

Childhood Bereavement: a rapid literature review



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Summary

This paper provides a brief overview of educational and psychological outcomes for children and young people bereaved of a parent or sibling, and the effectiveness of services provided for this group. It finds that whilst most children do experience some negative impact on psychological wellbeing in the short term, for the majority these difficulties do not persist or require specialist intervention. Evidence of impact on educational attainment is generally lacking. There is also little hard data on long-term outcomes from parental bereavement in childhood, although a new analysis of the 1970 birth cohort study suggests that there may be some longer-term impact, particularly for women, on outcomes at age 30 such as having any qualification, being employed, having symptoms of depression or being a smoker.

When children do experience a significant negative impact from their experience of bereavement, there is some evidence that specialist interventions and programmes can be helpful, especially those which also strengthen the protective factors within a child's life for example by providing support to parents as well. The key conclusion from the evidence reviewed is the importance of a differentiated response to childhood bereavement, taking account of each child's needs and circumstances. This could include both proactive elements applied to whole schools (for example programmes to strengthen all children's resilience or educate teachers in the way that children grieve) and, for children who have experienced bereavement, different levels of support and interventions according to their needs.

1. Introduction

1.1 Background and prevalence

Bereavement is one of a range of difficult life events that children and young people may face. Among a nationally representative sample of children aged 5 to 16, 3.8% had experienced the death of a parent or sibling (Fauth et al., 2009). Since many of these children were still young, the likelihood of losing a parent or sibling over the whole of childhood is bound to be higher. A new analysis of data from the British Cohort Study 1970, a longitudinal study of over 11,000 children born in 1970, reported that 5% of these children when interviewed at age 30 had experienced the death of a parent or sibling by the time they were 16 (Parsons, forthcoming). Children may also experience the death of a friend during childhood (one in sixteen, according to the Office for National Statistics survey data analysed by Fauth et al., 2009), and/or of other close relatives apart from their immediate family. In a study of

11- to 16-year-olds, over three quarters (78%) reported that at least one of their close relatives or friends had died (Harrison and Harrington, 2001).

Childhood bereavement may have both a short-term and longer-term impact on children's wellbeing, including their psychological health and educational achievement, yet there is little clarity about the kind of support that such children might need, nor the extent to which it is provided. The Childhood Bereavement Network undertook a survey of all local authorities and primary care trusts in England at the end of 2009, but was unable to obtain a clear picture of the support on offer (Penny, 2010). The low response rate to this survey despite reminders, and discrepancies in survey responses, suggested that bereaved children's needs may not be recognised as the particular responsibility of any department or aspect of children's services. Few local areas included the specific needs of bereaved children in their Children and Young People's Plan, or reported having a specialist childhood bereavement service. However, respondents sometimes noted that bereaved children's needs were addressed through more general plans and strategies, such as Targeted Mental Health in Schools (TaMHS) and Child and Adolescent Mental Health Services (CAMHS).

This literature review was commissioned by the Department for Education and undertaken by the Childhood Wellbeing Research Centre as part of the 'fast response' programme of work to inform policy development. It builds on an internal review undertaken by research analysts within the Department, and also incorporates headline findings from a preliminary analysis of British Cohort Study data, commissioned alongside this review. It was not feasible within the timescale to undertake a fully comprehensive review of the literature, but the aim has been to provide an overview of the main findings from key research studies and relevant reviews, identified through systematic searching.

1.2 Scope of the review

The review focuses on two main aspects of childhood bereavement: its impact on children's outcomes, and the effectiveness of services or interventions intended to address childhood bereavement. The following parameters were applied:

- Bereavement of children and young people (up to age 16)
- Children who lose a parent or sibling, rather than a less immediate relative (such as a grandparent) or a friend
- Impact in the areas of educational achievement (school attainment) and psychological/emotional wellbeing, including in later life
- Evidence of differential impact (for example according to the child's gender, age or the nature of the death)
- Protective and resilience factors that might influence outcomes
- Evidence on the effectiveness of services to support bereaved children

1.3 Review methods

A search was carried out in the British Education Index, Australian Education Index, ERIC and PsychInfo databases, and Google Scholar. Search terms included children, young people, bereavement, death, grief, education, achievement, emotional wellbeing, mental health, impact and outcomes – and combinations of these and similar terms. Key websites such as the Childhood Bereavement Network were also searched. The search was restricted to articles published since 2000.

