

Children may require therapeutic interventions for a range of circumstances, most commonly for dealing with the effects of trauma, abuse, or bereavement (Mind, 2019). Throughout this assignment, the focus will be about the impact of experiencing a bereavement, including the affect grief can have on a child's overall wellbeing. This paper will also discuss ways in which a child could be supported, whilst considering the influence a bereavement can have on a person's development and life into adulthood.

Bereavement can be described as the loss of someone or something (Hall, 2014). However, for some children, the word loss could be interpreted as the situation being temporary, leading to the child to believe that the person or object might be found or return at a later date. Experiencing a bereavement can impact the social, emotional, cognitive, physiological, and economic aspects of life (Stroebe, Stroebe and Hansson, 1993), as a child however, some of these may have a lesser effect or go unnoticed.

Grief is a reaction to the bereavement (Hall, 2014; Mallon, 2011), however, not everyone will experience grief in the same way (Ener & Ray, 2017). There could be a variety of factors that impact the severity of the grief, for example, the age of the individual when they experienced the bereavement, their relationship to the deceased, the situation around the death or the age of the person who has died (Mallon, 2011; McLaughlin et al, 2019).

Experiencing bereavement at any age can influence life choices, however research conducted by Moor and Graaf (2015) suggests that children who had suffered bereavement of a close family member or friend, are more likely to have negative impact on their subjective wellbeing in adulthood. Subjective wellbeing can be described as how individuals evaluate their own lives, taking into consideration factors that have impacted how they feel (National Research Council, 2013), however, subjective wellbeing, in its nature is not rigid and due to different external influences, can be changeable.

Although the bereavement may not be as raw as the child grows older, there is a possibility that the individual is faced with a delayed grief reaction in adulthood (Palmer et al, 2016). The delayed reaction could be as a result of a milestone or special occasion where there is a renewed awareness of the loved one being gone (Rosner et al, 2010), for example, when getting married or having a child. The older a person gets, losing someone significant can become more expected, with the age of their family members increasing (Rostila and Saarela, 2011) this does not however, diminish the affect or importance of the bereavement, but rather highlights that the probability of experiencing a bereavement of a loved one increases as each person goes through adulthood.

As well as age at the time of bereavement, Marks et al (2007) and later Leopold and Lechner (2015) suggest that gender can also influence how an individual processes bereavement, impacting grief, implying that boys can feel pressure to be strong, whereas girls are often expected to be more emotional. Tamm (1996) indicates that boys consider death as the biological end of life, whereas girls are more inclined to consider spiritual aspects, this could make it appear that boys are more matter of fact about death, whilst girls look to find

meaning. Gender and relationship to the deceased can also be a consideration, with research suggesting that boys have a stronger reaction to the loss of a father or man in their life than that of a woman, and for girls vice versa (Marks et al, 2007). However, this is likely dependant on the relationship with the person who has passed away, for example if the child lived in a single person household and had no relationship with the other parent, then the reaction would likely be heightened with the loss of the parent that they lived with, regardless of their gender (Mallon, 2011).

If children are not supported after a bereavement, as they grow older, they are likely to be impacted by unresolved grief. Twenge, Catanese and Baumeister (2002) suggest that negative life events have a greater and longer lasting impact on overall wellbeing than that of positive events, which could explain the stronger reaction to traumatic experiences, as well as the potential health implications. McLaughlin et al (2019) propose that adults who suffered a significant bereavement as a child are more likely to have depression and be vulnerable to other physical and mental health conditions. However, Stikkelbroek et al (2012) indicate that the majority of children have no lasting medical conditions related to childhood bereavement, indicating that it could be other factors that contribute to their health issues.

As with other traumatic experiences, bereavement has the potential to affect not only the mental and emotional health but also a person's physical health too (Stroebe 1993). A child who has experienced bereavement is more likely to have negative influence on their learning journey, often impacting behaviour, academic achievement, and attendance (McLaughlin et al, 2019). Similar to adverse childhood experiences and other traumatic events, bereavement can affect a child's cognitive development, thus impacting concentration, the ability to retain information and general desire to learn (Winstons Wish, 2022).

