often recommend their readers to be aware that cultural and religious differences or backgrounds might influence support, no research articles were found which explored this in relation to children and adolescents. Therefore, there is currently very limited knowledge on how cultural and religious factors might come into play when schools encounter bereavement.

### 2.5 Current state of bereavement research on childhood bereavement

Although Freud's and Bowlby's works have remained important, they have also been the subject of much critique during the last two decades, especially the belief that bereaved individuals have to pass through a series of stages, as proposed by Bowlby (1969c, 1973, 1980d). The stage theories it inspired have been questioned. Weiss (2008) argued that this is because an inflexible sequence of stages has never been empirically confirmed. For a stage theory to be valid it should be able to predict how grief develops in every individual. Empirical research has documented that it does not. While Freudian thoughts endure, Granek (2010) proposed that since the launch of *OMEGA: The Journal for Death and Dying,* which was the first specialised journal covering the topic of bereavement, grief research has become more mainstream and better integrated into the psychological field. An example is the increased interest surrounding the creation of inventories and instruments to measure grief (e.g. Faschingbauer, Zisook, & DeVaul, 1987: Dyregrov et al., 2001).

While there today exists a significant body of literature on bereavement, few researchers have explored the relationships between childhood bereavement and school support. The literature review conducted as part of this report suggests that during the last 18 years, fewer than 100

articles have been written on the topic of childhood bereavement and education in the UK. Those that have been authored (e.g. Abdelnoor & Hollins, 2004; Lowton & Higginson, 2003) are mainly produced between 2000-2010 and concerned with exploring the consequences and needs of local regions and cities rather than investigating the topic on a national scale. At the same time, the quality of the published studies has often been low, with methodological weaknesses such as low sample sizes, convenience sampling, gender bias and lack of methodological descriptions. While most researchers have only conducted one or two studies in this area, Holland (e.g. Holland, 1993, 2008, 2015; Holland & McLennan, 2015) has been a particularly constant and prolific researcher in the field. There have also been some efforts to review the field and current state of support for bereaved children in the UK (e.g. Akerman & Statham, 2014; Fauth et al., 2009).

When considering European influences, Scandinavian research has been proactive in exploring the consequences of childhood bereavement (e.g. Liang et al., 2016; Nielsen et al., 2012); the effectiveness of interventions (e.g. Dencker, 2012; Guldin et al., 2017); as well as the development of practical support mechanisms for schools and day-care institutions (e.g. A. Dyregrov & Raundalen, 1994; Lytje & Bøge, 2018). Of particular note are the Norwegian researchers Atle Dyregrov and Kari Dyregrov, who have spent decades researching childhood bereavement, and their work in turn has inspired many Scandinavian researchers, organisations and approaches. The amount of research conducted on the area currently seems to be at its all-time highest in Denmark and Norway.

Outside Europe, Australia has made significant efforts to ensure that mental health is supported in schools (e.g. Johnson et al., 2016; Lawrence et al., 2015). This also includes a focus upon parental and sibling bereavement. There has been a steady flow of research stemming from this country and this is expected to continue. The United States of America also has a range of prolific researchers such as David E. Balk and Charles A. Corr who are recognised experts in the field.

### 2.6 Current state of literature on sibling and parental bereavement

Studies of the consequences of a parent or sibling dying are often intertwined. It is not uncommon that studies choose to explore the consequences of losing any immediate family member (parent or sibling), rather than differentiating between a sibling or a parent specifically. Nevertheless,

when looking at the current state of the field, there exists a significantly larger and newer body of literature linked to parental bereavement. One explanation for this could be that parental bereavements are simply more common than sibling losses and therefore receive more attention.

While newer studies have been conducted on sibling bereavement, many still refer to the initial research conducted in the field during the 20th century. There are also areas where risk factors have been found in relation to parental bereavement that have simply not been explored in relation to sibling bereavement.

Although this review endeavours to present a balanced view of the consequences of both sibling and parental bereavement, the difference in availability of literature means that it is often impossible to provide the same depth when covering the consequences of sibling losses. While this is unfortunate, it is a consequence of the current state of literature, and researchers can only be encouraged to undertake more studies exploring sibling bereavement.

Penny and Stubbs (2015, p.10) detail evidence of the mediating and moderating factors influencing outcomes (Ribbens McCarthy & Jessop, 2005). Worden (1996) outlined six categories:

1. The death and the rituals surrounding it.
2. The relationships between the child and the deceased parent and/or sibling both before and after the death.
3. The ability of the surviving parent to function and support the child after the death.
4. Family factors such as size, financial state, structure, style of coping, support and communication plus the stressors that affect the child. We do know now that mortality rates are linked to deprivation and poverty.
5. Support from peers and other institutions and persons, such as grandparents and schools.
6. Child characteristics including age, gender, self-perception and understanding of death.

We also know that disadvantage matters. Mortality rates vary and those living in disadvantaged circumstances are more likely to experience bereavement (Ribbens McCarthy & Jessop, 2005). Kaplow et al. (2010) conclude that the impact of parental death on children must be considered

in the context of pre-existing risk factors. The mode and meaning of the death matter greatly. Multiple losses and modes of death such as suicide and sudden death impact differently and make a difference to how long term the impact may be.

## 3.0 Impacts from sibling and parental bereavement

The death of a parent or sibling has been associated with a wide array of potential vulnerabilities. These include challenges related to social interactions as well as mental and physical health. This section explores these challenges through the themes of psychological consequences; physical and health consequences; social consequences; and educational consequences and addresses the following two questions:

1. *What does the cited research say about the short and long-term impact of bereavement on children?*
2. *What evidence is there about support or lack of it for bereavement in childhood and the short and long-term consequences?*

### 3.1 Psychological consequences

In this section we examine the short and long-term psychological consequences of bereavement as a child. This is an expanding area of research and there is evidence of recent conceptual and empirical work (e.g. Kaplow et al., 2014 and 2010; Luecken & Roubinov, 2012; Stickkelbroek et al., 2016) which aims to explain the complex pathways of development for children and young people and to explore the role of bereavement in this journey. This research work is not complete. There are different discourses at work and much of the evidence presented in this section is drawn largely from literature that assumes a medical model. It is to be noted that other approaches such as behavioural or therapeutic approaches might have different understandings and interpretations of troubled and troubling children.

Researchers have consistently found that childhood bereavement is associated with an increase in psychological distress and the majority of bereaved children and young people exhibit acute grief reactions (Stikkelbroek et al., 2015). These include reactions such as fear, helplessness,

anxiety, anger, regression in developmental milestones (Auman, 2007; Dowdney, 2000; A. Dyregrov, 2008; Holland, 2008); increased helplessness and lower self-esteem, which can be as a result of less positive interactions with significant others or harsher parenting from the surviving depressed parent (Haines et al., 2008); insomnia, intrusive thoughts, apathy and psychosomatic symptoms (Bylund-Grenklo, Fürst, Nyberg, Steineck, & Kreicbergs, 2016; A. Dyregrov, 2008; Liu et al., 2013; Parkes & Weiss, 1983). These indicators of distress are in many ways to be expected, 'since the death of a parent or sibling is likely to be one of the most distressing situations' a child can experience (Kaplow et al., 2010, p. 1147). These grief reactions can cause concern among parents, carers and other adults but Stikkelbroek et al. (2015) report that 75-80% of the children do not develop mental health problems after the death of a parent (Dowdney, 2005; Cerel et al., 2006; Dowdney, 2000; Luecken & Roubinov, 2012; Worden et al., 1999) or sibling (Dowdney, 2005; Worden et al., 1999). Parents reported fewer symptoms than the children themselves (Akerman and Statham, 2014).

However, the short versus the long-term impact is a source of much debate and contradictory findings. There are studies that report that bereaved children are one and a half times more likely to be diagnosed with any mental health disorder (Fauth et al., 2009). Others (Worden, 1996) that an estimated 10-21% of bereaved children develop clinical levels of internalising and externalising disorder or are at higher long-term risk of a variety of mental health problems (Luecken, 2008). Vulnerability to depression among people who have experienced parental bereavement has been well documented (Appel et al., 2013; Bolton et al., 2016). Dowdney (2000) also reports that psychological adjustment after parental bereavement is commonly characterised by depressive symptoms. One study (Gray et al., 2011) based on a sample of 325 children found that for children aged 5-11 years (n=38) 25% of the bereaved participants experienced a major depressive episode compared to 1% of the community controls. This was 2 months after the death. On the other hand, Stikkelbroek et al. (2012) also examined the association between parental death during childhood and lifetime and 12-month psychopathology, age of onset, incidence of mental health problems, use of mental health services during adulthood and functional limitations during adulthood. They 'conducted a longitudinal, population-based epidemiological study in adults aged 18-64 years (n=7,076). Few indications were found that there was a significant increase in mental

disorders in adulthood among people who had lost a parent before the age of 16 (n=541). Parental death was not associated with mental disorders (12 months; lifetime), age of onset, incidence of mental disorders, functional limitations or use of mental health services.' They concluded that 'the majority of children overcome the loss of a parent during childhood without experiencing increased mental health problems, reduced functional limitations or a greater need for mental health services during adulthood' (abstract).

Thus, while many researchers today agree that the death of a parent or sibling can be a potential risk for mental health issues for the first two years (Stikkelbroek et al., 2014) and that symptoms decline with time, and that risks are highest when children experience death at a young age (Bolton et al., 2016) and unexpected deaths (e.g. car accidents, suicide) (Lobb et al., 2010; Rostila, Berg, Arat, Vinnerljung, & Hjern, 2016), there remains disagreement regarding the significance for later mental health impacts. There are many reasons for this and recent studies have begun to engage seriously with the complexity of these contradictory findings and to propose ways in which we should deal with them.

The first set of issues are around the nature, scope and quality of the research studies and these include the following factors: size of the sample; nature of the sample e.g. have people experienced multiple bereavements or single; mode and timing of the death; how mental health is measured. Studies that have focused upon depression and childhood bereavement have varied both in quality and scope, (Appel et al., 2013; Bolton et al., 2016; Gray, Weller, Fristad, & Weller, 2011; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004). Kaplow et al. (2010) and Stikkelbroek et al. (2016) note that one possible reason for these contradictory findings is that the death is considered in isolation from events that led up to the death. These last two papers show that there needs to be widespread attention to factors in the context such as: a systematic attention to the protective and risk factors and moderation of psychological adjust after family bereavement; to pre- and post-bereavement characteristics and factors; the presence of risk and protective factors prior to the death; multiple deaths and the mode of death; pre-existing problems in the family; gender and the expression of psychological distress e.g. depression or internalisation seems to be more common in girls and the gender of the bereaved and the gender of the person who died also seem to make a difference; financial consequences of the bereavement and social deprivation.

The second key point here is that in trying to explain the complexity researchers are positing a new and more sophisticated form of research, one that looks at the interrelationship of bereavement with contextual factors. 'The grief field is in need of research designs and conceptual frameworks that clarify potentially differential relationships between specific characteristics of bereavement (e.g. circumstances of the death, age related reaction to the loss (e.g. coping and grief reactions and developmental trajectories across the lifespan), including risks for proximal and distance adverse outcome (e.g. substance abuse, depression) (Kaplow and Layne, 2014, p. 5). These findings remind us of two key points: earlier work reports on the interactive effect of adverse experiences (Bowlby, 1982), which can interact so that the risk of psychological disturbance is multiplied and it is well documented in the psychiatric and psychology literature that mental health difficulties are always multifactorial and cannot simply be attributed to a straightforward cause and effect. It does, however, seem clear that bereavement in childhood might be a contributory factor for later vulnerability in some children. 'Although parental bereavement is associated with higher lifetime risk for psychological problems, most children progress through the 'normal' grieving process and return to healthy functioning without significant impairment. Understanding the pathways through which adaptation occurs can help identify optimal areas or time points for intervention, maximizing the opportunity to promote positive adjustment in the aftermath of parental death' (Luecken & Roubinov, 2012, p. 245). Alerting professionals to the interactive and contextual nature of the bereavement and also the meaning of the loss for the bereaved can help us to develop a more sophisticated and supportive response. We need to be supported by research that helps identify the mediators in the pathways and which would help 'professionals to be aware of the risks for aggravation of mental health problems after family loss….' (Stikkelbroek et al., 2016).

*Post-Traumatic Growth (PTG)*

A recent development in research has been the appearance of studies exploring the development of personal growth which have received increased interest during the last two decades (e.g. Calhoun, Tedeschi, Cann, & Hanks, 2010; Hirooka, Fukahori, Ozawa, & Akita, 2016). Gaining positive experiences (e.g. personal strength, life satisfaction) from the loss of a family member is

termed *Post-Traumatic Growth (PTG).* This phenomenon has been defined as: 'positive change experienced as a result of the struggle with trauma' (Kilmer & Gil-Rivas, 2010, p. 1). According to Tedeschi and Calhoun (2004) PTG occurs not because of the death itself, but through the individual's struggle with a new reality following a bereavement. The authors define this as an 'earthquake' that shakes the foundation of the bereaved person's beliefs in relation to his or her assumptions about the world. It is through this experience that a restructuring and physical rebuilding can occur, which facilitates PTG. As such, PTG and personal distress are not mutually exclusive, but can coexist (Tedeschi & Calhoun, 2004). A bereaved person can both feel the pain of the loss and experience becoming stronger from it.

