



# **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*

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## Executive summary

The present study aimed to explore the background characteristics, experiences and outcomes of bereaved children and young people using data from the 2004 *Mental Health of Children and Young People in Great Britain* study (Green and others 2005; Office for National Statistics 2005): a nationally representative sample of 5- to 16-year-olds living in Great Britain. We were able to examine the differences between children who had experienced the death of a parent or sibling, those who had experienced the death of a friend, and those who had experienced neither<sup>1</sup>.

We organised our analysis around six key research questions and briefly summarise our findings below.

1. *Within a nationally representative sample of children and young people, what percentage had experienced the death of a friend or parent/sibling?* Across the sample, 9.5 per cent of children ( $n=739$ ) were reported to have experienced either the death of a parent/sibling or a friend or both. In more detail, 3.5 per cent of children and young people had experienced the death of a parent or sibling, and 6.3 per cent had experienced the death of a friend. Among these children, a very small percentage (0.3 per cent) had experienced both types of death.
2. *What are the background and family characteristics of children who had experienced the death of a parent, sibling or friend? Do they differ from the wider sample of children and young people?* Bereaved children had different background and family characteristics to the larger sample of children who had not experienced the death of a parent, sibling or friend. In brief, 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. Children who had experienced the death of a friend were more likely to be girls, to come from separated or divorced families and have parents with higher levels of mental health problems than their peers. Bereaved children were older than children who had not experienced the death of a parent/sibling or

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<sup>1</sup> It should be noted that our analyses are in no way causal. That is, we cannot determine whether a child's experience of bereavement **causes** the outcomes, or whether the other outcomes were there before the death happened. Rather, we can draw conclusions about whether there are any associations between bereavement and outcomes net of the control variables.

All data were weighted to adjust for unequal sampling probabilities of some children and to make the sample representative in terms of the children's age, sex and region.

friend, presumably because the risk of experiencing a death increases as a child gets older.

3. *Have bereaved children experienced other stressful events in their lives to a greater extent than children who have not experienced the death of a parent, sibling or friend?* Yes, parents of bereaved children – regardless of who had died – were more likely than other parents to report that their children had experienced certain other stressful events at some point in their lives (this could have been before or after the death). These events were: one parent had had a major financial crisis; one parent had had a serious mental illness; and the child had a serious illness which required a stay in hospital. Parents of children who had experienced the death of a friend were more likely than other parents to report that: they had experienced a separation; one parent had had a problem with the police involving a court appearance; the child had been in a serious accident or badly hurt in an accident; and the child (13 years of age and older) had experienced the break-up of a steady relationship. Finally, parents of children who experienced the death of a parent/sibling were three-and-a-half to four times more likely than other parents to report that one parent had had a serious physical illness. Bereaved children had experienced significant levels of stressful events in their lives.
4. *What services and supports (formal and informal) are available for bereaved children? Do these differ depending on whether children experienced the death of a parent/sibling or friend?* Findings revealed that children who had experienced the death of a parent/sibling were more likely than other children to have been in contact with specialist medical or mental health services over the last year for concerns over emotions, behaviour or concentration difficulties. These children were considerably more likely than other children to have been looked after by the local authority at some point. Their parents rated them as having somewhat lower social capabilities and fewer strengths than their peers. Parents of children who experienced the death of a friend approved less of their children's friends than other parents and were more likely to report that their children's friends got into trouble.
5. *Do bereaved children participate in school and activities to the same extent as their peers?* Bereaved children were more likely to have changed schools and been excluded at some point in their pasts relative to other children. In terms of participation in clubs and activities in and out of school, children who had experienced the death of a parent/sibling were least likely to participate in these activities. The reasons for the barriers to their participation were not evident.
6. *Are bereaved children more likely to have a clinical mental disorder or engage in problem behaviour relative to their peers?* Yes, but the types of problems seemed to vary depending on who had died. Children whose parent or sibling had died were somewhat more likely than other children to have problems with anxiety and drinking. On the other hand, 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.

The findings from the present study suggest that bereaved children face significant challenges, although their experiences and outcomes varied depending on who had died.

***Summary of findings on children reported to have been bereaved of a parent or sibling***

Children who were reported by their parents to have been bereaved of a parent or sibling were more likely than the other two groups (those bereaved of a friend or those not bereaved of a parent, sibling or friend) to have a father respond to the survey and to have an older parent. They were less likely than other children to live in married households and – not surprisingly – more likely to live in widowed households. They were more likely than the other two groups to live in households where the head had no qualifications, households experiencing long-term unemployment and economically inactive households. They were most likely to reside in households with low earnings (that is, less than £300 per week).

Parents of these children were more likely to report that they (the parent) slept badly, felt unhappy or depressed, that at some point in the child's life they or a partner had had a major financial crisis or serious mental illness, or that the child had had a serious illness than parents whose children had not experienced the death of a parent, sibling or friend. They were more likely than parents of the other two groups to report that one parent had had a serious physical illness.