Although as previously mentioned, each individual will deal with the impact of a bereavement in different ways, this can include people in the same household, culture or society. However, there are often limitations to what others feel is a standard or acceptable timescale for the person to move on with their life (Chapple et al, 2017). Though children and young people are influenced by their surroundings, whether culturally or socially, their emotional or physical wellbeing is not always considered as a separate entity to that of their parents or caregivers (Paul, 2019). This may have a negative effect on coping or working through grief, especially as the child or young person may not feel their feelings are valid.

Although children under the age of two will not understand the concept of death (Nagy, 1948; Piaget 1957;1970), they may feel the loss through disruption to routine, lack of attachment, changes in their environment and through sensing the stress or emotion from their main caregivers (Morris et al, 2016). John Bowlby's attachment theory suggests that although a child would be aware of the change and face various emotions due to the separation, the effects could be reduced if there is another bond formed that acts as a

replacement (Stroebe and Stroebe, 1987). Nagy (1948) indicates that very young children do not understand the permanence of death and consider it to be a temporary matter, children in this age range can seem very matter of fact about death and perhaps even insensitive.

This indicates that when a young child experiences bereavement, it may not necessarily be the death of their loved one that has the impact on their day-to-day life, but through a change to their situation, for example, witnessing the reaction of their parent, potentially leading to the child mirroring their reaction (Mallon, 2011). Research from Chater et al (2022) suggests that some of the main consequences that adults who have experienced childhood bereavement report are social consequences, including withdrawing themselves or friends distancing from them, as they aren't sure what to say or how to act. This in itself might prove stressful for the child as their usual support network is divided further.

Nagy (1948, cited Osterweis et al, 1984), proposed that prior to the age of three children could not fully comprehend death, with children between the ages of three and five children simply assuming that people who have died are just less alive, or they may even just be asleep. Between the ages of five and nine children start to fully appreciate the permanence of death, however, perhaps not realising that it can also happen to them or at any time. With a child's concept of death may becoming more realistic, the understanding that their loved one will not be returning may cause the reprocessing of past bereavements, which could affect behaviour, attachments with others as well as increased concern about their loved ones.

The theory goes on to suggest that after the age of ten, children begin to fully understand that death is final and also recognise the fact that death happens to everyone. This links with Piaget's theory of cognitive child development, which suggests that children cannot conceptualise the permanence of death until they have reached the concrete operational stage (usually between the ages of seven and eleven), as this is where a child starts to think more logically. Nevertheless, though cognitively children are deemed to reach a certain age where they will likely understand death, adults often fail to acknowledge this and choose to continue to shield them until they feel they are ready to discuss such a heavy topic (Talwar et al, 2011).

According to Kubler Ross (1970), there are five stages of grief: denial, anger, bargaining, depression, and acceptance. Each of these stages plays a part in learning to live without the person who has died, yet as with other theories, the stages are often fluid, recognising that people can fluctuate between the different stages. However, grieving is not exclusive to bereavement and can occur not only after the death of a loved one, but for any major life change (Mind, 2019). For example, if a child's parents get divorced, they could grieve for the change in their family dynamic or if moving to a different area, they could grieve the family and friends that are no longer live near.

There are varying factors that may have an impact when considering the ongoing bereavement support that might be appropriate, for example, location and child's wishes.

Children that are living as part of a dysfunctional family are also unlikely to get the relevant support at home (National Education Association, 2016) and may therefore fail to have their basic needs met. Maslow's hierarchy of needs (1993) details the importance of having a safe and stable environment both physically and psychologically before anything else can be considered. If these needs are not met at home, then it could affect all aspects of the child's wellbeing, including confidence, resilience, and aspirations, thus impacting development into adulthood.

Resilience in times of adversity can enhance a child's capability of recognising and reaching out for support in order to adapt to their new normal, without the person who has passed away. However, research suggests that adults who experienced childhood bereavement feel they are more resilient as a result of post traumatic growth (Chater et al, 2022). Nevertheless, it should not be taken for granted that children are all equally as resilient or confident in asking for help.

Children that are living through other adversities are more likely to have experiences of bereavement, this is also the case for children of a low socio-economic status, with links to higher mortality rates (McLaughlin et al, 2019). Consequently, children from socially disadvantaged areas are more likely to have unrecognised grief reactions, leading to an increased risk of poorer outcomes. Often children are unaware of the intensity of their grief or encounter delayed grief, only fully realising the extent if they go through another traumatic experience or bereavement (Rankin, 2019). There are also other events that may trigger a heightened grief reaction, which may ignite various emotions, such as a certain song, a smell or place.