According to Taku, Cann, Calhoun and Tedeschi (2008), PTG can be identified in five domains. These are; New Possibilities; Relating to Others; Personal Strength; Spiritual Change, and Appreciation of Life. While this model has been confirmed in empirical studies, most research has been aimed at adults. In the only general literature review which has been conducted on PTG in relation to children and adolescents, Meyerson, Grant, Carter and Kilmer (2011) found that just 25 studies had been undertaken.

Some evidence exists that many children experience PTG following a death. Oltjenbruns (1991), based on a sample of 94 adolescents aged 16 to 22 years old, reported that 74% displayed one or more forms of PTG. The most frequent responses were: the development of a greater life appreciation; showing greater care for loved ones; strengthened emotional bonds and increased emotional strength. A newer study by Hirooka et al. (2017), which included 124 participants aged 15-23 who had experienced the death of a parent or grandparent, found PTG to be highest in relation to the experience of new possibilities in life and experienced personal strength. The authors speculated that the new roles and responsibilities which developed in the remaining family might explain the feeling of having new possibilities. The increase in perceived personal strength was speculated to derive from having lost a potential caretaker and confidant to talk to. The bereaved adolescents now had to rely on themselves instead. Meyerson et al. (2011), in their review, further noted that other studies had found a range of other areas where PTG could

develop. These included self-perception, ability to survive, compassion, empathy, endurance and a better understanding of which friends to depend on. The authors further reported that the death often led to a change of priorities in the lives of the bereaved.

In the only longitudinal study undertaken on PTG in relation to children and adolescents, aged 14 to 22 years old, Wolchik, Coxe, Tein, Sandler and Ayers (2008) uncovered that the time since death had little influence on post-traumatic growth. This led them to conclude that interpersonal resources and support from social environments were of higher importance in understanding the development of PTG than passage of time. Armstrong and Shakespeare-Finch (2011) further found that receiving support from a parent or guardian was significantly associated with higher PTG.

Not all researchers have been proponents of the current way in which PTG is measured. Among these, Frazier et al. (2009) have suggested that there are significant controversies surrounding whether PTG reflects genuine positive changes, and if the way in which it has been measured can be considered valid. A study by McFarland and Alvaro (2000) found that rather than actually undergoing personal growth, the participants of the study seemed to have adopted a distorted view on who they were before the traumatic event occurred. The authors suggested that this could indicate that individuals seem motivated to *exaggerate* self-improvement following a traumatic event, as a way of alleviating distress. This notion has also been supported by other researchers (Tennen & Affleck, 2002). Nolen-Hoeksema and Davis (1999) further warn that most studies on PTG have used self-report tools, where the participants themselves evaluate their growth following a traumatic event. They argue that such methods have generally been considered unreliable, because the participants often want to feel like they have moved on, as a way of coping with the death. This has further been supported by a range of studies (e.g. Herbst, McCrae, Costa, Feaganes, & Siegler, 2000; Robins, Noftle, Trzesniewski, & Roberts, 2005), who found that that the level of self-reported change seldom reflects actual change. While few of the above authors dispute the fact that people can develop PTG following a loss, there is some scepticism towards the high level of PTG which has been reported in earlier studies (e.g. Lawrence G. Calhoun, Cann, Tedeschi, & McMillan, 2000; Shakespeare-Finch & Enders, 2008).

In a review of the adult field, Jayawickreme and Blackie (2014) further conclude that it remains unclear why retrospective measures of post-traumatic growth are still used to construct claims about 'positive psychological changes' when recent studies and reviews (Frazier et al., 2009; Helgeson, Reynolds, & Tomich, 2006) have successfully shown that these measures only correlate modestly with actual change. At the same time, Jayawickreme and Blackie (2014) propose that methodological error should not discourage researchers from studying the area of PTG. Even if the reported improvements are an illusion and something that relates to pre-existing resilience factors, it is still a valid area of research for understanding what promotes recovery following trauma.

In conclusion, PTG among children and adolescents is still an emerging field. There is disagreement on methods, what is measured and the level of PTG experienced among the bereaved. Some limited studies have found that most children do experience some form of PTG in the time following the death of a loved one. PTG seems be positively associated with having parents or teachers provide support and safe environments. More research is needed on PTG in relation to children and adolescents.

### 3.2 Physical and health consequences

In contrast to psychological outcomes, the potential physical health consequences of childhood parental death have been less studied. Grief is a powerful physical and emotional experience, and this is acknowledged in everyday discourse. Stroebe and Stroebe (1987) remind us that we use the phrase 'broken heart' in common parlance even to describe someone's death. There is a recognition that grief, although a natural human experience, has a powerful physical impact. There has been increased research on this in the last decades. Much of the research is about the grief of adults but there is a body of research on children. There are those for whom grieving is more short term and there are those for whom there are longer-term consequences. The research shows that there are many factors at play. These include the mode of death, the context in which it occurs, the support around the bereaved child, the attachment patterns and other particular risk factors. (Stroebe, Schut & Stroebe, 2007).

### 3.2.1 Physical reactions

Researchers (e.g. Liu et al., 2013; Lytje, 2016a; Luecken and Roubinov (2012); Nielsen et al., 2012; Stroebe, Schut, & Stroebe, 2007) have described the intense physical experience of grief in the short term, which can include acute grief reactions, use of medication, sleep problems, anger, distress, irritability, and behavioural problems. Luecken and Roubinov (2008, 2012) point out that this is most likely to be short term but for around 10-21% of children this can be a long-term problem. This finding was supported by Bylund-Grenklo et al. (2016). Goldblatt (2011) has concluded that a small majority of studies do seem to confirm that the death of a parent or sibling can be associated with long-term physical challenges later in life. Risks are further increased when the death is the result of a suicide, accident or unexpected death (Luecken, 2008). Some studies have shown decreased health later in life post-bereavement and some have not (e.g. Clark, Caldwell, Power, & Stansfeld, 2010; Otowa, York, Gardner, Kendler, & Hettema, 2014).

### 3.2.2 General health

The general quality of health among children is influenced by the death of a parent or sibling, however, the debate is about the nature of the consequence and its longevity. In general, we know that there is a potential relationship between an event, a psychological and a physical consequence. It is clear that the impact of bereavement is multifaceted with bio, psycho, social and cultural factors coming into play.

In 2002, Neeleman, Sytema and Wadsworth undertook a cohort study of 5,362 participants who had lost a parent before the age of 16. The study established that those who had experienced childhood bereavement reported having more health issues than their non-bereaved counterparts. Other earlier studies (Agid et al., 1999; Krause, 1998) confirmed this tendency. In a British study, Parsons (2011) investigated the self-reported quality of life among 534 adults who had experienced parental bereavement. She found that bereaved female participants generally reported having 'poor or fair, but not excellent health' at the age of 30. The same study uncovered that men from bereaved families were twice as likely to be permanently ill compared to men from intact families.

The death of a parent has further been found to increase the production of cortisol, the body's stress hormone (Dietz et al., 2013; Nicolson, 2004). This increase occurs to such an extent that a study by Virk, Ritz, Li, Obel and Olsen (2016) established a link between the stress caused by parental bereavement and an increased risk of developing type 1 diabetes. However, since this finding has only been reported in one study it should be interpreted with some caution.

The distress of bereavement involves physiological changes in the body as stress hormones such as epinephrine, norepinephrine, cortisol, adrenaline, and others contribute to a symphony of biochemicals bringing physical and psychological changes. When these changes are not brought back into equilibrium then the system becomes dysregulated. Ongoing dysregulation is associated with an increased vulnerability to physical disorders such as type 2 diabetes, cardiovascular disease and upper respiratory illnesses for example (Luecken and Roubinov, 2012). It is also implicated in the development of psychopathology (Schore, 2003; 2014) as we have discussed in section 2.3. Therefore, regulation and particularly affect regulation play a crucial part in maintaining good mental and physical health. This argument is central in understanding the pivotal role that relationships play in good mental and physical health because a child's ability to regulate is only acquired in relationship with an empathic and understanding other. It places relationships at the heart of potential interventions to support bereaved children. Relationships that are helpful are those characterised by acceptance, empathy, playfulness and authenticity. Luecken and Roubinov (2012) have examined underlying mechanisms to identify potentially modifiable pathways in order to support bereaved children. They cite a wide range of studies concluding that a critical protective factor is a warm relationship with the surviving caretaker and they further discuss the importance of emotion regulation and family environment thus also emphasising the criticality of relationships. They report parental mental health, negative life events, self-system beliefs, genetics, pre-existing vulnerabilities, socioeconomic status and health behaviours as all being significant factors in the stress process.

They further concur that factors such as the degree of support after bereavement, the risk or protective factors in the environment and whether children are helped to regulate their emotional and behavioural responses are key. This is important as it links support for children and a

supportive environment as key ingredients in the impact on physical health. It would seem that the complexity reflected in the Luecken and Roubinov (2012) model may be more reflective of reality. Luecken and Roubinov (2012) as well as Goldblatt (2011) have concluded that a small majority of studies do seem to confirm that the death of a parent or sibling can be associated with long-term physical challenges later in life. Risks are further increased when the death is the result of a suicide, accident or unexpected death (Luecken, 2008). Stroebe and Stroebe (2012) concluded that the research on children losing a parent suggests that the 'adequacy of remaining parental care and the personal characteristics of the child are more powerful predictors of later adjustment than the loss of the parent per se.' (p. 1967).

### 3.2.3 Mortality

There has been research interest in the relationship between bereavement in childhood and mortality risk. Many studies focused on the death of a spouse (e.g. Stroebe, Shut & Stroebe, 2007; Ytterstad & Brenn, 2015). Some recent studies (e.g. Li et al., 2014; Rostila, Saarela, & Kawachi, 2012) have researched the death of a parent in childhood. These studies have linked the loss of a parent to an increase in mortality for the bereaved. It is very difficult however to ascribe a simple causal relationship.

Li et al. (2014) further found that short-term risks to mortality increased if the child was younger at the age of death. Li et al. (2014) proposed that this could indicate a lack of care for young children in the time immediately following the bereavement, something that was particularly problematic for very young children. The general increased risk of mortality, however, remained elevated for more than 20 years, regardless of the age of the child at the time of bereavement. While no recent studies have explored these consequences in relation to sibling bereavement during childhood, Rostila et al. (2012), through a cohort study on all Swedes born between 1981-2002 and aged 18-69, found an increased risk of mortality among all age groups. They further found that this risk was generally higher the younger the person had been at the time of the loss. While there appears to be an increase in risks to mortality following childhood bereavement, it has been somewhat difficult for researchers (e.g. D. Brent, Melhem, Donohoe, & Walker, 2009; Parsons, 2011) to predict how much of this risk is derived from the death itself and how much

comes from family characteristics already in place at the time of the loss. The investigation of this issue is further complicated by the fact that relatively few studies have explored the health-based risks of childhood bereavement.

### 3.2.4 Suicide risk

One type of loss that has particularly significant consequences for bereaved children is death through suicide. A wide range of studies (e.g. Guldin et al., 2015; Rostila et al., 2014; Wilcox et al., 2010) have observed that people who are bereaved as a result of suicide are themselves at increased risk of taking their own life. In light of this, Guldin et al. (2015) undertook a register-based study of 7,302,033 Scandinavians born between 1968-2008. The authors found that if a child had lost a parent due to an unnatural cause, the risk of the child attempting suicide was twice as high as that of a non-bereaved child. The study further discovered that children who had lost a parent to suicide had an 82% higher risk of attempting suicide compared to children who had lost a parent in an accident. The above number was found to be similarly high in a Swedish study by Niederkrotenthaler et al. (2012), which also found that this risk appeared to increase the younger the child was at the time of the loss. Another survey-based study that explored the risk of suicide was conducted by Nielsen et al. (2012). It included 3,481 respondents aged 15-24, 7% of whom had experienced the loss of a mother, father, step-parent or sibling. The study found that 23.3% of participants reported having suicidal thoughts, while 4.6% had attempted to take their own life.

The tendencies uncovered by Nielsen (2012) have also been confirmed in a range of other studies, all of which explored the consequences of parental bereavement. Among these was a study by Mittendorfer-Rutz (2008), which included 14,440 participants who had attempted to take their own lives and 144,400 matched controls. It found that that 12% of those who took their own lives had a previous history with suicide in the family. These findings were further expanded by Niederkrotenthaler et al. (2012), who found that children bereaved as a result of suicide were at particular risk of attempting suicide themselves. This risk was twice as high than seen in children who had not had this experience. Epstein and Spirito (2009) in a study that included 13,917 high school students additionally found that factors such as poor child-parental relationships, antisocial behaviour, being bullied and bullying others could further increase the risk of suicide.