Parents of children who had been bereaved of a parent or sibling were more likely than parents of the other two groups to have made contact with medical or mental health professionals during the last year about concerns over their child's emotions, behaviour or concentration, and were more likely than parents of children who hadn't been bereaved to have sought the help of a teacher. Children bereaved of a parent or sibling were three-and-a-half times as likely than children bereaved of a friend, and 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.

Parents reported these children to have lower social aptitudes and strengths than the other two groups. Their parents were more likely than parents of children not bereaved of a parent, sibling or friend to report that the children had difficulty in making friends.

Children and young people whose parent or sibling had died were more likely than children who hadn't experienced the death of a parent, sibling or friend to have changed schools or been excluded. They were less likely than the other two groups to participate in clubs, both in and out of school.

### ***Summary of findings on children reported to have been bereaved of a close friend***

Children who were reported by their parent to have been bereaved of a friend were more likely than the other two groups (those bereaved of a parent/sibling, and those not bereaved of a parent, sibling or friend) to be white, female, identified by a mother rather than a father responding to the survey, and living with a lone parent.

Parents of these children were more likely than those of the non-bereaved children to report that they or their partner had had financial problems, that they or their partner had had serious mental illness, and that the child themselves had had a serious illness requiring a stay in hospital. They were more likely than parents of the other two groups to report that they had separated from their partner, that they or their partner had had a problem with the police, or that they had mental health difficulties.

Children who had experienced the death of a friend were more likely than the other two groups to have friends of whom their parents disapproved, or friends who got into trouble.

They were more likely than children not bereaved of a parent, sibling or friend to live with parents with no educational qualifications and parents who are economically inactive, as well as to have changed schools or to have been excluded. They were more likely than the other two groups to display problems in their conduct, use substances and engage in troublesome acts.

Parents who reported their child had been bereaved of a friend were less likely than those who reported that their child had been bereaved of a parent/sibling to have been in contact with medical or child mental health specialists over the last year, but they were more likely to report that their child had been very sad or unhappy in the recent past.

### ***Future directions for research***

Although the present study was informative, we hope that future research will provide a more sophisticated examination of the influence of bereavement on children's and young people's well-being.

- The collection of more nuanced assessments of children's experiences of bereavement would be a useful addition to the data, including details on the timing of bereavement in children's lives as well as more specific information on the person who died. Further details on the quality of the relationships between children and the person who died would also be useful. Qualitative research would be able to explore these issues in greater detail.
- Longitudinal data would help to determine causality and directionality; that is, whether bereavement tends to lead to various events and outcomes; whether the various outcomes and events make people more susceptible to death; or whether other factors,



such as social class, are jointly linked to both bereavement and other outcomes.

- Further work is needed to explore in more detail the impact of the death of a friend on children, including qualitative work with children and young people and research into the impact of a death within a school or other community.
- Future studies could use more sophisticated analysis such as matching procedures to enable us to determine with more confidence the difference between the various groups.

### ***Future directions for policy and practice***

We hope that this research will help to inform discussions about how to provide appropriate support to children and young people who have experienced bereavement.

- The study brings a new spotlight onto the experiences of those bereaved of a friend, about which we knew very little before, and may help to convince policy-makers and funders that this group also face significant difficulties, which could be helped by a range of services.
- By highlighting the differences between the experiences and outcomes of those bereaved of a parent/sibling and those bereaved of a friend, the study will help to inform the design of services and interventions that are tailored to different experiences of bereavement.

## Background

There is no one way to cope with bereavement, and children experience the death of a special person very differently as a result of their personalities, their circumstances, their available support and their previous experiences. Some bereavements will be experienced as part of growing up, while others will be a significant turning point that can affect many other areas of children's lives (Ribbens McCarthy with Jessop 2005). Much will depend on the meaning that the lost relationship had in the young person's life, and the changes which it brings. As they get older and develop their understanding, children and young people are likely to revisit their grief, experiencing and expressing it in new ways, particularly at times of further transition or loss (Christ 2000).

How children respond to a significant death is likely to depend on many interrelated factors, including:

- their own characteristics such as their age, personality, coping style and previous experiences of loss
- their family and social relationships before and after the death
- broader structural issues such as class, material circumstances, race, gender and policies on children (Dowdney 2000; Ribbens McCarthy with Jessop 2005).

Circumstances around the death may also complicate a young person's experience of grief. These include being bereaved through suicide or murder or witnessing a traumatic death. Other potentially complicating factors include the death of a lone parent, which might result in a child moving into public care, and living in a complex or dysfunctional family situation where support is unavailable.