Many interventions or therapies have a strong link to Carl Rogers and his theory of person-centred planning (1978), supporting the individual in a way that they feel comfortable, with the aim of self-actualisation. This idea is altered to suit whichever activity the individual is participating in; however, the principle remains the same. When assessing the type of intervention that could be best for a child, there are various factors to take into consideration, such as age, their cognitive awareness and situation. Nonetheless, it should not be assumed that all children will require therapeutic intervention as some may not realise that they are grieving and therefore support may be irrelevant to them, others may not be ready to face their emotions. This being said, in the majority of situations, informal support in a school setting may be the most effective and least intrusive intervention for the individual (Bereavement UK, 2022).

Studies suggest that one in twenty-nine children in the United Kingdom, between the ages of five and sixteen, have experienced a bereavement of either a parent or sibling (Child Bereavement Network, 2017). This indicates that there is a high possibility of at least one child per average sized class that has been impacted by bereavement, which would imply that at some point in their careers, all education practitioners are likely to have direct contact with a pupil who will require support or intervention due to bereavement.

Bronfenbrenner's ecological system theory provides a framework identifying how much influence different interactions have on a child's life. A child's family, school, and peers all form part of the microsystem, having a drastic impact when requiring support in general but also more specifically when a child has experienced a life changing event. Therefore, if their homelife has significantly altered, children may find going to school an escape as they are removed from the epicentre of grief and partake in their normal, consistent routine, school act as not only a distraction but potentially a comfort (Glasgow City Council, 2021).

Often people, especially children will feel the most benefit of support and understanding from a trusted adult, this makes schools are a prime source of intervention for pupils that have experienced bereavement, with a large portion of the child's day spent within an educational setting (McLaughlin et al, 2019). However, studies suggest that practitioners and other school staff feel ill-equipped to provide appropriate support to children that are struggling with their grief reaction (Webb, 2011). Although education practitioners, specifically in primary schools, are around their pupils for much of the day, not all parents or caregivers want to share information about their homelife or other situations as they may not deem it relevant, thus leading to a missed opportunity to provide additional support.

Speaking about death can make some adults feel uncomfortable, potentially giving the topic of death as a taboo status (BBC News, 2018), potentially as a result of a variety of factors in their own lives, including experiences or beliefs (Talwar et al, 2011). Bridgwater, Menendez and Rosengren (2021), have stated that parents or caregivers are missing opportunities to discuss death and bereavement with their children and that a prime initiator for these conversations are when watching animated films. This can lead to instilling in the child that death is not a topic that should be discussed, potentially discouraging children from being open about how they are feeling and hindering their long-term wellbeing. Nonetheless, death is a subject that needs to be recognised and schools have a responsibility to educate children about the concept of loss as well as providing support through bereavement (Lawrence, 2019).

The Every Child Matters green paper (DfES, 2004) detailed that a child's well-being is everybody's responsibility and therefore if a child is in need of support, it should be available to them. In more recent years, the Welsh Government have legislated the importance of having sufficient support for well-being, in the form of The Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015, thus advocating for support, not only after a specific event but through ensuring that an individual's well-being is considered in every decision made.

Schools provide support not only to their pupils but also to the wider school community, however, there are limitations in the specialist support that can be provided by education practitioners. Schools can ensure that staff use trauma aware practices, encourage child centred planning, and have an open-door ethos, but it cannot be taken for granted that this support will be enough for every child. If children have a support network that includes

trusted adults, such as family members, school staff or religious leaders, the child will not be overwhelmed by the introduction of new relationships. However, sometimes a child will require additional support services, with their age determining which type of supportive intervention would be most appropriate.

Creative therapy, including play, art, sand, movement, and music therapy, can act as a way for children or adults to express their emotions when they are not perhaps able to verbalise how they are feeling (Philpott, 2013). Using creative interventions, children are given a freedom to play, invent, make, and encouraged to actively participate in something that is fun, often without the child realising they are enhancing their own self-expression (Malchiodi, 2008). Love (2007) suggests that an individual being able to emotionally express themselves in a way they feel comfortable is key when adjusting to live without their loved one.