### 3.4 Educational consequences

This section explores the more individual consequences for children bereaved of a parent or sibling while the bereaved child attends school. This is then followed by section 4.0 which explores more systemic issues in schools in relation to childhood bereavement. During the period 2000 to 2017 there have been major changes in the English education system that pertain to the topic of childhood bereavement. We therefore offer a brief sketch of them and how they may impact upon schools and the support they can offer. The thrust of government policy in 2010 was to raise educational standards, focusing on teaching rather than other activities in schools (DfE, 2010). It was a shift in focus from the *Every Child Matters* policy of the previous government. The new reform in 2010 involved the following key goals for change, according to the government's impact evaluation (DfE, 2010):

1. Strengthen the quality of the school workforce and leadership.
2. Improve behaviour and discipline, strengthening teachers' and headteachers' authority; improving the quality of alternative provision for pupils who are excluded.
3. Reform curriculum assessment and qualifications.
4. Support a new schools' system – expand the Academies programme.
5. Sharpen accountability mechanisms to benchmark schools' performance.
6. Support school improvement.
7. Move towards a more transparent and fair funding system for schools' revenue and capital costs.

Studies of the impact of these changes (Parish et al, 2012) have shown that schools and local authorities have faced considerable challenges engaging with supporting and caring for vulnerable pupils. Added to this is a widening inequity in the school system, recently acknowledged by Ofsted in England. Tomlinson (2012, p. 281) argued that the increased emphasis on performativity and making teachers more accountable for pupil attainment also affected disadvantaged pupils. This is not a full research review of the impact of recent reforms on education but rather to make some general points that the climate in English schools is highly pressured, that the focus has shifted to academic outcomes and that time and support are rare resources in schools. It would seem fair to

say that it is harder to give time and attention to vulnerable pupils and within the context of the mainstream school (Jopling & Vincent, 2016). A specific focus on the needs of bereaved children is also clearly part of the agenda.

Childhood bereavement has been found to have some implications for children's ability to function and achieve at school. This is a complex and, as yet, inconclusive area of research. There are not many research studies but those there are do show some impact on school attainment. What is difficult to determine is the time span, the relationships and 'causes'. We can conclude that it is similar to other factors already discussed i.e. it all depends on the context of the bereavement and the supportive or unsupportive factors. The death often complicates relationships with friends, can affect the child's self-image, can result in huge changes in life circumstances, as well as creating concentration difficulties and issues around achieving at the same level as before the loss. While little research has been undertaken on the topic, the challenges that arise might increase the risk of the student dropping out or being excluded from school, especially if there is an unsupportive environment.

### 3.4.1 Achievement, educational aspirations and school dropout

During the past two decades, studies have examined how childhood bereavement affects children's ability to concentrate and perform in the school system, often with divergent and inconsistent findings. A number of researchers (e.g. Abdelnoor & Hollins, 2004; Berg, Rostila, Saarela, & Hjern, 2014) have conducted studies that showed bereaved children could be at increased risk of underachieving in school compared to their peers. Berg et al (2014) also conclude however, that 'some of the association between parental bereavement and school performance could be explained by childhood socioeconomic position' (p. 687). Other studies (e.g. Dowdney, 2000; Silverman & Worden, 1993) have found that some bereaved children perform better in the time following the loss.

In her review of the field, Dowdney (2000) proposes that the divergent results may stem from inconsistencies in the methodology used in different studies. Many of these studies did not take pre-loss factors, such as previous school performance, the child's overall level of competence and the type of loss, into account. Dowdney (2000) further suggests that the increase in performance

may be attributable to the bereaved children working as hard as they can in an attempt to honour the memory of the deceased. Another explanation may be that some bereaved children use schoolwork as a coping strategy. Concentrating on schoolwork might here offer respite from thinking about the deceased and their new life situation.

It is as difficult to clarify the underlying reasons for negative performance in school as it is to explain positive performance gains. Fauth et al (2009) showed that children 'who had experienced the death of a parent/sibling tended to come from the most disadvantaged backgrounds relative to the other groups in terms of living in lone-parent households, economically inactive households, low earning households and households where educational attainment was low' (p. 34). Holland (2008) proposed that reactions can vary from child to child depending on age, experience, personality and the type of loss. In contrast, in a literature review conducted by Haine, Ayers, Sandler and Wolchik (2008) it was concluded that current evidence does appear to suggest that parentally bereaved children are at risk of underperforming in school. Since 2008 a few new studies (Berg et al., 2014; A. Dyregrov et al., 2015) have examined the evidence to see if children who have lost a parent are generally at increased risk of underperforming in school. Berg et al (2014) concluded that 'Parental death during childhood was associated with lower grades and school failure. Much of the effect, especially for deaths by external causes, was associated with socially adverse childhood contexts' (p. 682). Dyregov et al. (2015) was a study of teacher perceptions so the conclusions are not yet clear. The other factor is timescale. We know from studies already cited that inability to concentrate and focus may be present in the first instance but pass (Kaplow and Layne, 2014; Leucken and Roubinov, 2012; Stikkelbroek et al, 2016). This challenge has also been documented both through interviews with the children themselves (e.g. Lytje, 2016b; Silverman & William, 1992), as well as with their teachers (e.g. Dowdney et al., 1999; A. Dyregrov et al., 2015). According to K. Dyregrov (2004), this problem can be attributed to bereaved children experiencing intrusive memories of the deceased parent when trying to concentrate. This was especially challenging when traumatic elements were associated with the death. The issue was particularly problematic, in the immediate time after returning to school, during lectures that required a high level of attention.

In addition, both psychological and social challenges, such as depression and issues with friendships, which developed in the wake of a loss could lead to changes in the child's ability to function at school (Cerel et al., 2006), although the study cited here only covers the first two years post-parental death and we are not aware of the long-term impact. Dyregrov et al. (2015) and Holland (2008) further noted that factors such as regressive behaviour, reduced self-esteem and increased absence from school had significant impact on performance at school.

Several researchers (D. Brent, Melhem, Masten, Porta, & Payne, 2012; A. Dyregrov, 2015) have also reported bereaved children to have lower educational aspirations and fewer plans for career development than their peers. This issue was explored in a study by Gerard and Buehler (2004), who found that if the child had previously been a high achiever and had a positive self-representation, this could compensate for some of the above-mentioned risks. However, resilience only provided limited protection when other risk factors (e.g. problems at home or with classmates) were present in more than one domain of the child's life. Berg et al. (2014) uncovered a further link between parental death in childhood and the risk of underperforming in the education system. These findings were covered in a register-based national cohort study of 772,117 participants born in Sweden between 1973-1981. When the data were adjusted for social and family characteristics, it was found that while loss remained significant, social and family characteristics were a higher predictor of poor performance at school than the loss itself. This led Berg et al. (2014) to conclude that, based on the evidence currently available, negative long-term consequences associated with loss in the family seem more likely to derive from family characteristics (e.g. socioeconomic resources, family networks) that already existed before the death.

In a study by Prix and Erola (2017) of children born between 1982 and 1987 who had lost a father, it was found that the bereaved participants did not abandon upper secondary school as long as their mothers had robust socioeconomic resources. However, participants were reported as less likely to start a university course compared with students who had not experienced a loss. The study demonstrated that bereaved children who had mothers with weak socioeconomic resources were at greater risk of leaving upper secondary school before graduating compared to their non-bereaved counterparts. Based on this, Prix and Erola (2017) concluded that while parental

bereavement affects everyone, young people who belonged to groups with abundant socioeconomic resources would have less difficulty mitigating the potential negative consequences of the bereavement. Williams and Aber (2016) opposed this view, proposing that most children and adolescents generally appear to process their grief through the support of positive social networks and resources (e.g. friends, school, family) in their immediate environment. The focus of researchers should therefore be on examining the specific reasons why some children do not (Williams & Aber, 2016).

A large cohort study from the Danish Cancer Society (Høeg et al., 2018) that included the total Danish population (n=1,043,813), born in the period 1982-2000, further investigated the educational consequences of losing a parent before the age of 18. It was found that the probability of achieving a certain level of education was up to 5% lower for primary and secondary school and 26% lower for university study compared to statistics seen in non-bereaved children. Young men were more adversely affected than young women. These results remained after adjustment for potential confounders including family socioeconomic status and psychiatric illness within the family.

These studies show that when a child is grieving there are understandable challenges, such as concentration difficulties, and these may have short-term consequences. They also show that the bereavement cannot be said to be a causal factor in itself. Many of these studies show that this factor cannot be disentangled from issues of context i.e. support, care from surviving parent and socioeconomic issues. There is some evidence of increased vulnerability and of the power of support and care at this time.

### 3.4.2 Social isolation and lack of student involvement

Few studies have interviewed bereaved children themselves about their experiences following a death and their wishes regarding the support provided by their schools, although a few examples exist, e.g. Ribbens McCarthy (2006). K. Dyregrov (2009) interviewed 32 Norwegian adolescents aged 13-24 who had lost a close family member or friend to suicide. The participants stated that they had received some help from the school and were more satisfied with this than the support they had received from local public assistance. However, better caregiving from the school was

still highlighted as very important. Thirty-two percent of the participants stated that they wanted more support from their school. Specifically, participants wanted their teachers to have a better understanding of what they were going through. While these results are interesting they were only based on participants who had been bereaved through someone taking their life.

A qualitative study conducted by Lytje (2016a) was based on 39 parentally bereaved Danish children's experiences of returning to school after the loss of a parent. This study described how bereaved children were seldom prepared for the sheer number of challenges that arose at school because of the loss. It was not unusual to return to a class and friends who did not know how to talk about what had occurred. Consequently, the death of the parent was seldom spoken of, or not spoken of at all. This caused the bereaved children to feel estranged from their classmates and alone with their grief.

At the same time, bereaved children attending schools that attempted to support them often felt that they did not have a say in the forms of support that were provided, or whether they wanted to receive this support at all. The participants, therefore, had a strong desire to be included in the decisions that surrounded how their loss was addressed by the school. It was also seen as a problem that schools often forgot the children's grief as time progressed. This led to episodes where teachers discussed death as a subject without notifying the bereaved student in advance. Such incidents were described by the bereaved children as difficult and 'hell'. They made it hard for them to thrive and perform (Lytje, 2016b).

While both above studies provide interesting perspectives on student wishes, they were very small scale and nationally specific. As such, relatively little is still known about students' desires in relation to school bereavement support. As such, the endeavour to obtain student perspectives on the support they need has been highly under-prioritised within the research field and requires significantly more attention in the future.

### 3.4.3 Exclusion

The ways in which childhood bereavement might relate to school exclusion has received very little attention from researchers. King (2016) has suggested that childhood bereavement and the challenges that follow in its wake might increase the risk of bereaved children being subject to

exclusion in British schools. During her work with 70 students aged 14-16, who had experienced school exclusion, King (2016) reported that a significant number of her participants were parentally bereaved. She speculated that this experience in combination with other difficulties in the lives of the children might be factors which could lead to behaviour that ended in school exclusion. Other research (Berridge et al., 2001) has shown that excluded young people suffer from 'pervasive social and educational disadvantage': this included child sexual abuse, frequent shifts between homes, parental violence, bereavement and homelessness. Again, the direct part played by bereavement alone is very hard to identify in current research. We cannot seek simple cause and effect as multiple factors are at play and these interact in a complex manner. Bereavement is one such factor but in itself cannot be construed as a cause. We do know there is a bidirectional relationship between exclusion from school and psychopathology in children as seen in a large population-based survey of childhood mental health in Great Britain and its follow-up three years later. New onset mental health disorder may be a consequence of exclusion from school. Therefore, supporting children who struggle at school may prevent both exclusion and future psychiatric disorder (Ford et al., 2018).

So far, no studies have undertaken in-depth or large-scale research on the topic. It therefore remains unknown to what extent parental or sibling bereavements might facilitate an increased risk of school exclusion. Studies (e.g. Beaman, Wheldall, & Kemp, 2007; T. Spratt, 2009) have shown that often it is not a single event in the lives of such children that creates an increased risk, but a combination of many factors. Consequently, bereaved children from high-resource families are likely to be less at risk of exclusion than children from low-resource families. Lowton and Higginson (2003) further argue that the management of students with difficult behaviours is a very sensitive issue in British schools, and that the scarcity of studies reporting exclusions in the wake of bereavement might be explained by access difficulties. Nevertheless, researchers should be encouraged explore this issue in more depth.