A total of 52 publications were selected from the search results as being of most relevance based on the study abstracts. In addition, reports identified in the initial review by the Department for Education were included. Articles were then excluded if they:

- consisted of a case study of a single child (usually investigating the effects of psychotherapeutic counselling)
- focused on bereavement in war situations or in very different country contexts from the UK (such as children bereaved by AIDS in Africa)
- dealt with adolescent suicide or suicide prevention
- consisted of commentary rather than evidence.

In order to focus on the most relevant information in the short time available for this work, priority was given to extracting findings from good quality overviews and literature reviews, supplemented by key studies.

1.4 The nature of the evidence

The studies identified were split evenly between those that covered outcomes for bereaved children and young people, and those concerning services or interventions. A few studies covered both outcomes and services. The studies were also split evenly between those that considered bereaved children and young people in general, not differentiating by relationship with the person who died, and those focusing on children and young people bereaved of a parent. Few studies were found which focused specifically on sibling bereavement.

In terms of the type of death, the studies covered children bereaved by suicide, illness (such as cancer or HIV/AIDS) and homicide or other violent or sudden death, although many did not specify the circumstances of the bereavement. Most of the literature referred to a wide age range of children or did not identify children's ages: where findings referred to a specific age group this was more commonly 'young people', 'adolescents' or 'teenagers' rather than children under the age of twelve.

There appears to be far less literature on the impact of childhood bereavement on children's educational outcomes compared to their emotional and psychological

wellbeing, and in particular a lack of longitudinal research considering whether there is a long-term impact on educational qualifications and other outcomes when children reach adulthood (the results of an analysis of the British Cohort Study 1970 undertaken alongside this review begin to address this gap). Initial searches identified a large number of studies that report on the potential effects of bereavement on children and suggest how schools may help them to cope, but there were fewer studies reporting empirical evidence of outcomes, especially outcomes in the longer term or outcomes for bereaved children compared with those for non-bereaved children from similar backgrounds and circumstances. With important exceptions (such as the Harvard Child Bereavement Study, on which several of the articles included in this review are based), research on the impact of childhood bereavement or the effectiveness of interventions to support bereaved children tends to involve small sample sizes, lacks comparison groups and rarely considers how effects change or develop over time.

1.5 Structure of the report

The rest of this review is divided into two parts. The first provides an overview of the impact of childhood bereavement on psychological wellbeing and educational outcomes, summarises findings from a new analysis of British Cohort Study data, and discusses factors which the literature suggests either place children at greater risk of negative outcomes from childhood bereavement or help to protect them from this. The second section considers evidence on effective services to support bereaved children and their families.

2. The impact of childhood bereavement

2.1 Psychological wellbeing

Reviews of studies from various countries on childhood bereavement following parental death (Dowdney, 2000; Haine et al., 2008) report that children in this situation do experience a wide range of emotional and behavioural symptoms often classified as 'nonspecific disturbance'. Parents tend to report fewer symptoms and disorder in their children than children do themselves. The child often experiences an increase in anxiety with a focus on concerns about further loss, the safety of other family members, and fears around separation. Mild depression appears to be frequent, and can persist for at least a year.

However psychiatric disorder is rare. Only one in five bereaved children are likely to manifest such disturbance at a level sufficient to justify referral to specialist services (Dowdney, 2000). This is most likely to take the form of depression or dysphoria (a combination of sadness and crying or irritability). Symptoms may include anxiety, depressive symptoms, fears, angry outbursts, and regression regarding developmental milestones. The majority of children, however, do not experience serious problems (Haine et al. 2008). Even among children bereaved by parental suicide and cancer, most children reported low levels of psychological distress, suggesting a considerable degree of resilience (Ratnarajah and Schofield, 2007). Across different types of potentially traumatic events, including bereavement, upward of 50% of people have been found to display resilience, suggesting that psychotherapeutic treatment should be reserved for those in genuine need (Bonano and Mancini, 2002).