Creative therapies often enable people to generate and express thoughts of the subconscious, producing their art in which ever therapy they are participating in (Heywood, 2003). However, if people do not deem themselves as a creative, then this may hinder the process and cause more stress, due to the worry of being criticised (Cheatley et al, 2022). In 2017, a report was produced stating that society must start to recognise the holistic benefits of creative arts and appreciate their value in recovery from traumatic experiences (Lord Howarth, APPG, 2017). The report goes on to indicate that people of any age can benefit from creative therapies from young children to elderly patients dealing with Dementia. Estyn (2020) has recognised that music therapy is an effective tool for engaging children that are struggling to regulate their emotions and behaviour, and within six months, their academic outcomes had improved. Though creative therapies are individual interventions and require professionally trained specialists, play therapy, can incorporate a multitude of aspects under their umbrella.

Play therapy, as with other creative therapies, have been increasingly popular for children who feel intimidated by talking therapies (British Association of Play Therapy, 2009). Play is an important learning tool, especially for younger children, aiding social, emotional, and cognitive development, with Froebel's theory indicating that it is through play that children gain their understanding of the world (Best, 2016). Play therapy can be adapted to suit the requirements of the child, thus enabling children to realise and express their fears and feelings, whilst working through them in a safe and welcoming environment (Boyd Webb, 2011). Play therapy can be introduced to children as young as two years old, with the therapist usually allowing the child to take the lead (Play Therapy UK, 2021), however, the therapists will speak with the school and family prior to the sessions, in order to gain an understanding of the situation, what the child knows and any other factors that may have a part in their recovery (British Association of Play Therapists, 2013).

As children get older, they may prefer to explore their emotions and express their feelings through talking therapy. Although perhaps not suitable for younger children, talking therapy

can be beneficial to individuals who wish to discuss what has happened and to verbally work through it. These sessions can be one-to-one, with their family or in a group setting, there are also options for online or telephone sessions which make it very accessible to individuals who may not feel confident with face-to-face sessions (NHS Wales, 2022). With various types of talking therapies, there are a range of support options as children progress into adulthood, however, these may not all be available immediately or at the time when they are needed the most (Estyn, 2019), potentially leading to disengagement with the support (Jordan and Neimeyer, 2003). However, if sessions, whether single or group, are accessible at the time of need, providing a safe environment, a structured routine as well as establishing boundaries, this allows the focus to solely be about the purpose of the session, thus increasing the effectiveness (Knox and Cooper, 2015).

One to one counselling provides a platform for a therapist to listen and help the individual to understand their feelings whilst increasing their own self-awareness and aiding them to find a solution (British Association of Counselling and Psychotherapy, 2022). Cognitive Behaviour Therapy (CBT) is another form of talking therapy that helps people to recognise the link between the way they think and how it impacts the way that they behave (Bereavement UK, 2022), this however would be better suited to an adolescent or adult who can recognise the relationship between their thoughts and behaviour (Spuij, Dekovic and Boelen 2015; Boelen, Lenferink and Spuij, 2021).

According to Duncan (2020) children and adolescents like to talk about their loved one, finding comfort in reminiscing and discussing memories, although adults can often find it harder to do this, whether due to their own grief or not wanting to hurt their child. Group therapy can be an outlet to discuss thoughts and emotions after a bereavement, in an environment where others have recently experienced a similar situation, giving the opportunity to talk about memories and current feelings, though this may be more than some people are comfortable with (Chater et al, 2022). Similar to group therapy, family therapy could also have a positive impact when dealing with the effects of bereavement, as long as it is recognised that each family member has their own feelings, none of which are wrong (Rankin, 2019).

Though positive for some, introducing supportive therapies may do more harm than good if the child or young person does not feel ready to deal with their emotions, or if it involves speaking with a stranger who they are not familiar with (Rankin, 2019). By offering the relevant support at the right time, increases the chances that the interventions will be effective thus reducing the likelihood of prolonged impact on overall wellbeing (Monroe and Kraus, 2011). Another aspect to consider is though there may be support available, many young people fail to accept the support due to the stigma attached (Chater et al, 2022), potentially leading to ongoing effects of the bereavement, even decades later.

Overall, children and young people can be supported in a variety of ways, depending on their age, circumstances and if they are open to participate. Trusted peers or adults,

whether family members, education practitioners or therapists can provide support for children and young people, with the level of intervention varying, dependent on their circumstances. If children are having their basic needs met at home, they will likely require minimal external intervention, and although, many may follow one of the previously mentioned theories, everyone will react in their own way and therefore require differing levels of support.