### 3.3 Social consequences

Ribbens McCarthy and Jessop (2005) note that bereavement can create particular vulnerabilities for some young people, partly because of their youth and lack of power, but also because in

relation to bereavement social context matters a great deal. When a parent dies the knock-on social effects can be complex and wide-ranging, especially for some modes of death e.g. suicide. This relates to the social context in which the bereaved child and family find themselves. Researchers (e.g. Cerel et al., 2006; Dopp & Cain, 2012) have proposed that the challenges that arise following a loss can lead to as many challenges as the loss itself. In a British study, Holland (2001) found that bereavement in the family could lead to the loss of friends, home, communities, stability and result in a change of school. Cerel et al. (2006) further showed a link between the socioeconomic status of the bereaved parent and the resilience of the child. The authors argued that a parent's death in a family who were already financially struggling before the loss seemed to present a significant stressor. Financial hardship further influenced the concrete ways in which a family could afford to obtain external support, such as high-quality childcare. It has also been determined that childhood bereavement can lead to the loss of confidence, as well as an increase in high-risk behaviours, such as getting into fights and engaging in unsafe sexual practices (D. Brent et al., 2009; Melhem, 2008; Nielsen et al., 2012).

A study by K. Dyregrov and Dyregrov (2005) on children who had lost a sibling to suicide also reported that relationships with friends risked becoming strained in the wake of the loss. The study reported that bereaved children often described their friends as 'childish, immature and focused on irrelevant and meaningless things' (p. 720). While this study focused on suicides, which may be particularly difficult, K. Dyregrov and Dyregrov (2011) expanded on this in a later study on children in families where a parent had died or was critically ill from cancer. They found that the loss led children to feel as though they had lost a connection with their peers and some participants felt the loss had made it difficult to connect with other people since they feared losing these relationships again. Similar tendencies have been supported by other researchers (e.g. Holland, 2001; Lytje, 2016b).

When exploring the consequences related to the death of a parent, Parsons (2011) compared a group of 543 adults to a sample of non-bereaved individuals and uncovered several differences. Among these, she found that at age 30 the bereaved individual had an increased risk of being unemployed. They were also more likely to report that they 'never get what they want out of life'

(Parsons, 2011, p. 11). The importance of coming from a parentally bereaved family could not be confirmed within the relevant statistical significance level.

Preliminary analysis of data from the 1970 British Cohort Study (BCS70, Parsons, 2011) provided new information on the impact of childhood bereavement for a normative sample of children, born in 1970. The analysis considered a range of outcomes at age 30 for over 500 participants who had experienced the death of their mother or father by the time they were 16 (this had occurred for 5% of the whole sample). In order to control for confounding factors, outcomes for children in bereaved families were compared with outcomes for those in 'disrupted' families, where the child's mother or father had separated or divorced, or a situation had occurred that resulted in a change to a parental figure (such as a grandmother, step-parent or sibling taking on a parenting role). Family background characteristics were also taken into account. This BCS70 analysis showed that childhood bereavement does seem to have some long-term impact, but that the effect is limited after family background is taken into account. Other forms of family disruption have a different and more lasting influence on a child's ability to negotiate a successful transition to adult life than childhood bereavement does. Childhood bereavement was found to correlate negatively on only one measure for men at age 30: employment rates. It impacted to some extent on a wider range of measures for women at age 30, including gaining any sort of qualification, being unemployed, having symptoms associated with depression and being a smoker.

As previously alluded to, researchers have also found that childhood bereavement is socially biased. Children from disadvantaged homes are at increased risk of losing a loved one (Fauth et al., 2009; Parsons, 2011), which means that those who are already facing social challenges in their lives are also more likely to encounter bereavement during their childhood. Based on a review of premature deaths in British parliamentary constituencies, Ribbens McCarthy (2006) further suggested that the numbers indicated that deaths varied based on locality and social class, with children living in deprived areas being at higher risk of losing a parent or sibling. Parsons (2011) further uncovered that bereaved children were more likely to have an unemployed father, while less likely to have a father in a managerial position.

One of the most significant factors that can help mediate the negative effects caused by childhood bereavement is the existence of strong social networks, which give the bereaved someone to talk to about the loss. Here, both British (e.g. Chadwick, 2012; Holland & McLennan, 2015) and international (e.g Balk, Zaengle, & Corr, 2011; A. Dyregrov et al., 2015) experts have suggested that schools are particularly well suited to offer support. Schools often already understand the needs of the individual student and are one of the arenas where children spend most of their waking hours.

### 3.3.1 High-risk behaviour

Studies by Cross and Harrison (2002) and Worden (1996) have linked the loss of a parent or sibling to high-risk behaviour and this has been confirmed by similar studies. An early study by Boswell (1996) interviewed 24 out of 615 British children and adolescents sentenced to prison for 'serious or grave crimes'. The unexpected finding was the number of young people who reported significant issues of abuse (90%) and issues of loss – 10% had experienced the death of a parent. However, the study did not provide individual statistics related to the individual issues. Other studies have found no relationship between parental bereavement and alcohol use, for example Maier and Lachman (2000).

Nielsen et al. (2012) also found a correlation between bullying and losing a family member. The authors reported that 54% of their sample had experienced being bullied, while 51% had experiences with bullying others themselves. Bullying and other high-risk behaviours proved to be negatively correlated with having someone to talk to. If a child had someone to talk to about their loss, they were less likely to engage in any of the above behaviours. Twenty percent of bereaved participants reported that had not talked to anyone, and this was directly correlated with an increased risk of having participated in bullying or assaults. The contrasting findings support the concept of pathways to vulnerability and resilience which we will return to explore at the end of this report as a form of explanation for the different consequences for different children of being bereaved of a family member in childhood.

## 4.0 The British school system and childhood bereavement

This section explores how the current British school system deals with bereavement and the ways in which such support can be improved. It answers the questions:

3. *What is the evidence on the part that schools can play in supporting bereaved children?*
4. *What is the evidence on the factors that facilitate or block schools' engagement in the support of bereaved children?*

This section explores the factors that currently facilitate or hinder support, as well as the contemporary state of support provided to bereaved students in British schools. It should be read taking into account the previous comments about the culture of schools and how they have changed in the last 20 years. The Chief Inspector for Schools over the last 18 months has consistently warned that vulnerable pupils are not being treated with equity (Observer, 2018).

During the period 2000 to 2017 there have been major changes in the English education system that pertain to the topic of childhood bereavement. We therefore offer a brief sketch of them and how they may impact upon schools and the support they can offer. The thrust of government policy in 2010 was to raise educational standards, focusing on teaching rather than other activities in schools (DfE, 2010). It was a shift in focus from the *Every Child Matters* policy of the previous government.

### 4.1 Factors that facilitate and block school engagement

Spratt, Shucksmith, Philip and Watson (2006) propose that the reasons why children may fail to develop academically and socially are not always located in themselves. Especially, the environments where the children grow up are highly influential in promoting or damaging mental wellbeing (e.g. Balk, 2001; Holland, 2008). Since children and adolescents today spend a significant amount of their waking hours in school, this setting also has the ability to strengthen or reduce the emotional wellbeing of its students (Ribbens McCarthy & Jessop, 2005; Townsend et al., 2017). According to Kidger, Gunnell, Biddle, Campbell and Donovan (2010), this provides a strong

argument for exploring how schools can support students in need of help, and thereby encourage positive mental health for everyone.

This awareness, in combination with the evidence that childhood mental health issues can have lifelong consequences (e.g. Appel et al., 2013; Kivelä, Luukinen, Koski, Viramo, & Pahkala, 1998) has led to an increased focus within academic and policy circles on how British schools can provide early intervention. It has further established a recognition that mental wellbeing and emotional health relies on the willingness of teachers and other staff members to engage in such work (Kidger et al., 2010). There has also been an increasing interest in adolescent mental health (DfE/DoH, 2017) and personal, social and emotional development in UK education. There have been references to child bereavement but there has not been a specific and precise focus upon or definition of the role of the school (Spratt et al., 2006). Spratt (2016) warns that this lack of clarity, in practice, can lead to both confusion and disagreement on the forms of support schools should offer and to what extent. It further sparks debate on the nature of what key goals British schools should have. There is an acceptance in policy, e.g. the recent green paper on mental health in schools (DfE/DoH, 2017), that schools do have a role but there is a continuing debate about what that role is and should be.

Brown et al. (2017) noted that a significant body of literature (e.g. Mazzer & Rickwood, 2015; Reinke, Stormont, Herman, Puri, & Goel, 2011) has found that such tasks often make teachers feel they lack the skills and capacity to promote student mental health and provide the precise support required for struggling students to achieve in modern-day schools. They also feel burdened by the mental health needs of some students and have a lack of confidence in feeling qualified to deal with such problems. Brown et al. (2017) further showed that teachers worry about discussing mental or emotional health with students compared to talking about other health topics. In a Scottish study, Spratt et al. (2006) found that teachers often felt completely isolated when facing issues related to emotional wellbeing and were afraid to seek guidance from colleagues because they feared losing credibility. Other researchers (Davidson, 2008; Spall & Jordan, 1999) found that such challenges led to significant variance in the efforts schools undertook to promote mental wellbeing. The studies also observed that those teachers who were engaged in support work were

reluctant to focus on it because of concerns that it would interfere with core academic duties or because they did not feel they had the energy or necessary knowledge to provide proper support.

Spratt et al. (2006) also found that students show a high level of trust in staff who are engaged in extracurricular clubs and that these often were the most likely adults they would approach with sensitive topics. Students with difficulties often approached support staff such as playground assistants, support workers and school nurses, as their jobs allowed more time for personal discussions. Spratt et al. (2006) noted that they could observe behaviour outside the classroom and were seen as less authoritarian than teachers. At the same time, students appreciated relations with school staff that went beyond the classroom where they could establish a more casual relationship.

However, it is difficult to assess the quality of such support, while it also depends on the willingness of staff members to engage in informal discussions. Consequently, it might not be available in every school. This issue is made more significant with several British researchers (e.g. Holland, 2008; Lowton & Higginson, 2003) reporting that many bereaved children are only provided with little support from their school following a parental or sibling bereavement. Considering this, stronger and more consistent support mechanisms are needed which are built around the needs of the students as well as the needs of their teachers. Structures which provide practical support mechanisms must be ones that can be realistically implemented in schools.

### 4.2 Status of current support provided by British schools

Several studies (e.g. Devlin-Friend, 2006; Holland, 2008) have shown that British schools place a high priority on bereavement support. In a comparative study of 34 schools in Hull and 40 schools in North Suffolk, Holland and Wilkinson (2015) observed that 83% of Hull schools and 90% of North Suffolk schools rated bereavement as an 'important' or 'very important' priority. This notion was further supported in a small study by Devlin-Friend (2006), conducted in 29 schools from the area of Medway, near London. These numbers indicate that British schools generally take bereavement very seriously and do want to support children who have lost a family member. This means the most important foundation for offering support is in place. However, Holland (Holland, 2008;

Holland, Dance, McManus, & Stitt, 2005) noted that schools often struggled with knowing how to properly respond to bereavement.

In a comparative study between Australia and England conducted by Rowling and Holland (2000) based on 145 Australian and 200 English schools, it was discovered that only 15% of English schools had a planned holistic response to bereavement. This lack of structure was confirmed a decade later in the previously mentioned study by Holland and Wilkinson (2015), where it was found that 39% of schools in Hull had a formal policy on bereavement compared to 23% of schools in North Suffolk. While the number of schools with a response in Hull was higher than that reported in other places in the United Kingdom, this might be explained by the extensive focus there has been on testing a planned holistic response to bereavement in this area (e.g. Holland, 2003; Holland et al., 2005). At the same time, a school reporting having a policy on bereavement does not necessarily reflect that teachers are aware of this policy and use it.

In the same way as the earlier mentioned studies on mental health support, several studies (e.g. Holland, 2003; Lowton & Higginson, 2003) have found that many teachers do not feel adequately qualified to deal with bereaved children. In a study by Lowton and Higginson (2003), 13 school staff working in southeast London were interviewed. They expressed finding themselves ill prepared for dealing with loss. While the participants voiced a desire to support the bereaved children, they were also worried about causing them further distress. Similar concerns were noted by Holland (2001) based on his work with schools in Hull. These concerns seemed to be a significant hindering factor in encouraging schools to offer such support. Others (e.g. Devlin-Friend, 2006; Holland & Wilkinson, 2015) have noted that school staff generally request more training on how to support bereaved children. Holland (2001) further noted that the above issues might explain why bereaved students reported on many occasions that they had received little or no help at all when returning to school. This is problematic, since Devlin-Friend (2006) found that 75% of the schools in her sample had a bereaved child in their class, while Holland (1993), in a random sample of 75 infant, junior and primary schools in the Humberside area, previously uncovered that 70% had a parentally bereaved child in attendance.

It should be noted that all the studies mentioned in this section have been localised and based on rather small samples, often acquired through a convenience sample technique. This has the disadvantage and advantage that schools that find childhood bereavement important are more likely to commit the time to participate than schools which do not. The numbers provided in this section are likely to present a more positive picture on the implementation of school bereavement support than in other places in the UK but this is unknown. More research and in particular a large-scale study of high quality is needed to provide a better understanding of the current state of bereavement support in schools.