Analysis of data from the Office for National Statistics survey of mental health among 5 -16 year-olds suggests that bereaved children are approximately one-and-a-half times more likely than other children to be diagnosed with 'any' mental disorder (Fauth et al., 2009). The analysis did not indicate whether these conditions were present before bereavement and so was not able to comment on whether the bereavement caused the mental ill health. The report found that children whose parent or sibling had died were more likely than other children to have problems with anxiety and drinking, whereas children who had experienced the death of a friend were more likely to display conduct problems, use substances and engage in troublesome acts such as staying out late or truanting from school. This study did not find higher rates of 'clinical levels' of depression among bereaved children, although this is a high threshold and so milder forms are likely to have remained hidden.

While the initial grief responses tend to decline over time, mental health and other problems can persist or even increase. There can be fluctuations over time, and delayed grief reactions may be triggered when subsequent life changes occur, such as the remaining parent re-marrying or the bereaved person having their own child

(Raveis et al., 1999). Any negative events that follow the death, and the child's resources for coping with these, seem to be significant for the long term (Haine et al. 2008). However, the difficulty of disentangling the impact of bereavement from other factors increases with the passage of time since the death, so drawing conclusions about long-term impact is fraught with problems.

2.2 Educational outcomes

There is relatively little evidence concerning the relationship between child bereavement and educational outcomes, and what there is tends to suffer from the limitation of retrospective parental recall of child functioning prior to the death, and a reliance on indirect measures of educational attainment. Dowdney (2000) notes that this limitation, combined with child differences in academic skills, competence, and response to parental death, means that it is difficult to conclude more than that outcomes will vary between children. A more recent review (Haine et al., 2008) concludes that the balance of evidence does suggest that parentally bereaved children are at risk of lower academic success. For example, a UK study which reported on the GCSE results of 73 pupils who had lost a parent and 24 who had lost a sibling (Abdelnoor and Hollins, 2004b) found that bereaved participants underachieved significantly depending upon age, gender and parents' employment history. The exam scores of children bereaved before the age of five or at 12 years old were significantly more affected than those bereaved at other ages. The researchers suggested that the effect of bereavement may be prolonged, and that intermittent support could be needed throughout secondary and perhaps tertiary education. School attendance seemed to be unaffected, however.

Dyregov (2004), on the other hand, found that bereaved children and those exposed to trauma *were* more absent from school than others, on average. This review also found that school performance could deteriorate following the event, especially in school subjects demanding a high level of attention. While the reasons for this deterioration are not fully known, likely factors are a loss of motivation, a diversion of attention to intrusive material and cognitive processing, and a lowering of cognitive pace due to depression. Lack of perceived support from parents, classmates and teachers has also been associated with more post-traumatic stress and lower attainment in school.

There is some suggestion from clinical experience and research interviews that some bereaved children try harder and do better at school as a form of tribute to their dead parent (Dowdney, 2000). Others report more difficulty in concentration, and distress, particularly when memories of their dead parent are evoked in school. In addition teachers of bereaved children rate them as being significantly less attentive than matched classroom controls, although it is not clear whether this impacts in any systematic way on attainment or school relationships.

2.3 Long term impact – BCS70 analysis

Studies that have reported a persistent impact of childhood bereavement on psychological wellbeing have generally been referring to those diagnosed with clinical levels of distress post bereavement. Preliminary analysis of data from the 1970 British Cohort Study (BCS70), carried out especially for this review (Parsons, 2010), provides 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 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 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 more lasting influence on a child's ability to negotiate a successful transition to adult life than does childhood bereavement. Childhood bereavement was found to impact 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, including gaining any sort of qualification, being employed, having symptoms associated with depression and being a smoker.

2.4 Risk and protective factors

There is some evidence in the literature about groups of children who might be more vulnerable than others following bereavement. These include boys who lose fathers and girls who lose mothers (Abdelnoor and Hollins, 2004a). Boys in general were found in Dowdney's (2000) review to exhibit higher levels of emotional and behavioural difficulties following bereavement, and Haine et al.'s (2008) review characterises boys as typically displaying higher levels of externalising behaviour problems, while girls display more internalising problems.

Analysis of a nationally representative sample of 5-16 year olds living in Great Britain (Fauth et al., 2009) showed that children who had experienced the death of a parent or sibling tended to come from the most disadvantaged backgrounds relative to other groups, in terms of living in lone parent households, economically inactive households, low earning households and households where educational attainment was low. Children bereaved of a parent or sibling were six times more likely than children not bereaved of a parent, sibling or friend to have been looked after by the local authority at some point. However, such analyses are unable to demonstrate whether there is a causal link, or the direction of causality.