BBC News (2018) *Call to End 'Taboo' of Talking about Death*. Available at: <https://www.bbc.co.uk/news/health-43169284> (accessed: 08th May 2022)

Best, R. (2016) 'Exploring the Spiritual in the Pedagogy of Friedrich Froebel', *International Journal of Children's Spirituality*, 21(3-4), pp. 272–282. Available at: [Exploring the spiritual in the pedagogy of Friedrich Froebel.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 09th May 2022).

Bereavement UK (2022) *Support Therapies*. Available at: [Bereavement UK](#) (accessed: 9th May 2022)

Boelen, P.A., Lenferink, L.I.M. and Spuij, M. (2021) 'CBT for Prolonged Grief in Children and Adolescents: A Randomised Clinical Trial'. *The American Journal of Psychiatry*. 178(4), pp. 294-304. Available at: [CBT for Prolonged Grief in Children and Adolescents: A Randomized Clinical Trial | American Journal of Psychiatry \(psychiatryonline.org\)](#) (accessed: 13th July 2022).

Boyd Webb, N. (2011) 'Play Therapy for Bereaved Children: Adapting Strategies to Community, School, and Home Settings', *School Psychology International*, 32(2), pp. 132–143. Available at: [Play therapy for bereaved children: Adapting strategies to community, school, and home settings \(uwtsd.ac.uk\)](#) (accessed: 09th May 2022).

Bridgewater, E.E., Menendez, D. and Rosengren, K.S. (2021) 'Capturing Death in Animated Films: Can Films Stimulate Parent-child Conversations about Death?' *Cognitive Development*. 59. Available at: [Capturing death in animated films: Can films stimulate parent-child conversations about death? - ScienceDirect](#) (accessed 14th May 2022).

British Association of Counselling and Psychotherapy (2022) *Bereavement: What therapy can help with*. Available at: [Bereavement | How counselling can help \(bacp.co.uk\)](#) (accessed: 14th July 2022).

British Association of Play Therapy (2009) *Play Therapy – Its Relevance to 21st Century Needs of Children, Young People and Families*. Available at: <https://www.bapt.info/wordpress/wp-content/uploads/2014/09/NICE-one-pager-from-research-subcomm-sep-09.doc> (accessed: 09th May 2022).

British Association of Play Therapy (2013) *History of Play Therapy*. Available at: [History of Play Therapy - The British Association of Play Therapists \(bapt.info\)](#) (accessed: 25th March 2022).

Chapple, H.S., Bouton, B.L., Chow, A.Y.m., Gilbert, K.R., Kosminsky, P., Moore, J. & Whiting, P.P. (2017) 'The Body of Knowledge in Thanatology: An Outline', *Death Studies*, 41(2), pp.

118-125. Available at: [The body of knowledge in thanatology: An outline.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 21st March 2022).

Chater, A.M. Howlett, N., Shorter, G., Zakrzewski-Fruer, J.K. and Williams, J.nagyna (2022) 'Reflections on Experiencing Parental Bereavement as a Young Person: A Retrospective Qualitative Study', *International Journal of Environmental Research and Public Health*, 19(4), p. 2083. Available at: [Reflections on Experiencing Parental Bereavement as a Young Person: A Retrospective Qualitative Study - ProQuest \(uwtsd.ac.uk\)](#) (accessed: 8th May 2022).

Cheatley, L., Ackerman, M., Pease, A. & Moncur, W. (2022) 'Musical creativity support tools for bereavement support', *Digital creativity (Exeter)*, 33(1), pp. 1–17. Available at: <https://www.tandfonline-com.ezproxy.uwtsd.ac.uk/doi/full/10.1080/14626268.2022.2034648> (accessed: 09th May 2022).

Childhood Bereavement Network (2017) *Grief Matters for Children*. Available at: [grief-matters-for-children-2017.pdf \(childhoodbereavementnetwork.org.uk\)](#) (accessed: 14th March 2022).

Department for Education and Skills (2004) *Every Child Matters*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/272064/5860.pdf (accessed: 08th May 2022).

Duncan, D.A. (2020) 'Death and Dying: A Systematic Review into Approaches used to Support Bereaved Children', *Review of Education* (Oxford), 8(2), pp. 452–479. Available at: [Death and dying: A systematic review into approaches used to support bereaved children - Duncan - 2020 - Review of Education - Wiley Online Library \(uwtsd.ac.uk\)](#) (accessed: 9th May 2022).