### 4.3 How schools can act as a supportive factor

Both English (Holland, 2008; Tracey, 2006) and international (A. Dyregrov, 2008; Lytje, 2017b) studies have shown that schools have the potential to be a significant support factor in the lives of bereaved children following a loss. Studies (Berg et al., 2016; Cerel et al., 2006) have shown that in the time directly after a death, the ability of the remaining family to support the bereaved child is often reduced. Here, children are especially at risk because in addition to dealing with the death, they also must face the challenges (e.g. puberty, choice of career) that arise as part of childhood.

The best way to mediate such effects appears to be providing children with support mechanisms, such as giving them someone to talk to. Studies (Christ & Christ, 2006; Nielsen et al., 2012) have found that having someone to share difficult thoughts with appears to engender significant resilience in the child, which directly reduces the experienced difficulties and the potential for high-risk behaviour. The studies discussed in section 3.1 emphasise that it is important to identify the mediating factors that can support children and families (Stikkelbroek et al., 2015).

Balk (2001) and Dyregrov (2008) both suggest that staff in schools are ideally suited to offer support at a time where bereaved families might not be able to, because family members are themselves in the throes of grief. Not only can such support help the child deal with grief, studies indicate that it can also help limit the social and educational issues that can arise as a consequence of the loss (Holland, 2001; Lytje, 2016a).

## 4.4 Advantages of a planned holistic response to bereavement

Studies have shown the important part that a planned holistic response to bereavement can play in supporting bereaved students (Holland, 2001; Lytje, 2017a). Without such structures, it is often difficult for staff to determine who is supposed to offer support, what needs to be done and to what extent. Several studies on English schools have reported that often little or nothing is done to support bereaved students because teachers fear upsetting them (Holland, 2001; Lowton & Higginson, 2003). Other studies have also shown that although many teachers are afraid of doing something wrong when interacting with bereaved children, they do have a strong desire to support them (A. Dyregrov et al., 2015; Holland & McLennan, 2015; Lytje, 2017a).

Although many bereaved students do express some ambivalence when detailing the form of support they want and cultural differences exist, a limited number of qualitative studies indicate that many students do want their teachers to support them (e.g. K. Dyregrov, 2009; Lytje, 2017b; Monroe & Kraus, 2005). However, as already noted, research into student views and needs is a major gap. Researchers have noted that when such support is provided and given in a manner the student finds beneficial, it can reduce many of the challenges and issues bereaved children encounter at school (e.g. Lytje, 2017b; Tracey, 2006).

Planned holistic responses appear not only to help support bereaved students but also to encourage teachers to begin to support and continue supporting the bereaved child, while also allowing teachers to feel greater confidence in doing this. Nevertheless, currently only Denmark and Australia seem to have school bereavement response systems that are implemented on a national scale (Lytje, 2017; Rowling & Holland, 2000).

In a Danish study, Lytje (2017a) surveyed 967 teachers on their use of bereavement response plans. The study reported that 81% of teachers found that the system gave them a sense of security in responding to bereavement because they knew such a resource was available if necessary. Of the teachers who had experienced having to deal with a bereaved student, 81% responded that it was effective in supporting them when the bereavement had just occurred. Fifty-six percent of all surveyed teachers further reported the system to be so efficient that they did not need any further support. While this is only a slight majority, it is an impressive rate compared to

what has been uncovered in similar international studies. Holland (1993) reported that 70% of his sampled English teachers described not feeling adequately trained to support bereaved students, while McGovern and Barry (2000), in a sample of 35 teachers from Ireland, reported that 90% of their teachers emphasised needing more training. At the time of the studies, the majority of schools in these locations did not have any planned holistic response to bereavement.

In addition to supporting the bereaved student and teachers, planned responses also appear to be able to provide support to the school community in general. Through guidelines on how to inform classmates, parents and other teachers about a loss, it is ensured that everyone who is involved receives the necessary information provided in a productive way. The updated Danish bereavement response further contains information on how to talk about the loss in class in order to ensure that it becomes a supporting factor rather than an alienating one (Lytje & Bøge, 2018). Last but not least, it provides structures to ensure that the child's loss is not forgotten after a few months, something that appears to have been a problem in British schools (Holland, 2001).

While there exists little evidence on the benefits of planned holistic responses to bereavement, the research that does exist indicates that there are significant benefits, both for the teachers who have to support bereaved students and in relation to the amount and quality of support provided to the children themselves. Although international bereavement responses might not be directly implementable in British schools, education systems are still similar enough for such responses to help pave the way for an approach tailored to the specific needs of the United Kingdom.



## 5.0 Gaps in literature

This section provides a summary of the current gaps in the literature and answers question 5: *Where are the gaps in research?*

This review has shown that while there is a large body of research on childhood bereavement from the death of a parent or sibling, many gaps also exist. In relation to the two main topics covered in this review, there is more current research on parental bereavement than on sibling losses. As discussed at the beginning of this review, this is most likely to be due to parental bereavement

being more common. Nevertheless, this has the consequence that some of the challenges uncovered in studies on parental bereavement have not been explored in relation to the loss of a sibling. The field could benefit greatly from research that explores whether these findings are transferable to sibling bereavement. There is also a lack of research on grief in children and adolescents as a particular age group. The cultural aspects are worthy of more research as is the short and long-term impact. There is limited current research on what children themselves think.

Other areas such as the role of parents in relation to supporting bereaved students have also seen very limited research. While studies (Hagan et al., 2010: Leucken & Appelhans, 2006) have explored the supporting and hindering factors that parents can provide in the wake of loss, few have investigated how this affects school attainment. Research on wellbeing in schools (Harris & Goodall, 2008; Mantle, Gelling, & Livingstone, 2006) shows that families play a significant role in how children perform in school. New studies should be encouraged to explore how parents, teachers and students can collaborate to provide positive resilience factors that can mitigate some of the negative consequences currently associated with childhood bereavement.

Researchers (Holland, 2001; Suhail, Jamil, Oyebode, & Ajmal, 2011) have also found that cultural and socioeconomic factors in the families play a role in the support needed following a loss. Little research has explored how these areas affect the support schools should provide. We have seen (section 3.1) that current researchers are interested in a more complex theory and design of research, i.e. one that accepts the importance of the social and cultural context and one that aims to look at how the risk and protective factors can be mediated and inform the work of professionals. This seems to have emerged as a very important gap and one that is being pursued by researchers. To ensure that equal support is provided to all students no matter what their cultural, religious or social background, studies looking at the challenges these groups encounter and whether they have different needs should be encouraged.

While research on childhood bereavement has had significant interest in Scandinavia, Australia and the United States, less has been conducted recently on the matter in the United Kingdom despite a strong early research tradition, particularly by John Holland. As can be seen in this review, it means that many of the articles referred to are from research in other countries. While this is

not problematic, it is key that such findings are confirmed in a unique British context if the UK is to provide better support for its bereaved students. A study needs to determine the challenges British teachers face when encountering childhood bereavement. There is a need to understand the current context and practices, plus the challenges and successes. This review also reported that most of the studies which explore school bereavement responses in the UK were conducted regionally rather than nationally. Consequently, there is little knowledge on the state of bereavement support provided across the United Kingdom and the conditions for bereaved students. Nor is there significant research on the views of young people.

## 6.0 Concluding remarks

The beginning of this review emphasised that bereavement is an inevitable part of life and that the majority of children come through this painful experience changed but able to move on to live constructive lives. However, we have also found evidence that the death of a mother, father or sibling can have an extensive influence on children's lives and for some it is longer lasting. Children who experience such losses encounter psychological, physical, health, social, cultural and educational challenges in the time that follows. Some challenges fade with time and with support, while others seem to persist and be lifelong. Bowlby (1982) described the effect of parental loss in terms of both an 'increased likelihood of and a greater vulnerability to future adversity' (cited in Maier and Lachman, 2000, p. 183). The idea of pathways to impact is an important thread in the research. 'Understanding the pathways through which adaptation occurs can help identify optimal areas or time points for intervention, maximizing the opportunity to promote positive adjustment in the aftermath of parental death' (Luecken and Roubinov, 2012, p. 245). Alerting professionals to the interactive and contextual nature of the bereavement and also the meaning of the death for the bereaved can help us to develop a more sophisticated and supportive response.

It is important to identify the facilitators of reduced vulnerability and in particular the part that schools can play in that. We are aware from research that certain factors are helpful, e.g. listening to the young person, good communication with the family and between teachers, as well as using

well established relationships with the bereaved to be supportive but not intrusive. There is a need for both further research and the development of practice. We need to be supported by research that helps identify the mediators in the pathways and which would help 'professionals to be aware of the risks for aggravation or mental health problems after family loss ….' (Stikkelbroek et al., 2016). We do know some things that make a difference: supportive relationships; understanding of the cultural and social context, its meaning and responding appropriately; consultation with the bereaved child and family; school support based on a planned and informed approach.

Not all experiences gained from bereavement are negative, and some of those who have experienced a death report perceived personal growth and the development of strengths. There is a need for further research on the different impacts for different groups of young people. We know that there are potential impacts and that we may need to develop different responses for different groups according to need. Some areas are seen as important but there is no significant research on the connection to bereavement.

Few English schools today have planned responses to bereavement. This is a challenge for teachers, who often struggle with knowing what to do and fear doing more harm than good when encountering bereaved children. While teachers might struggle to offer support, studies have shown that most believe bereavement support should be of high priority. At the same time, students generally seem to welcome teacher support and do benefit strongly from this following a loss, if such support is provided in a respectful and meaningful manner. So, there is much to be done in English schools. There is also much we might learn from other countries. Experiences from Scandinavia indicate that planned bereavement responses could be a way to address many of the current issues encountered in England, such as the anxiety of teachers and young people about engaging in discussion and support around bereavement.

Finally, there is a need to involve young people themselves in shaping the responses that are formed in schools. Research and development are necessary, and the research shows could make significant differences. The involvement of young people and their teachers would be a strong step forward.

## References


Abdelnoor, A., & Hollins, S. (2004). The effect of childhood bereavement on secondary school performance. *Educational Psychology in Practice*, *20*(1), 43–54.

Agid, O., Shapira, B., Zislin, J., Ritsner, M., Hanin, B., Murad, H., Lerer, B. (1999). Environment and vulnerability to major psychiatric illness: A case control study of early parental loss in major depression, bipolar disorder and schizophrenia. *Molecular Psychiatry*, *4*(2), 163–172.

Akerman, R., & Statham, J. (2014). Bereavement in childhood: the impact on psychological and educational outcomes and the effectiveness of support services. *Childhood Wellbeing Research, Working Paper*, (25), 1–37.

Appel, C. V., Johansen, C., Deltour, I., Frederiksen, K., Hjalgrim, H., Dalton, S. O. and Bidstrup, P. E. (2013). Early Parental Death and Risk of Hospitalization for Affective Disorder in Adulthood: *Epidemiology*, *24*(4), 608–615.

Appel, C. W., Johansen, C., Christensen, J., Frederiksen, K., Hjalgrim, H., Dalton, S. O., … Bidstrup, P. E. (2016). Risk of use of antidepressants among children and young adults exposed to the death of a parent. *Epidemiology, 27*(4), 578–585.

Archer, J. (2008). Theories of grief: Past, Present and Future Perspectives. In *Handbook of bereavement research and practice*. APA Order Department.

Armstrong, D., & Shakespeare-Finch, J. (2011). Relationship to the Bereaved and Perceptions of Severity of Trauma Differentiate Elements of Post traumatic Growth. *OMEGA — Journal of Death and Dying*, *63*(2), 125–140.

Auman, M. J. (2007). Bereavement support for children. *The Journal of School Nursing*, *23*(1), 34–39.

Balk, D. E. (2001). College student bereavement, scholarship, and the university: a call for university engagement. *Death Studies*, *25*(1), 67–84.

Balk, D. E., Zaengle, D., & Corr, C. A. (2011). Strengthening grief support for adolescents coping with a peer's death. *School Psychology International*, *32*(2), 144–162.

Beaman, R., Wheldall, K., & Kemp, C. (2007). Recent Research on Troublesome Classroom Behaviour: A Review. *Australasian Journal of Special Education*, *31*(1), 45–60.

Berg, L., Rostila, M., & Hjern, A. (2016). Parental death during childhood and depression in young adults – a national cohort study. *Journal of Child Psychology and Psychiatry*, *57*(9), 1092–1098.

Berg, L., Rostila, M., Saarela, J., & Hjern, A. (2014). Parental death during childhood and subsequent school Performance. *Pediatrics*, *133*(4), 682–689.

Berridge, D., Brodie, I., Pitts, J., Porteous, D. and Tarling, R. (2001). *The independent effects of permanent exclusion from school on the offending careers of young people*. RDS Occasional Paper 71. London: Home Office.

Black, D., Harris-Hendriks, J., & Kaplan, T. (1992). Father kills mother: Post-traumatic stress disorder in the Children. *Psychotherapy and Psychosomatics, 57*(4), 152–157.

Boelen, P. A. (2005). Complicated grief, depression, and anxiety as distinct postloss syndromes: A confirmatory factor analysis study. *The American Journal of Psychiatry*, *162*(11), 2175–2177.