In the case of the particular group of children bereaved by parental suicide, Ratnarajah and Schofield's (2007) review found that children's adjustment was

influenced by several mediating factors: the child's age, personal attributes, level of family support, social environment, and economic and environmental factors, as well as how the child understood and made sense of the death. The meanings that children and young people attach to the experience of bereavement seem to affect its impact, for example the extent to which they feel responsible or are able to understand the finality of death (Ratnarajah and Schofield, 2007), and the extent to which it leaves them feeling powerless (Ribbens McCarthy, 2007). Harrison and Harrington (2001) found that the impact of loss depended to an important extent on young people's perception of how the loss had changed their lives.

Cultural factors are also relevant and should be taken into account. For example in some cultures, extended family members play a very significant role in a child's life, and the death of a relative who is not a first-degree relative can still have a profound effect (Salloum, 2007).

A common theme in the literature is that there is considerable heterogeneity in outcomes for children who have experienced a close bereavement. All children and families are unique and have different experiences of bereavement and grief, and responses to them. For example, a qualitative study (Abdelnoor and Hollins, 2004a) found that while some children in their study took a "restorative approach" to school life, preferring to deal with loss-related issues elsewhere, others described chaos and distress in school following the bereavement and were generally more negative.

Broader research on childhood trauma suggests that the quality of relationships within the family are an important influence on whether a child can 'bounce back' if trauma occurs (Mandelco and Peery, 2002). An important factor is whether the child feels safe and secure within a loving supportive family with a surviving partner who is able to parent effectively. Studies consistently point to the importance of higher levels of caregiver warmth and lower levels of caregiver mental health problems in protecting against negative outcomes from the death of a primary caregiver (e.g. Lin et al., 2004; Luecken et al., 2009; Haine et al., 2006). This has implications for the kind of support and services needed (see later section on 'whole family approaches').

2.5 Models of impact

Various studies have attempted to provide a model to account for the impact of children's experience of bereavement, for example a childhood model of loss which explains how children may be affected many years after the death (Holland, 2001), and models of stress inoculation and stress sensitisation to account for the positive influence of factors such as having a caring, supportive parent (Luecken et al., 2009). On the basis of their review, Haine and colleagues (2008) identify mediating factors which the literature suggests could be usefully addressed by interventions for parentally bereaved children. These include: increasing children's self-esteem and adaptive control beliefs; improving children's coping skills; supporting children to express the emotion they wish in adaptive ways; facilitating positive parent-child relationships; parental warmth; parent-child communication; effective discipline;

reducing parental distress; increasing positive family interactions; and reducing children's exposure to negative life events.

3. Services and interventions to support bereaved children

As described in the introduction, the majority of local authorities and primary care trusts in England appear not to have specific services or plans to support bereaved children, although the needs of this group may be addressed through other strategies to promote emotional wellbeing or respond to mental health difficulties regardless of their cause.

3.1 School based intervention programmes

The ways in which schools can support children going through a significant loss have been described as 'reactive', such as providing counsellors in response to an event which has already happened; or 'proactive', for example providing training in loss awareness, an example being the *Lost for Words* project developed in the Humberside area (Holland, 2008). The UK resilience programme would be an example of a proactive response to childhood bereavement, aiming to make all children better able to deal with difficult and stressful situations; while the Targeted Mental Health in Schools (TaMHS) programme is an example of a reactive response.

The most recent evaluation of the UK resilience Programme (Challen et al., 2010) found a significant short-run improvement in pupils' depression symptom scores and school attendance rates, but effects had largely disappeared a year later. There was also an impact on anxiety, but this was smaller, and concentrated in a few groups of pupils: boys, particularly boys with special educational needs or free school meal entitlement, and lower-attaining girls. Information on outcomes is not yet available from the TaMHS pilot programme, but schools involved in the project are reported to be developing a wide range of activities which go beyond traditional psychological interventions (Wolpert et al., 2010). Neither evaluation reports specifically on children who have experienced parental bereavement.

The literature contains few examples of empirically evaluated interventions in schools designed to assist children who have experienced bereavement. An exception is an Australian study which evaluated ***Seasons for Growth***, an eight-week education programme for young people who have experienced the loss of a parent or significant other through separation, divorce or death (i.e. not only bereavement). Qualitative and quantitative methods were used to measure impact on 186 students aged between 12 and 18 years from eight different schools. Results indicated that the Seasons for Growth programme assisted female students to cope with loss, with a less pronounced effect on coping in male students (Frydenberg et al., 2006).