Ener, L. and Ray, D.C. (2017) 'Exploring Characteristics of Children Presenting to Counselling for Grief and Loss', *Journal of child and family studies*, 27(3), pp. 860–871. Available at: [Exploring Characteristics of Children Presenting to Counseling for Grief and Loss - ProQuest](#) (accessed: 9th May 2022).

Estyn (2019) *Happy and Healthy: Schools Impact on Pupils' Health and Wellbeing*. Available at: [Healthy and happy – school impact on pupils' health and wellbeing \(gov.wales\)](#) (accessed: 14th July 2022).

Estyn (2020) *Music Therapy Helps Emotional and Behavioural Development*. Available at: [Music therapy helps emotional and behavioural development | Estyn \(gov.wales\)](#) (accessed: 25th March 2022).

Glasgow City Council (2021) *Supporting Children and Young People through Bereavement*. Available at: [Supporting children and young people through bereavement | Learning resources | National Improvement Hub \(education.gov.scot\)](#) (accessed 24th March 2022).

Heywood, K. (2003) 'Introducing Art Therapy into the Christie Hospital Manchester UK 2001–2002', *Complementary Therapies in Nursing and Midwifery*, 9(3), pp. 125–132. Available at: <https://www.sciencedirect-com.ezproxy.uwtsd.ac.uk/science/article/pii/S1353611703000210> (accessed: 08th May 2022).

Holland, J. (2008) 'How Schools can Support Children who Experience Loss and Death', *British Journal of Guidance & Counselling*, 36(4), pp. 411–424. Available at: <https://web-s-ebSCOhost-com.ezproxy.uwtsd.ac.uk/ehost/pdfviewer/pdfviewer?vid=0&sid=9f831410-cad3-4657-87b4-2fe444b5b440%40redis> (accessed: 21st March 2022).

Hall, C. (2014) 'Bereavement Theory: Recent Developments in our Understanding of Grief and Bereavement'. *Bereavement Care*, 33(1), 7–12. Available at: [Bereavement theory: recent developments in our understanding of grief and bereavement: Bereavement Care: Vol 33, No 1 \(uwtsd.ac.uk\)](https://www.ebscohost-com.ezproxy.uwtsd.ac.uk/ehost/pdfviewer/pdfviewer?vid=0&sid=9f831410-cad3-4657-87b4-2fe444b5b440%40redis) (accessed: 24th March 2022).

Howarth, Lord (2018) 'Creative Health: The Arts for Health and Wellbeing', *Perspectives in Public Health*, 138(1), pp. 26–27. Available at: <https://journals-sagepub-com.ezproxy.uwtsd.ac.uk/doi/10.1177/1757913917736680> (accessed: 09th May 2022).

Jordan, J. R. and Neimeyer, R. A. (2003) 'Does Grief Counselling Work?', *Death studies*. 27(9), pp. 765–786. Available at: [DOES GRIEF COUNSELING WORK?: EBSCOhost \(uwtsd.ac.uk\)](https://www.ebscohost-com.ezproxy.uwtsd.ac.uk/doi/10.1177/1757913917736680) (accessed: 13th July 2022).

Knox, R. and Cooper, M., 2015. *The Therapeutic Relationship in Counselling and Psychotherapy*. 55 City Road, London: SAGE Publications Ltd. Available at: [66772 The Therapeutic Relationship in Counselling and Psychotherapy.pdf \(sagepub.com\)](https://www.sagepub-com.ezproxy.uwtsd.ac.uk/doi/10.1177/1757913917736680) (accessed: 12th May 2022).

Kubler-Ross, E. (1970) *On Death and Dying*. New York London: Macmillan N.Y. Collier-Macmillan.

Lawrence, S.T (2019) *The Grieving Child in the Classroom*. New York: Routledge

Leopold, T. and Lechner, C.M. (2015) 'Parents' Death and Adult Well-being: Gender, Age, and Adaptation to Filial Bereavement', *Journal of Marriage and Family*, 77(3), pp. 747–760. Available at: [Parents' Death and Adult Well-being: Gender, Age, and Adaptation to Filial ...: EBSCOhost \(uwtsd.ac.uk\)](https://www.ebscohost-com.ezproxy.uwtsd.ac.uk/doi/10.1177/1757913917736680) (accessed: 14th March 2022).