Bolton, J. M., Au, W., Chateau, D., Walld, R., Leslie, W. D., Enns, J., and Sareen, J. (2016). Bereavement after sibling death: a population-based longitudinal case-control study. *World Psychiatry*, *15*(1), 59–66.

Bonanno, G. A. and Mancini, A. D. (2008). The human capacity to thrive in the face of potential trauma. *Pediatrics, 121*(2), 369–375.

Bonanno, G. A., & Kaltman, S. (1999). Toward an integrative perspective on bereavement. *Psychological Bulletin*, *125*(6), 760–776.

Boswell, G. (1996). *Young and Dangerous: The Backgrounds and Careers of Section 53 offenders*. Avebury: Aldershot.

Bowlby, J. (1969). *Attachment and loss (Vol. 1)*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Separation (Vol. 2)*. New York: Basic Books.

Bowlby, J. (1980a). *Attachment and loss: Loss*. (*Vol. 3).* New York: Basic Books.

Bowlby, J. (1980b). *Loss: Sadness and depression*. New York: Basic Books.

Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, *52,* 664–678.

Bowlby, J. (1988). *A Secure Base.* New York: Basic Books.

Brent, D. A., Perper, J. A., Moritz, G., Liotus, L., Schweers, J., Roth, C., … Allman, C. (1993). Psychiatric impact of the loss of an adolescent sibling to suicide. *Journal of Affective Disorders*, *28*(4), 249–256.

Brent, D., Melhem, N., Donohoe, M. B., & Walker, M. (2009). The incidence and course of depression in bereaved youth 21 months after the loss of a parent to suicide, accident, or sudden natural death. *Am J Psychiatry, 166*(7), 786–794.

Brent, D., Melhem, N. M., Masten, A. S., Porta, G., & Payne, M. W. (2012). Longitudinal effects of parental bereavement on adolescent developmental competence. *Journal of Clinical Child & Adolescent Psychology*, *41*(6), 778–791.

Briere, J., Kaltman, S., & Green, B. L. (2008). Accumulated childhood trauma and symptom complexity. *Journal of Traumatic Stress*, *21*(2), 223–226.

Brown, E. L., Phillippo, K., Rodger, S., & Weston, K. J. (2017). Editorial. *Advances in school mental health promotion*, *10*(1), 1–4.

Brown, J. A., & Jimerson, S. R. (2017). *Supporting Bereaved Students at School*. New York: Oxford University Press.

Bylund-Grenklo, T., Fürst, C. J., Nyberg, T., Steineck, G., & Kreicbergs, U. (2016). Unresolved grief and its consequences. A nationwide follow-up of teenage loss of a parent to cancer 6–9 years earlier. *Supportive Care in Cancer*, *24*(7), 3095–3103.

Calhoun, L. G., Tedeschi, R. G., Cann, A., & Hanks, E. A. (2010). Positive outcomes following bereavement: Paths to post traumatic growth. *Psychologica Belgica*, *50*(1–2), 125–143.

Calhoun, Lawrence G., Cann, A., Tedeschi, R. G., & McMillan, J. (2000). A Correlational Test of the Relationship Between Posttraumatic Growth, Religion, and Cognitive Processing. *Journal of Traumatic Stress*, *13*(3), 521–527.

Cerel, J., Fristad, M. A., Verducci, J., Weller, R. A., & Weller, E. B. (2006). Childhood bereavement: Psychopathology in the 2 years postparental death. *Journal of the American Academy of Child & Adolescent Psychiatry*, *45*(6), 681–690.

Chadwick, A. (2012). *Talking about Death and Bereavement in School: How to Help Children Aged 4 to 11 to Feel Supported and Understood*. London: Jessica Kingsley Publishers.

Childhood Bereavement Network. (2016). Key estimated statistics on childhood bereavement. Retrieved from http://www.childhoodbereavementnetwork.org.uk/media/53767/Key-statistics-on-Childhood-Bereavement-Nov-2016.pdf

Christ, G. H., & Christ, A. E. (2006). Current approaches to helping children cope with a parent's terminal illness. *CA: A Cancer Journal for Clinicians*, *56*(4), 197–212.

Clark, C. D., Caldwell, T., Power, C., & Stansfeld, S. A. (2010). Does the influence of childhood adversity on psychopathology persist across the lifecourse? A 45-year prospective epidemiologic study. *Annals of Epidemiology, 20*(5), 385–394.

Clements, P. T., Vigil, G. J., Manno, M. S., Henry, G. C., Wilks, J., Das, S., … Foster, W. (2003). Cultural perspectives of death, grief, and bereavement. *Journal of Psychosocial Nursing and Mental Health Services*, *41*(7), 18–26.

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: Guilford Press.

Coleman, J. (1974). *Relationships in Adolescence*. London: Routledge & Kegan Paul.

Cox, K., Bird, L., Arthur, A., et al. (2013). Public attitudes to death and dying in the UK: a review of published Literature. *British Medical Journal Supportive & Palliative Care, 3*, 37–45.

Cross, S., & Harrison, H. (Eds.). (2002). *"I can't stop feeling sad" Calls to ChildLine about bereavement.* London: ChildLine.

Davidson, J. (2008). Children and young people in mind: the final report of the National CAMHS Review. *London: Department of Health*.

Dencker, A. (2012). *Sorggrupper i skoler - En evaluering af børns udbytte*. Copenhagen: Kræftens Bekæmpelse.

Dennehy, C. M. (1966). Childhood Bereavement and psychiatric illness. *The British Journal of Psychiatry*, *112*(491), 1049–1069.

DfE Department for Education. (2010). *The importance of teaching.* London: HMSO.

DfE Department for Education. (2010). *The importance of teaching: the schools white paper 2010 - impact assessment.* London: HMSO.

(DfE/DoH) Department for Education and Department for Health and Social Care. (2017). *Transforming children and young people's mental health provision: a green paper.* London: the Crown.

Deshpande, O., Reid, M. C., & Rao, A. S. (2005). Attitudes of Asian-Indian Hindus toward end-of-life care. *Journal of the American Geriatrics Society*, *53*(1), 131–135.

Devlin-Friend, N. (2006). Bereavement in primary education: A study of a group of schools. *Bereavement Care*, *25*(2), 31–32.

Dietz, L. J., Stoyak, S., Melhem, N., Porta, G., Matthews, K. A., Payne, M. W., & Brent, D. A. (2013). Cortisol response to social stress in parentally bereaved youth. *Biological Psychiatry*, *73*(4), 379–387.

Dopp, A. R., & Cain, A. C. (2012). The Role of Peer Relationships in Parental Bereavement During Childhood and Adolescence. *Death Studies, 36*(1), 41–60.

Dowdney, L. (2005). Children bereaved by parent or sibling death. *Psychiatry, 4*, 118–122.

Dowdney, L. (2000). Annotation: Childhood bereavement following parental death. *The Journal of Child Psychology and Psychiatry and Allied Disciplines*, *41*(07), 819–830.

Dowdney, L., Wilson, R., Maughan, B., Allerton, M., Schofield, P., & Skuse, D. (1999). Psychological disturbance and service provision in parentally bereaved children: prospective case-control study. *BMJ*, *319*(7206), 354–357.

D'Urso, A., Mastroyannopoulou, K., & Kirby, A. (2017). Experiences of post traumatic growth in siblings of children with cancer. *Clinical Child Psychology and Psychiatry*, *22*(2), 301–317.

Dyregrov, A. (2008). *Grief in Children, Second Edition: A Handbook for Adults* (2 Rev edition). Philadelphia: Jessica Kingsley Publishers Ltd.

Dyregrov, A. (2015). Children, trauma and grief: School support in Scandinavia. *Trauma Psychology News*, (Spring Issue), 16–18.

Dyregrov, A., & Dyregrov, K. (2013). Complicated grief in children. In M. Stroebe, H. Schut, & J. van den Bout (Eds.), *Complicated Grief*. New York: Routledge.

Dyregrov, A., Dyregrov, K., Endsjø, M., & Idsoe, T. (2015). Teachers' perception of bereaved children's academic performance. *Advances in School Mental Health Promotion*, *0*(0), 1–12.

Dyregrov, A., & Raundalen, M. (1994). *Sorg og omsorg i skolen*. Bergen: Magnat Forlag.

Dyregrov, A., Yule, W., Smith, P., Perrin, S., Gjestad, R., & Prigerson, H. (2001). *Traumatic grief inventory for children (TGIC).* Norway: Children and War Foundation.

Dyregrov, K. (2004). Bereaved parents' experience of research participation. *Social Science & Medicine*, *58*(2), 391–400.

Dyregrov, K. (2009). The Important role of the School following suicide in Norway. What support do young people wish that school could provide? *OMEGA - Journal of Death and Dying*, *59*(2), 147–161.

Dyregrov, K., & Dyregrov, A. (2005). Siblings after suicide - "The Forgotten Bereaved". *Suicide and Life-Threatening Behavior*, *35*(6), 714–724.

Dyregrov, K., & Dyregrov, A. (2011). *Barn og unge som pårørende ved kreft. Hvordan kan barns situasjon og foreldres omsorgskapasitet styrkes i et rehabiliteringsperspektiv.* Norway: Center for Crisis Psychology.

Eilegård, A., Steineck, G., Nyberg, T., & Kreicbergs, U. (2013). Psychological health in siblings who lost a brother or sister to cancer 2 to 9 years earlier. *Psycho-Oncology*, *22*(3), 683–691.

Epstein, J. A., & Spirito, A. (2009). Risk factors for suicidality among a nationally representative sample of high school students. *Suicide and Life-Threatening Behavior*, *39*(3), 241–251.

Faschingbauer, T. R., Zisook, S., & DeVaul, R. (1987). The Texas revised inventory of grief. *Biopsychosocial Aspects of Bereavement*, 111–124.

Fauth, B., Thompson, M., & Penny, A. (2009). *Associations between childhood bereavement and children's background, experiences and outcomes*. London, UK.

Felix, E., Afifi, T., Kia-Keating, M., Brown, L., Afifi, W., & Reyes, G. (2015). Family functioning and posttraumatic growth among parents and youth following wildfire disasters. *American Journal of Orthopsychiatry*, *85*(2), 191-200.

Ford, T., Parker, C., Salim, J., Goodman, R., Logan, S., & Henley, W. (2018). The relationship between exclusion from school and mental health: A secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. *Psychological Medicine, 48*(4), 629-641.

Frazier, P., Tennen, H., Gavian, M., Park, C., Tomich, P., & Tashiro, T. (2009). Does self-reported posttraumatic growth reflect genuine positive change? *Psychological Science*, *20*(7), 912–919.

Freeman, E. (1984). Multiple losses in the elderly: An ecological approach. *Social Casework*, *65*(5), 287–296.

Freud, S. (1913). Totem and taboo. Reprinted as Pelican edn., 1938 trans by A. A. Brill. Harmondsworth, UK: Penguin. *Standard Edition*, *13*.

Freud, S. (1917). *Mourning and melancholia*. London: Hogarts Press and Institute of Psychoanalysis (1957).

Gerard, J. M., & Buehler, C. (2004). Cumulative environmental risk and youth maladjustment: The role of youth attributes. *Child Development*, *75*(6), 1832–1849.

Goldberg, H. S. (1981). Funeral and bereavement rituals of Kota Indians and Orthodox Jews. *OMEGA - Journal of Death and Dying*, *12*(2), 117–128.

Goldblatt, E. (2011). Development in crisis: Adolescent Sibling Bereavement. *Doctorate in Social Work (DSW)* Dissertations. University of Pennsylvania.

Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology*, *13*(1), 46–73.

Granek, L. & Peleg-Sagy, T. (2017). The use of pathological grief outcomes in bereavement studies on African Americans. *Transcultural Psychiatry*, *54*(3) 384–399.

Gray, L. B., Weller, R. A., Fristad, M., & Weller, E. B. (2011). Depression in children and adolescents two months after the death of a parent. *Journal of Affective Disorders*, *135*(1), 277–283.

Guldin, M., Dyregrov, A., Engelbrekt, P., Bøge, P., Lytje, M., Eriksen, D. B., … Nordenhof, I. (2017). *Jeg vil gerne tale om min sorg* (1st ed.). Copenhagen: Akademisk Forlag.

Guldin, M., Li, J., Pedersen, H., Obel, C., Agerbo, E., Gissler, M., … Vestergaard, M. (2015). Incidence of suicide among persons who had a parent who died during their childhood: A population-based cohort study. *JAMA Psychiatry*, *72*(12), 1227.

Hagan, M. J., Roubinov, D. S., Gress-Smith, J., Luecken, L. J., Sandler, I. N., & Wolchik, S. (2010). Positive parenting during childhood moderates the impact of recent negative events on cortisol activity in parentally bereaved youth. *Psychopharmacology*, *214*(1), 231-8.

Hamden, S., Mazariego, D., Melham, N. M., Porta, G., Walker, M. P., & Brent, D. (2012). Effect of parental bereavement on health risk behaviors in youth: A 3-year follow-up. *Archives of Pediatrics & Adolescent Medicine*, *166*(3), 216–223.