A meta-analysis of 27 studies (Rosnera et al., 2010) found that promising treatment models were music therapy and trauma/grief-focused school based brief psychotherapy. Art therapy is also used frequently and apparently usefully, although with little empirical evidence as to its effects (Finn, 2003). Other studies have pointed

to the benefits associated with residential camp for parentally bereaved children, including reduced symptoms of traumatic grief and post-traumatic stress (Searles McClatchey et al., 2009). In a very small study, attending a residential bereavement group was associated with children's reports of feeling happier and parents' reports of feeling better able to cope (Braiden et al. 2009).

Various authors outline strategies that schools can use to assist students experiencing grief and loss, although these are not necessarily underpinned by research evidence (e.g. Ayyash-Abda, 2001). O'Connor and Templeton (2002) recommend group interventions such as SHIFT (Safe, Hopeful, Inclusive environment for Feelings and Thoughts), play therapy, family intervention and various ways of making memorials that a school can undertake. Holland (2004) describes 'good practice' for school practitioners in the immediate aftermath of the death (such as preparing classmates for the child's return to school) as well as subsequent forms of support for those who need it, such as access to a 'quiet room' or allocating a 'special person' if they need to talk.

These accounts demonstrate that specific interventions, such as the Seasons for Growth programme described above, are not the only way that schools can support bereaved children. Adults recalling their experiences of losing a parent when children, in the Project Iceberg study (Holland, 2001), reported feeling ignored, isolated, embarrassed or different when returning to school and believed that what would have helped was simply an acknowledgement of their loss and a kind word, with no need for a 'heavier' intervention. Similarly Harrison and Harrington (2001) found that most young people who had experienced childhood bereavement did not feel the need for professional services. This study found that the impact of the loss depended greatly on the young person's perception of how the loss had changed their lives, and that those who did use professional services tended to be those with higher levels of depressive symptoms, suggesting that service use was likely to have been appropriate.

3.2 Whole family approaches

Several studies suggest a need for support for parents of bereaved children, particularly for the surviving parent when one parent has died. Studies of interventions with families where parents are terminally ill also suggest positive effects on child and family functioning, including improvements in parenting skill and communication that increase with time (Haine et al. 2008).

Higher levels of warmth and discipline and lower levels of mental health problems in the child's primary caregiver after the bereavement have been associated with better child outcomes in terms of resilience (Lin et al. 2004), while parental unemployment is associated with worse outcomes (Abdelnoor and Hollins 2004b). "Positive parenting", a measure constructed by Haine et al. (2006), was found to be protective against mental health problems among parentally bereaved children. Positive

parenting had a positive direct effect on such problems, independent of the effect of negative life events and across both genders.

The **Family Bereavement Program** is one of the few specific interventions for childhood bereavement that has been subjected to rigorous evaluation. The programme is designed to prevent potential mental health complications (such as depressive symptoms and conduct disorder) that may result from the death of a parent. It is based on a theoretical model which identifies and targets the 'mediating factors' through which any negative impact is thought to operate, such as parental demoralisation, negative life events, parental warmth, and stable positive events in the family. The programme targets the entire family and is designed to educate members about the grief process. It also creates a support network for families by connecting them with others who have experienced the same event, and facilitates adaptive coping through the use of a trained family advisor who has also experienced significant bereavement. A randomised controlled trial in the United States (Sandler et al. 2010) has provided evidence for the effectiveness of the programme for children and young people suffering problematic grief. In comparison with those who did not enter the programme, the improvements were still evident for this group at follow up, six years later.

3.3 A differentiated response

Overall the evidence appears to be strongest for the effectiveness of interventions targeted at those children and young people exhibiting higher levels of distress following parental bereavement. This may not be surprising, since they have more room for improvement. This group is generally referred to in the literature as those with "complicated", "problematic" or "traumatic" grief; a small proportion of all bereaved children and young people.