Love, A.W. (2007) 'Progress in understanding grief, complicated grief, and caring for the bereaved', *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 27(1), pp. 73–83. Available at: <https://www-proquest-com.ezproxy.uwtsd.ac.uk/docview/203176174?pq-origsite=primo&accountid=130472> (accessed: 08th May 2022).

Malchiodi, C. A. (Ed.). (2008). *Creative interventions with traumatized children*. London: Guildford Press.

Mallon, B. (2011) *Working with Bereaved Children and Young People*, London: SAGE Publications Ltd. Available at: <https://dx.doi.org/10.4135/9781446251881.n2> (Accessed 8 May 2022).

Marks, N.F., Jun, H. and Song, J. (2007) 'Death of Parents and Adult Psychological and Physical Well-Being: A Prospective U.S. National Study', *Journal of Family Issues*, 28(12), pp. 1611–1638. Available at: [Death of Parents and Adult Psychological and Physical Well-Being: A Prospective U.S. National Study - Nadine F. Marks, Heyjung Jun, Jieun Song, 2007 \(uwtsd.ac.uk\)](#) (accessed: 15th March 2022).

McLaughlin, C., Lytje, M. & Holliday, C. (2019) *Consequences of Childhood Bereavement in the Context of the British School System*. Available at: [Name Surname \(winstonswish.org\)](#) (accessed: 19th March 2022).

McManus, E. & Paul, S. (2019) 'Addressing the bereavement needs of children in school: An evaluation of bereavement training for school communities', *Improving Schools*, 22(1), pp. 72–85. Available at: [Addressing the bereavement needs of children in school: An evaluation of bereavement training for school communities - Elaine McManus, Sally Paul, 2019 \(uwtsd.ac.uk\)](#) (accessed: 18th March 2022).

Mind (2019) *Bereavement*. Available at: [bereavement-2019-for-pdf-download.pdf \(mind.org.uk\)](#) (accessed: 24th March 2022).

Monroe, B. and Kraus, F. (2009) *Brief Interventions with Bereaved Children*. Oxford: Oxford University Press

Moor, J. and de Graaf, P. (2016) 'Temporary and Long-term Consequences of Bereavement on Happiness', *Journal of Happiness Studies*, 17(3), pp. 913–936. Available at: [Temporary and Long-Term Consequences of Bereavement on Happiness.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 20th March 2022).

Morris, A.T. et al. (2016) 'The Indirect Effect of Positive Parenting on the Relationship Between Parent and Sibling Bereavement Outcomes After the Death of a Child', *Journal of pain and symptom management*, 51(1), pp. 60–70. Available at: [The Indirect Effect of Positive Parenting on the Relationship Between Parent and Sibling Bereavement Outcomes After the Death of a Child - ScienceDirect \(uwtsd.ac.uk\)](#) (accessed: 08th May 2022).

National Education Association (2016) *Teaching Children from Poverty and Trauma*. Available at: [NEAPovertyTraumaHandbook.pdf](#) (accessed: 10th May 2022)

National Research Council. (2013) *Subjective Well-Being: Measuring Happiness, Suffering, and Other Dimensions of Experience*. Washington, DC: The National Academies Press. Available at: [Subjective Well-Being - NCBI Bookshelf \(nih.gov\)](#) (accessed: 19th March 2022).

NICE (2022) *A Quick Guide for Practitioners and Managers Supporting Children, Young People and Families*. Available at: [Therapeutic interventions after abuse and neglect | Quick guides to social care topics | Social care | NICE Communities | About | NICE](#) (accessed: 09th May 2022).

Osterweis, M., Solomon, F and Green, M. (1984) *Institute of Medicine (US) Committee for the Study of Health Consequences of the Stress of Bereavement*; Washington (DC): National Academies Press.

Palmer, M.; Saviet, M.; Tourish, J (2016) 'Understanding and Supporting Grieving Adolescents and Young Adults'. *Paediatric Nursing*. 42, pp. 275-281. Available at:

[Understanding and Supporting Grieving Adolescents and Young Adults.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 9th May 2022).

Paul, S. (2019) 'Is Death Taboo for Children? Developing Death Ambivalence as a Theoretical Framework to Understand Children's Relationship with Death, Dying and Bereavement', *Children & Society*, 33(6), pp. 556–571. Available at: [Is Death Taboo for Children? Developing Death Ambivalence as a Theoretical ...: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 22nd March 2022).