Harris, A., & Goodall, J. (2008). Do parents know they matter? Engaging all parents in learning. *Educational Research*, *50*(3), 277–289.

Harrison, L., & Harrington, R. (2001). Adolescents' bereavement experiences. Prevalence, association with depressive symptoms, and use of services. *Journal of Adolescence*, *24*(2), 159–169.

Hays, J. C., Hendrix, C. C., Stroebe, M. S., Hansson, R. O., Schut, H., & Stroebe, W. (2008). The role of religion in bereavement. In *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*. Edited by M. S. Stroebe, R. O. Hansson, H. Schut, W. Stroebe, and E. V. D. Blink. Washington, DC, USA: American Psychological Association, 2008, pp. 327–348.

Hayslip, B., Pruett, J. H., & Caballero, D. M. (2015). The "How" and "When" of Parental Loss in Adulthood Effects on Grief and Adjustment. *OMEGA - Journal of Death and Dying*, *71*(1), 3–18.

Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology*, *74*(5), 797-816.

Herbst, J. H., McCrae, R. R., Costa, P. T., Feaganes, J. R., & Siegler, I. C. (2000). Self-Perceptions of Stability and Change in Personality at Midlife: The UNC Alumni Heart Study. *Assessment*, *7*(4), 379–388.

Heeren, G. A. (2011). Changing methods of disclosure. Literature review of disclosure to children with terminal illnesses, including HIV. Innovation: *The European Journal of Social Science Research, 24*(1–2), 199–208.

Hirooka, K., Fukahori, H., Ozawa, M., & Akita, Y. (2016). Differences in post traumatic growth and grief reactions among adolescents by relationship with the deceased. *Journal of Advanced Nursing*, *74*(4), 988–989.

Høeg, B. L., Appel, C. W., Heymann-Horan, A. B., Frederiksen, K., Johansen, C., Bøge, P. and Bidstrup, P. E. (2016). Maladaptive coping in adults who have experienced early parental loss and grief counselling. *Journal of Health Psychology*, Advance online publication.

Høeg, B. L., Johansen, C., Christensen, J., Frederiksen, K., Dalton, S. O., Bøge, P. and Bidstrup, P. E. (2018). Does losing a parent early influence the education you obtain? A nationwide cohort study in Denmark. *Journal of Public Health.*

Holland, J. (1993). Child bereavement in Humberside primary schools. *Educational Research*, *35*(3), 289–297.

Holland, J. (2001). *Understanding Children's Experiences of Parental Bereavement*. London: Jessica Kingsley Publishers.

Holland, J. (2003). Supporting schools with loss: 'Lost for Words' in Hull. *British Journal of Special Education*, *30*(2), 76–78.

Holland, J. (2008). How schools can support children who experience loss and death. *British Journal of Guidance & Counselling*, *36*(4), 411–424.

Holland, J., Dance, R., McManus, N., & Stitt, C. (2005). *Lost for Words: Loss and Bereavement Awareness Training*. London: Jessica Kingsley Publishers.

Holland, J., & Ludford, C. (1995). The effects of bereavement on children in Humberside secondary schools. *British Journal of Special Education*, *22*(2), 56–59.

Holland, J., & McLennan, D. (2015). North Yorkshire schools' responses to pupil bereavement. *Pastoral Care in Education*, *33*(2), 116–128.

Holland, J., & Wilkinson, S. (2015). A comparative study of the child bereavement response and needs of schools in North Suffolk and Hull, Yorkshire. *Bereavement Care*, *34*(2), 52–58.

Jacobs, S. (1999). *Traumatic Grief: Diagnosis, Treatment, and Prevention* (1st ed.). Philadelphia, PA: Routledge.

Jayawickreme, E., & Blackie, L. E. (2014). Post-traumatic growth as positive personality change: Evidence, controversies and future directions. *European Journal of Personality*, *28*(4), 312–331.

Johnson, S. E., Lawrence, D., Hafekost, J., Saw, S., Buckingham, W. J., Sawyer, M., … Zubrick, S. R. (2016). Service use by Australian children for emotional and behavioural problems: Findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*, *50*(9), 887–898.

Jopling, M. and Vincent, S. (2016) *Vulnerable Children: Needs and Provision in the Primary Phase.* York: Cambridge Primary Review Trust.

Kaplow, J. and Layne, C. (2014). Sudden Loss and Psychiatric Disorders Across the Life Course: Toward a Developmental Lifespan Theory of Bereavement-Related Risk and Resilience. *American Journal of Psychiatry, 171*(8).

Kaplow, J. B., Saunders, J., Angold, A. and Costello, E. J. (2010). Psychiatric Symptoms in Bereaved Versus Nonbereaved Youth and Young Adults: A Longitudinal Epidemiological Study. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(11), 1145–1154.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, *36*(6), 919–935.

Kilmer, R. P., & Gil-Rivas, V. (2010). Exploring post traumatic growth in children impacted by Hurricane Katrina: Correlates of the phenomenon and developmental considerations. *Child Development*, *81*(4), 1211–1227.

King, H. (2016). The Connection between Personal Traumas and Educational Exclusion in Young People's Lives. *Young*, *24*(4), 342–358.

Králová, J., & Walter, T. (2018). *Social Death: Questioning the life-death boundary*. Milton Park: Routledge.

Krause, N. (1998). Early parental loss, recent life events, and changes in health among older adults. *Journal of Aging and Health*, *10*(4), 395–421.

Kravdal, Ø., & Grundy, E. (2016). Health effects of parental deaths among adults in Norway: Purchases of prescription medicine before and after bereavement. *SSM - Population Health*, *2*, 868–875.

Kübler-Ross, E., Wessler, S., & Avioli, L. V. (1972). On death and dying. *JAMA: The Journal of the American Medical Association*, *221*(2), 174.

The Lancet. (2013). How and when to help children cope with trauma? *The Lancet*, *381*(9867), 600.

Lawrence, D., Johnson, S., Hafekost, J., Haan, K. B. de, Sawyer, M., Ainley, J., & Zubrick, S. (2015). *The Mental Health of Children and Adolescents. Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Canberra, ACT, Australia: Health.

Luecken, L. J. and Appelhans B. M. (2006). Early parental loss and salivary cortisol in young adulthood: the moderating role of family environment. *Developmental Psychopathology, 18*, 295–308.

Luecken, L. J. and Roubinov, D. S. (2012). Pathways to Lifespan Health Following Childhood Parental Death. *Social and Personality Psychology Compass*, *6*(3), 243–257.

Levine, S. Z., Laufer, A., Hamama-Raz, Y., Stein, E., & Solomon, Z. (2008). Post traumatic growth in adolescence: Examining its components and relationship with PTSD. *Journal of Traumatic Stress*, *21*(5), 492–496.

Li, J., Vestergaard, M., Cnattingius, S., Gissler, M., Bech, B. H., Obel, C., & Olsen, J. (2014). Mortality after parental death in childhood: A nationwide cohort study from three Nordic countries. *PLoS Medicine*, 11, e1001679.

Liang, H., Olsen, J., Yuan, W., Cnattingus, S., Vestergaard, M., Obel, C., … Li, J. (2016). Early life bereavement and schizophrenia: A nationwide cohort study in Denmark and Sweden. *Medicine, 95*(3), e2434.

Lin, K. K., Sandler, I. N., Ayers, T. S., Wolchik, S. A., & Luecken, L. J. (2004). Resilience in parentally bereaved children and adolescents seeking preventive services. *Journal of Clinical Child & Adolescent Psychology, 33*(4), 673–683.

Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, *101*(2), 141.

Liu, X., Olsen, J., Agerbo, E., Yuan, W., Cnattingius, S., Gissler, M., & Li, J. (2013). Psychological stress and hospitalization for childhood asthma - A nationwide cohort study in two Nordic countries. *PLOS ONE, 8*(10), e78816.

Lobar, S. L., Youngblut, J. M., & Brooten, D. (2006). Cross-cultural beliefs, ceremonies, and rituals surrounding death of a loved one. *Pediatric Nursing*, *32*(1), 44–50.

Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Monterosso, L., Halkett, G. K., & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. *Death Studies, 34*(8), 673–698.

Lopez, S. A. (2011). Culture as an influencing factor in adolescent grief and bereavement. *Prevention Researcher*, *18*(3), 10–13.

Lowton, K., & Higginson, I. J. (2003). Managing bereavement in the classroom: A conspiracy of silence? *Death Studies*, *27*(8), 717–741.

Luecken, L. J. (2008). Long-term consequences of parental death in childhood: Psychological and physiological manifestations. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*, (s. 397–416).

Luecken, L. J., & Roubinov, D. S. (2012). Pathways to lifespan health following childhood parental death. *Social and Personality Psychology Compass*, *6*(3), 243–257.

Lundorff, M., Holmgren, H., Zachariae, R., Farver-Vestergaard, I., & O'Connor, M. (2017). Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. *Journal of Affective Disorders*, *212*, 138–149.

Lytje, M. (2016a). *Unheard Voices: Parentally Bereaved Danish Students' Experiences and Perceptions of the Support Received Following the Return to School.* (Doctoral Dissertation). University of Cambridge, Cambridge.

Lytje, M. (2016b). Voices We Forget – Danish Students' Experience of Returning to School Following Parental Bereavement. *OMEGA - Journal of Death and Dying*.

Lytje, M. (2017a). The success of a planned bereavement response – a survey on teacher use of bereavement response plans when supporting grieving children in Danish schools. *Pastoral Care in Education*, *35*(1), 28–38.

Lytje, M. (2017b). Voices that want to be heard – Using bereaved Danish students' suggestions to update school bereavement response plans. *Death Studies*. *42*(4), 254–267.

Lytje, M., & Dyregrov, A. (In press). The price of loss: A literature review of the psychosocial and health consequences of childhood bereavement. *Bereavement Care.*

Mantle, G., Gelling, L., & Livingstone, S. (2006). Supporting the vulnerable child: Engaging fathers in the home–school dimension of pastoral care. *Pastoral Care in Education*, *24*(3), 41–48.

Mazzer, K. R., & Rickwood, D. J. (2015). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion*, *8*(1), 29–41.

Ribbens McCarthy, J. (2006) *Young People's Experiences of Loss and Bereavement: towards an interdisciplinary approach.* Maidenhead: Open University Press.

Maier, E. H., & Lachman, M. E. (2000). Consequences of early parental loss and separation for health and well-being in midlife. *International Journal of Behavioral Development*, *24*(2), 183–189.

McFarland, C., & Alvaro, C. (2000). The impact of motivation on temporal comparisons: Coping with traumatic events by perceiving personal growth. *Journal of Personality and Social Psychology*, *79*(3), 327–43.

McGovern, M., & Barry, M. M. (2000). Death education: Knowledge, attitudes, and perspectives of Irish parents and teachers. *Death Studies*, *24*(4), 325–333.

Melhem, N. M., Walker, M., Moritz, G., & Brent, D. A. (2008). Antecedents and sequelae of sudden parental death in offspring and surviving caregivers. *Archives of Pediatrics & Adolescent Medicine, 162*(5), 403–410.

Mellor, P. A., & Shilling, C. (1993). Modernity, self-identity and the sequestration of death. *Sociology*, *27*(3), 411–431.

Meyerson, D. A., Grant, K. E., Carter, J. S., & Kilmer, R. P. (2011). Post traumatic growth among children and adolescents: A systematic review. *Clinical Psychology Review*, *31*(6), 949–964.

Mittendorfer-Rutz, E., Rasmussen, F., & Wasserman, D. (2008). Familial clustering of suicidal behaviour and psychopathology in young suicide attempters. *Social Psychiatry and Psychiatric Epidemiology*, *43*(1), 28–36.

Monroe, B., & Kraus, F. (2005). *Brief Interventions with Bereaved Children.* New York: Oxford University Press.

Moor, N., & Graaf, P. M. de. (2016). Temporary and long-term consequences of bereavement on happiness. *Journal of Happiness Studies*, *17*(3), 913–936.

Mulrow, C. D., & Cook, D. (1998). *Systematic Reviews: Synthesis of Best Evidence for Health Care Decisions*. Philadelphia: American College of Physicians.

National statistics. (2018, 27). Retrieved 27 July 2018, from http://www.childhoodbereavementnetwork.org.uk/research/key-statistics.aspx

Neeleman, J., Sytema, S., & Wadsworth, M. (2002). Propensity to psychiatric and somatic ill-health: evidence from a birth cohort. *Psychological Medicine*, *32*(05), 793–803.

Nicolson, N. A. (2004). Childhood parental loss and cortisol levels in adult men. *Psychoneuroendocrinology*, *29*(8), 1012–1018.

Niederkrotenthaler, T., Floderus, B., Alexanderson, K., Rasmussen, F., & Mittendorfer-Rutz, E. (2012). Exposure to parental mortality and markers of morbidity, and the risks of attempted and completed suicide in offspring: an analysis of sensitive life periods. *Journal of Epidemiological Community Health*, *66*(3), 233–239.