For example, an evaluation of a twelve-session cognitive behavioural therapy programme for childhood traumatic grief reported significant improvements in children's grief symptoms and depression (Cohen et al., 2006). Another study showed that the Family Bereavement Program was effective in reducing internalising and externalising behaviour problems, but only for girls and those who had higher problem scores when entering the programme (Sandler et al., 2003). A meta-analysis of childhood bereavement interventions found that effect sizes overall were 'small to medium', but interventions for 'symptomatic or impaired' participants tended to show larger effect sizes than interventions for bereaved children and adolescents without symptoms (Rosnera et al., 2010).

There is actually a risk of negative effects if services are offered which are not appropriate to the child's level of need. One review of studies of psychotherapy and counselling in schools (Nicholson et al., 2009) concluded that although grief counselling may be effective in some instances, in other cases it can be ineffective, and may even be harmful for certain students. Individuals experiencing a 'normal' reaction to bereavement tended to fare worse as a result of grief counselling than did

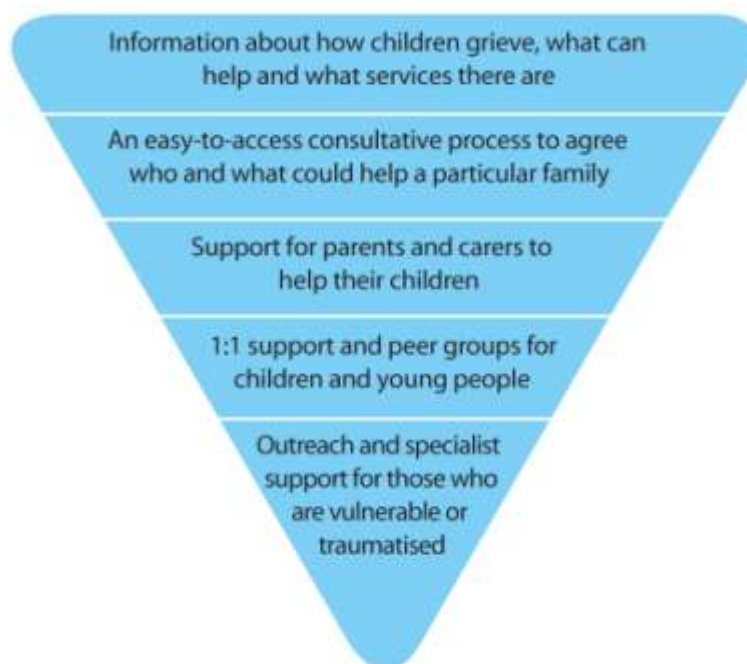
those experiencing traumatic grief, and for some individuals grief counselling seemed to worsen the situation.

Whilst some studies have argued that there is a need for interventions designed for children bereaved by a particular type of death, such as parental suicide (Ratnarajah et al., 2007; Mitchell et al., 2007), others have provided evidence that cause of death (e.g. violence or suicide) is not necessarily a useful indicator of bereaved children's need for, or likelihood of benefiting from, an intervention (Brown et al., 2007).

A common message from the research is that effective approaches to supporting bereaved children need to be appropriate to their circumstances, including age and stage of development as well as degree of distress and the presence of protective factors in their environment. A thorough quantitative review of controlled outcome studies (all from the United States) into the effectiveness of child bereavement interventions concluded that effect sizes overall were 'surprisingly small', but a probable reason for this was that many were offered too late (it appeared that children responded more favourably to grief therapy the closer the treatment followed the time of loss), and that all but one failed to screen for and select children who were actually showing difficulties at the start of the treatment. (Currier et al., 2007).

A key conclusion from the evidence reviewed is the importance of a differentiated response, and hence a strategy to support bereaved children that incorporates both proactive and reactive elements. This suggests the need for a tiered approach, such as that illustrated in the diagram below, taken from a briefing paper produced by the 'Grief Matters for Children' campaign.

Fig 1: What good provision for bereaved children looks like¹



¹ http://www.childhoodbereavementnetwork.org.uk/documents/CBNCalltoActionbriefing_000.pdf

4. Conclusions

This rapid review has considered evidence for the impact of childhood bereavement on educational and psychological outcomes for children, and the effectiveness of services to support bereaved children.

Most children do experience some negative impact on psychological wellbeing in the short term (up to a year) from bereavement of a parent or sibling, but for the majority of children these difficulties do not persist or require specialist intervention. Evidence of impact on educational attainment is generally lacking. There is also little hard data on long-term outcomes from parental bereavement in childhood, although a new analysis of the 1970 birth cohort study suggests that there may be some impact, particularly for women, on outcomes at age 30 such as having any qualification, being employed, having symptoms of depression or being a smoker.