Philpott, E. (2013) 'Moving Grief: Exploring Dance/Movement Therapists' Experiences and Applications with Grieving Children'. *American Journal of Dance Therapy*, 35(2), pp. 142-168. Available at: [Moving Grief: Exploring Dance/Movement Therapists' Experiences and Applications with Grieving Children - ProQuest](#) (accessed: 25th March 2022)

Play Therapy UK (2021) *Helping Children*. Available at: [Helping Children - Play Therapy UK](#) (accessed: 22nd March 2022).

Rankin, H. (2019) *Guide to Supporting Children through Bereavement and Loss*. London: Routledge

Rogers, C.R. (1978) Carl Rogers on personal power: inner strength and its revolutionary impact. Contable. Available at: [A Meta-Analysis of Interventions for Bereaved Children and Adolescents.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 9th May 2022).

Rosner, R.; Kruse, J.; Hagl, M. (2010) 'A Meta-Analysis of Interventions for Bereaved Children and Adolescents'. *Death Studies*, 2010; 34, pp. 99-136. Available at: [A Meta-Analysis of Interventions for Bereaved Children and Adolescents.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed 08th May 2022).

Rostila, M. and Saarela, J.M. (2011) 'Time Does Not Heal All Wounds: Mortality Following the Death of a Parent', *Journal of Marriage and Family*, 73(1), pp. 236–249. Available at: [Time Does Not Heal All Wounds: Mortality Following the Death of a Parent.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 14th March 2022).

Services and Well-being (Wales) Act 2014. Available at: https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf (accessed: 08th May 2022).

Spuij, M., Dekovic, M., Boelen, P. (2015) 'An Open Trial of "Grief-Help": A Cognitive-Behavioural Treatment for Prolonged Grief in Children and Adolescents: CBT for Childhood PGD', *Clinical Psychology and Psychotherapy*, 22(2), pp. 185–192. Available at: [An Open Trial of 'Grief-Help': A Cognitive-Behavioural Treatment for Prolon...: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 13th July 2022).

Stikkelbroek, Y., Prinzie, P., De Graaf, R., Have, M. Cuijpers, P. (2012) 'Parental Death during Childhood and Psychopathology in Adulthood', *Psychiatry Research*, 198(3), pp. 516–520. Available at: [Parental death during childhood and psychopathology in adulthood - ScienceDirect \(uwtsd.ac.uk\)](#) (accessed: 08th May 2022).

Stroebe, W. and Stroebe, M.S. (1987) *Bereavement and Health: The Psychological and Physical Consequences of Partner Loss*. Cambridge: Cambridge University Press.

Stroebe, M.S., Stroebe, W. and Hansson, R.O. (1993) *Handbook of Bereavement: Theory, Research, and Intervention*. Cambridge: Cambridge University Press.

Talwar, V., Harris, P.L. & Schleifer, M. (2011). Children's Understanding of Death: From Biological to Religious Conceptions. Cambridge: University Press. Available at: <https://www-cambridge-org.ezproxy.uwtsd.ac.uk/core/books/childrens-understanding-of-death/talking-to-children-about-death-in-educational-settings/72EBFA199FE976451E372505F89BB093> (accessed: 21st March 2022).

Tamm, M.E. (1996) 'Personification of Life and Death among Swedish Health Care Professionals', *Death Studies*, 20(1), pp. 1–22. Available at: [Personification of life and death among Swedish health care professionals.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 15th March 2022).

Twenge, J. M., Catanese, K. R. and Baumeister, R. F. (2002) 'Social Exclusion Causes Self-Defeating Behaviour', *Journal of Personality and Social Psychology*, 83(3), pp. 606–615. Available at: [Social exclusion causes self-defeating behavior.: EBSCOhost \(uwtsd.ac.uk\)](#) (accessed: 14th March 2022).

Webb, N. B. (2011). *Helping bereaved children: A handbook for practitioners* (3rd ed.). New York, NY: Guilford

Well-bring and Future Generations (Wales) Act 2015. Available at: <https://www.futuregenerations.wales/wp-content/uploads/2017/01/WFGAct-English.pdf> (accessed: 08th May 2022).

Winstons Wish (2022) *Research*. Available at: [Research into childhood bereavement and the British school system \(winstonswish.org\)](#) (accessed 20th March 2022).