Nielsen, J. C., Sørensen, N. U., & Hansen, N. M. (2012). *Unge pårørende og efterladtes trivsel. Center for ungdomsforskning*: Aarhus: Aarhus Universitet.

Nolen-Hoeksema, S., & Davis, C. C. (2004). Theoretical and Methodological Issues in the Assessment and Interpretation of Posttraumatic Growth. *Psychological Inquiry*, *15*(1), 60–64.

Ofsted (2018). *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2017/18*. Published 4 December 2018. London: Ofsted.

Ofsted (2018). *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2018/19*. Published December 2019. London: Ofsted.

Oltjenbruns, K. A. (1998). Ethnicity and the grief response: Mexican American versus Anglo American college students. *Death Studies*, *22*(2), 141–155.

Oltjenbruns, Kevin Ann. (1991). Positive outcomes of adolescents' experience with grief. *Journal of Adolescent Research*, *6*(1), 43–53.

Otowa, T., York, T. P., Gardner, C. O., Kendler, K. S., & Hettema, J. M. (2014). The impact of childhood parental loss on risk for mood, anxiety and substance use disorders in a population-based sample of male twins. *Psychiatry Research*, *220*(1–2), 404–409.

Oyebode, J. R., & Owens, R. G. (2013). Bereavement and the role of religious and cultural factors. *Bereavement Care*, *32*(2), 60–64.

Packman, W., Horsley, H., Davies, B., & Kramer, R. (2006). Sibling bereavement and continuing bonds. *Death Studies*, *30*(9), 817–841.

Papadatou, D., Metallinou, O., Hatzichristou, C., & Pavlidi, L. (2002). Supporting the bereaved child: Teacher's perceptions and experiences in Greece. *Mortality*, *7*(3), 324–339.

Parkes, C. M. (1964). Effects of bereavement on physical and mental health – a study of the medical records of widows. *British Medical Journal*, *2*(5404), 274–79.

Parkes, C. M. (1965). Bereavement and mental ilnesses.1. A clinical study of the grief of bereaved psychiatric patients. *The British Journal of Medical Psychology, 38*, 1–12.

Parkes, C. M. (1972). *Bereavement; Studies of Grief in Adult Life*. Great Britain, London: Tavistock Publications Ltd.

Parkes, C. M., Laungani, P., & Young, W. (Eds.). (2015). Culture and religion. In *Death and Bereavement Across Cultures* (2nd edition). London: Taylor & Francis.

Parkes, C. M., & Weiss, R. S. (1983). *Recovery from bereavement*. London: Basic Books.

Parish, M., Baxter, A. and Sandals, L. (2012) *Action research in the evolving role of the local authority in education*. London: DfE and LGA (DfE – RR224).

Parsons, S. (2011). *Long-term impact of childhood bereavement: Preliminary analysis of the 1970 British Cohort Study (BCS70)*. London: Childhood Wellbeing Research Centre. CWRC Working Paper.

Phillips, F. (2014). Adolescents living with a parent with advanced cancer: a review of the literature. *Psycho-Oncology*, *23*(12), 1323–1339.

Prix, I., & Erola, J. (2017). Does death really make us equal? Educational attainment and resource compensation after paternal death in Finland. *Social Science Research*, *64*, 171–183.

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1–13.

Ribbens McCarthy, J. (2006). *Young People's Experiences of Loss And Bereavement: Towards An Interdisciplinary Approach.* Maidenhead, UK: Open University Press.

Ribbens McCarthy, J. with Jessop, J. (2005). *Young People, Bereavement and Loss: Disruptive Transitions?* London: Joseph Rowntree Foundation/National Children's Bureau.

Rivera-Andino, J., & Lopez, L. (2000). When culture complicates. *RN*, *63*(7), 47–47.

Robins, R. W., Noftle, E. E., Trzesniewski, K. H., & Roberts, B. W. (2005). Do people know how their personality has changed? Correlates of perceived and actual personality change in young adulthood. *Journal of Personality Studies, 73*(2), 489–522.

Rosenblatt, P. C. (2013). Family grief in cross-cultural perspective. *Family Science*, *4*(1), 12–19.

Rostila, M., Berg, L., Arat, A., Vinnerljung, B., & Hjern, A. (2016). Parental death in childhood and self-inflicted injuries in young adults – a national cohort study from Sweden. *European Child & Adolescent Psychiatry*, *25*(10), 1103–1111.

Rostila, M., Saarela, J., & Kawachi, I. (2012). The Forgotten Griever: A Nationwide Follow-up Study of Mortality Subsequent to the Death of a Sibling. *American Journal of Epidemiology*, *176*(4), 338–346.

Rostila, M., Saarela, J., & Kawachi, I. (2014). "The psychological skeleton in the closet": mortality after a sibling's suicide. *Social Psychiatry and Psychiatric Epidemiology*, *49*(6), 919–927.

Rostila, M., & Saarela, J. M. (2011). Time does not heal all wounds: Mortality following the death of a parent. *Journal of Marriage and Family, 73*(1), 236–249.

Rowling, L., & Holland, J. (2000). Grief and school communities: The impact of social context, a comparison between Australia and England. *Death Studies*, *24*(1), 35–50.

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health*, *2*(3), 223–228.

Schore A. (2003) *Affect dysregulation and disorders of the self*. London: W. W. Norton & Co.

Schore, J. R., & Schore, A. N. (2014). Regulation theory and affect regulation psychotherapy: A clinical primer. *Smith College Studies in Social Work, 84*(2–3), 178–195.

Seale, C. (1998). *Constructing Death and Dying. The Sociology of Dying and Bereavement.* Cambridge, UK: Cambridge University Press.

Shakespeare-Finch, J., & Enders, T. (2008). Corroborating evidence of post traumatic growth. *Journal of Traumatic Stress*, *21*(4), 421–424.

Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N. & Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety*, *28*(2), 103–117.

Silverman, P. R., & William, J. (1992). Children's reactions in the early months after the death of a parent. *American Journal of Orthopsychiatry*, *62*(1), 93–104.

Silverman, P. R., & Worden, J. W. (1993). Children's Reactions to the Death of a Parent. In M. Stroebe, W. Stroebe, & R. O. Hanson (Eds.), *Handbook of Bereavement Theory, Research, and Interventions* (pp. 300–316). New York: Cambridge University Press.

Smith, K. R., Hanson, H. A., Norton, M. C., Hollingshaus, M. S., & Mineau, G. P. (2014). Survival of offspring who experience early parental death: early life conditions and later-life mortality. *Social Science & Medicine (1982)*, *119*, 180–190.

Sørensen, H. J., Mortensen, E. L., Wang, A. G., Juel, K., Silverton, L., & Mednick, S. A. (2009). Suicide and mental illness in parents and risk of suicide in offspring. *Social Psychiatry and Psychiatric Epidemiology*, *44*(9), 748–751.

Spall, B., & Jordan, G. (1999). Teachers' perspectives on working with children experiencing loss. *Pastoral Care in Education*, *17*(3), 3–7.

Spratt, T. (2009). Identifying Families with Multiple Problems: Possible Responses from Child and Family Social Work to Current Policy Developments. *The British Journal of Social Work*, *39*(3), 435–450.

Spratt, J. (2016). Childhood wellbeing: what role for education? *British Educational Research Journal*, *42*(2), 223–239.

Spratt, J., Shucksmith, J., Philip, K., & Watson, K. (2006). 'Part of who we are as a school should include responsibility for well-being': Links between the school Environment, mental health and behaviour. *Pastoral Care in Education*, *24*(3), 14–21.

Stikkelbroek, Y., Bodden, D. H., Reitz, E. et al. (2016). Mental health of adolescents before and after the death of a parent or sibling. *European Journal of Child Adolescent Psychiatry ,25,* 49–59.

Stikkelbroek, Y., Prinzie, P., De Graaf, R., Ten Have, M. and Cuijpers, P. (2012) Parental death during childhood and psychopathology in adulthood. *Psychiatry Research, 198*(3).

Stroebe, M. S., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *The Lancet*, *370*(9603), 1960–1973.

Stroebe, M. S. & Stroebe, W. (1994). *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss.* Cambridge: Cambridge University Press.

Suhail, K., Jamil, N., Oyebode, J., & Ajmal, M. A. (2011). Continuing bonds in bereaved Pakistani Muslims: Effects of Culture and Religion. *Death Studies*, *35*(1), 22–41.

Taku, K., Cann, A., Calhoun, L. G., & Tedeschi, R. G. (2008). The factor structure of the post traumatic growth inventory: a comparison of five models using confirmatory factor analysis. *Journal of Traumatic Stress*, *21*(2), 158–164.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry*, *15*(1), 1–18.

Tennen, H., & Affleck, G. (2002). Benefit-finding and benefit-reminding. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 584–597). London: Oxford University Press.

Townsend, L., Muschi, R., Stuart, E., Ruble, A., Beaudry M., B., Schweizer Barbara, … Swartz Karen. (2017). The association of school climate, depression literacy, and mental health stigma among high school students. *Journal of School Health*, *87*(8), 567–574.

Tracey, A. (2006). *'Perpetual loss and pervasive grief': an exploration of the experiences of daughters bereaved of their mother in early life* (Ph.D.). University of Ulster.

Tracey, A. & Holland, J. (2008) A comparative study of the child bereavement and loss responses and needs of schools in Hull, Yorkshire and Derry/Londonderry, Northern Ireland, *Pastoral Care in Education, 26*(4), 253–266.

Uman, L. S. (2011). Systematic Reviews and Meta-Analyses. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 20*(1), 57–59.

Virk, J., Ritz, B., Li, J., Obel, C., & Olsen, J. (2016). Childhood bereavement and type 1 diabetes: A Danish national register study. *Paediatric and Perinatal Epidemiology*, *30*(1), 86–92.

Walter, C. A., & McCoyd, J. L. M. (2009). *Grief and Loss Across the Lifespan: A Biopsychosocial Approach* (1 edition). New York, N.Y: Springer Publishing Co Inc.

Webb, N. B., & Doka, K. J. (2010). *Helping bereaved children: A handbook for practitioners*. New York: The Guilford Press.

Weller, R. A., Weller, E. B., Fristad, M. A., & Bowes, J. M. (1991). Depression in recently bereaved prepubertal children. *American Journal of Psychiatry, 148*(11), 1536.

Wilcox, H. C., Kuramoto, S. J., Lichtenstein, P., Långström, N., Brent, D. A., & Runeson, B. (2010). Psychiatric morbidity, violent crime, and suicide among children and adolescents exposed to parental death. *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(5), 514–523.

Williams, L. D., & Aber, J. L. (2016). Testing for plausibly causal links between parental bereavement and child socio-emotional and academic outcomes: a propensity-score matching model. *Journal of Abnormal Child Psychology*, *44*(4), 705–718.

Winnicott, D. W. (1996). *Thinking about children*. Reading, Massachusetts: Adison Wesley.

Wolchik, S. A., Coxe, S., Tein, J. Y., Sandler, I. N., & Ayers, T. S. (2008). Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults. *Omega, 58*(2), 107–128.

Worden, J. W. (1996). *Children and grief: When a parent dies* (Vol. x). New York, NY, US: Guilford Press.

Worden J. W, Davies, B., and McCown, D. (1999). Comparing parent loss with sibling loss. *Death Studies*, *23*(1), 1–15.

Worden, J. W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York, NY: Springer Pub Co.

Yu, X.-n., Lau, J. T. F., Zhang, J., Mak, W. W. S., Choi, K. C., Lui, W. W. S., and Chan, E. Y. Y. (2010). Posttraumatic growth and reduced suicidal ideation among adolescents at month 1 after the Sichuan Earthquake. *Journal of Affective Disorders, 123*(1–3), 327–331.

## Appendix 1: Search terms

To ensure that important contributions were not overlooked, an initial methodical approach to the literature review was adopted. While thanatology is a multidisciplinary field, drawing research from many distinct positions, articles were mainly derived from the fields of: psychology, educational psychology and education. In order to gain a set of key words that were actively embedded within the field, one of the leading journals on the topic was consulted. This journal is *Death Studies* and it is primarily psychologically oriented. It has a section on pre-chosen keywords, which it uses to categorise articles. Relevant keywords were saved for the initial review. These were: *continuing bonds, children, bereavement, attachment, adolescents, death of a parent, death attitudes, death, coping, grief therapy, group therapy, loss, schools.*

When new key terms were uncovered during the review process, these were added to the above list. This included specific searches on the challenges reported in the initial search, such as: *depression, health, mortality, posttraumatic growth, post-traumatic stress, concentration, achievement* and *school support.*

The database Google Scholar was used as the main search tool. It has the advantage of covering vast sets of articles and allows the researcher to track citation histories. To ensure important articles were not missed, the SCOPUS and *Web of Knowledge* were further consulted, albeit on a smaller scale. All articles which were found to cover topics related to the research questions were initially downloaded and when contributions were found to be of particular interest, their citations were tracked via Google Scholar.

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