The fact that education and other outcomes do not seem to be significantly affected for many children does not mean that children experiencing the death of a parent or sibling do not need support, and in some cases referral for additional help. What it does suggest is the importance of taking account of each child's needs and circumstances when deciding how best to respond. Providing all bereaved children with a particular service, such as counselling or a bereavement programme, is likely not only to be unnecessary but may also worsen the situation for some children.

When children do experience a significant negative impact from their experience of bereavement, there is some evidence that specialist interventions and programmes can be helpful. A holistic approach which attempts to strengthen the protective factors within a child's life appears to be the most effective, for example providing support not just to the child but also to the surviving parent or other main caregiver.

Schools, as the place where most children spend a large part of their daily lives, can play an important part in ensuring that the needs of bereaved children are recognised and responded to in an appropriate fashion, from raising awareness among practitioners about how to respond when a child has experienced bereavement, to referral for outreach and specialist support when children display high levels of distress.

References

- Abdelnoor, A. and Hollins, S. (2004a). How children cope at school after family bereavement. *Educational and Child Psychology*, 21(3), pp.85-94.
- Abdelnoor, A. and Hollins, S. (2004b). The Effect of Childhood Bereavement on Secondary School Performance. *Educational Psychology in Practice*, 20(1), pp.43-54.
- Ayyash-Abdo, H. (2001) Childhood Bereavement: What School Psychologists Need to Know. *School Psychology International*, 22 (4), pp 417-433
- Bonanno, G.A. and Mancini, A.D. (2008). The Human Capacity to Thrive in the Face of Potential Trauma. *Pediatrics*, 121(2), pp.369-375.
- Braiden, H.J., McCann, M., Barry, H. and Lindsay, C. (2009). Piloting a Therapeutic Residential for Children, Young People and Families Bereaved through Suicide in Northern Ireland. *Child Care in Practice*, 15(2), pp.81-93.
- Brown, A.C., Sandler, I.N., Tein, J.-Y., Liu, X. and Haine, R.A. (2007). Implications of Parental Suicide and Violent Death for Promotion of Resilience of Parentally-Bereaved Children. *Death Studies*, 31(4), pp.301-335.
- Challen A., Noden P., West A. and Machin S. (2010) *UK Resilience Programme evaluation – second interim report*. DFE Research Report 006.
<http://www.education.gov.uk/research/data/uploadfiles/DFE-RR006.pdf>
- Cohen, J., Mannarino, A. and Staron, V. (2006) Sibling Bereavement and Continuing Bonds, *Death Studies*, 30 (9), pp. 817-841
- Currier, J.M., Holland, J.M. and Neimeyer, R.A. (2007). The Effectiveness of Bereavement Interventions With Children: A Meta-Analytic Review of Controlled Outcome Research. *Journal of Clinical Child and Adolescent Psychology*, 36(2), pp.253-259.
- Dowdney (2000). Annotation: Childhood bereavement following parental death. *Journal of Child Psychology and Psychiatry*, 41(7), pp.819-830.
- Dyregrov, A. (2004). Educational consequences of loss and trauma. *Educational and Child Psychology*, 21(3), pp.77-84.
- Fauth, B., Thompson, M. and Penny, A. (2009) *Associations between childhood bereavement and children's background, experiences and outcomes. Secondary analysis of the 2004 Mental Health of Children and Young People in Great Britain data*. London: NCB
- Finn, C. (2003). Helping Students Cope with Loss: Incorporating Art into Group Counseling. *Journal for Specialists in Group Work*, 28(2), pp.155-165.
- Frydenberg, E., Muller, D. and Ivens, C. (2006). The experience of loss: coping and the Seasons for Growth Program. *Australian Educational and Developmental Psychologist*, 23(1), pp.45-68.

- Haine, R.A., Wolchik, S.A., Sandler, I.N., Millsap, R.E. and Ayers, T.S. (2006). Positive Parenting as a Protective Resource for Parentally Bereaved Children. *Death Studies*, 30(1), pp.1-28.
- Haine, R.A., Ayers, T.S., Sandler, I.N. and Wolchik, S.A. (2008). Evidence-based practices for parentally bereaved children and their families. *Professional Psychology: Research and Practice*, 39(2), pp.113-121.
- Harrison, L. and Harrington, R. (2001). Adolescents' Bereavement Experiences: Prevalence, Association with Depressive Symptoms, and Use of Services. *Journal of Adolescence*, 24(2), pp.159-69.
- Holland, J. (2004) 'Lost for Words' in Hull. *Pastoral Care in Education*, 22 (4) pp. 22 - 26
- Holland, J. (2008) How schools can support children who experience loss and death, *British Journal of Guidance and Counselling*, 36 (4), pp. 411- 424
- Lin, K.K., Sandler, I.N., Ayers, T.S., Wolchik, S.A. and Luecken, L.J. (2004). Resilience in Parentally Bereaved Children and Adolescents Seeking Preventive Services. *Journal of Clinical Child and Adolescent Psychology*, 33(4), pp.673-683.
- Luecken, L.J., Kraft, A., Appelhans, B.M., and Enders, C. (2009) Emotional and cardiovascular sensitization to daily stress following childhood parental loss, *Developmental Psychology*, 45 (1), pp. 296-302
- Mandelco, B.L. and Peery, J.C. (2002) An organisational framework for conceptualising resilience in children. *Journal of Child and Adolescent Psychiatric Nursing*, 13 (3), pp99 - 113
- Mitchell, A.M., Wesner, S., Garand, L., Gale, D.D., Havill, A. and Brownson, L. (2007). A Support Group Intervention for Children Bereaved by Parental Suicide. *Journal of Child and Adolescent Psychiatric Nursing*, 20, pp.3–13.
- Nicholson, H., Foote, C. and Grigerick, S. (2009). Deleterious Effects of Psychotherapy and Counseling in the Schools. *Psychology in the Schools*, 46(3), pp.232-237.
- O'Connor, C. and Templeton, E. (2002) Grief and loss : perspectives for school personnel, *Australian Journal of Guidance and Counselling* 12(1), pp.97-106
- Parsons, S. (forthcoming) *Long-term Impact of Childhood Bereavement: preliminary analysis of the 1970 British Cohort Study (BCS70)*. Report submitted to DFE
- Penny, A. (2010) *Survey of support for bereaved children and young people* London: National Children's Bureau.
<http://www.childhoodbereavementnetwork.org.uk/documents/Finalreport.pdf>
- Ratnarajah, D. and Schofield, M.J. (2007). Parental suicide and its aftermath: a review. *Journal of Family Studies*, 13(1), pp.78-93.
- Raveis, V., Siegel, K. And Karus, D. (1999) Children's psychological distress following the death of a parent. *Journal of Youth and Adolescence* 28 (2), pp165 -178

Ribbens McCarthy J. (2007) "They All Look as if They're Coping, but I'm Not:" The Relational Power/lessness of "Youth" in Responding to Experiences of Bereavement. *Journal of Youth Studies*, 10 (3), pp. 285-303

Rosnera, R., Kruse, J. and Hagl, M. (2010). A Meta-Analysis of Interventions for Bereaved Children and Adolescents. *Death Studies*, 34(2), 99-136.

Salloum, A. (2008). Group Therapy for Children After Homicide and Violence: A Pilot Study. *Research on Social Work Practice*, 18(3), pp.198-211.

Sandler, I.N.; Ayers, T.; Wolchik, S. et al. (2003) The Family Bereavement Program: Efficacy evaluation of a theory-based prevention program for parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, 73(2), pp 221-228.

Sandler, I.N., Ma, Y., Tein, J.-Y., Ayers, T.S., Wolchik, S., Kennedy, C. and Millsap, R. (2010). Long-term effects of the family bereavement program on multiple indicators of grief in parentally bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*, 78(2), pp.131-143.

Searles McClatchey, I., Vonk, M.E. and Palardy, G. (2009). Efficacy of a Camp-Based Intervention for Childhood Traumatic Grief. *Research on Social Work Practice*, 19(1), pp.19-30.

Wolpert, M. and the TaMHS Research Group (2010) *Me and My School: Preliminary Findings from the first year of the National Evaluation of Targeted Mental Health in Schools - 2008-2009*. DCSF Research Report 232
<http://publications.education.gov.uk/eOrderingDownload/DCSF-RR232.pdf>