This range of experiences helps to explain why the findings from quantitative research on young people's experiences of bereavement are often complex and contradictory (Ribbens McCarthy with Jessop 2005). Much of this quantitative research explores whether bereavement (usually of a parent) as a single event puts children and young people statistically at risk of negative outcomes in terms of their mental health or social adjustment in the short or longer term. It can be difficult to draw firm conclusions from a range of studies that have used different methodologies and definitions and which may not have taken into account themes emerging from qualitative research with children and young people (such as the need to take a long view, to acknowledge the different experiences outlined above, and to consider the possibility of more positive or ambiguous outcomes), but some do show evidence of such associations. However, when bereavement is experienced alongside other difficulties or multiple losses, the evidence is stronger for an increased risk of poor outcomes in areas such as education, depression, self-esteem and risk-taking behaviour (Ribbens McCarthy with Jessop 2005).

## The present study

In their review of the literature on young people and bereavement, Ribbens McCarthy with Jessop (2005) outlined major omissions in our knowledge of the prevalence of bereavement in childhood and the experiences of bereaved children. The present study aims to fill some of the gaps in areas they identified as priorities for research, including:

- firm baseline information on the rates of different bereavements that young people have experienced
- quantitative research that examines both positive and negative outcomes for bereaved children
- research into bereavement through the death of a peer.

We used a nationally representative dataset of 5- to 16-year-olds to illuminate differences across a range of background characteristics and outcomes between children who had experienced death – either of a parent or sibling, or of a friend – compared with children who experienced neither the death of a parent/sibling nor a friend. We also examined the extent to which children who experienced the death of a parent/sibling had backgrounds or outcomes that differed from those of children who experienced the death of a friend.

In particular, we focused on the following research questions:

1. Within a nationally representative sample of children and young people, what percentage had experienced the death of a parent/sibling or friend?
2. What are the background and family characteristics of children and young people who had experienced the death of a parent, sibling or friend? Do they differ from the wider sample of children and young people?
3. Have bereaved children experienced other stressful events in their lives to a greater extent than children who have not experienced the death of a parent, sibling or friend?
4. What services and supports (formal and informal) are available for bereaved children? Do these differ depending on whether children experienced the death of a parent/sibling or friend?
5. Do bereaved children participate in school and activities to the same extent as their peers?
6. Are bereaved children more likely to have a clinical mental disorder or engage in problem behaviour relative to their peers?

With the present study, we hope to build upon existing evidence. By increasing our knowledge about young people's bereavements within the UK, we hope to inform policy and practice decisions about support and services that are available for these children and their families.

## Method

The present study uses data from the 2004 *Mental Health of Children and Young People in Great Britain* study (Green and others 2005; Office for National Statistics 2005). This section provides details on the data used to answer the research questions set out above, and briefly summarises our analytic strategy.

### The survey

The *Mental Health of Children and Young People in Great Britain* study was conducted between March and June 2004 by the Office of National Statistics (ONS) on behalf of the Department of Health (DH) and the Scottish Executive. The primary focus of the survey was the prevalence of mental disorders among 5- to 16-year-olds.

The nationally representative sample consisted of 7,977 children and young people living in private households in Great Britain, drawn from the Child Benefit Records held by the Child Benefit Centre (CBC). Information was collected from parents, teachers and young people themselves (if aged 11 to 16) via face-to-face interviews, self-completion questionnaires and postal questionnaires for teachers.

The surveys covered a range of topics as summarised below.

#### ***Survey content for both parents and children***

- problem behaviour
- anxiety and phobias
- post traumatic stress disorder (PTSD)
- compulsions and obsessions
- depression
- attention and activity
- dieting, weight and body shape
- children's strengths.

#### ***Survey content for parents only***

- household composition and family background characteristics
- children's service use
- children's stressful life events
- children's education
- children's friendships
- school exclusion
- parent's health and mental health
- family functioning.

### ***Survey content for young people aged 11 to 16***

- social life and social support
- education
- problem behaviour
- substance use.

Thus, the datasets captured a range of information relevant to children's well-being and provide a rich source to examine associations between children's experience of death in childhood and their backgrounds, experiences and outcomes. It is helpful to have the 11- to 16-year-olds' own views represented, as previous research has shown some differences between parents' and caregivers' reports of young people's difficulties following a bereavement and the young people's own reports. Worden (1996) found that these discrepancies were themselves associated with different outcomes for children and young people (Ribbens McCarthy 2006b). The following section provides further details on the variables used in the present study.

## **Our analysis**

To explore our key research questions we contrasted children who experienced the death of a parent/sibling, children who experienced the death of a friend and children who experienced neither.<sup>2</sup> This classification was based on two items from the stressful life events scale included in the parent interview:

- **Parent/sibling:** At any stage in the child's life, a parent, brother or sister has died (Y/N).
- **Friend:** At any stage in a child's life, a close friend has died (Y/N).

Several caveats to the data merit mention.

- It is not possible to determine from the 'parent/sibling' variable or other available data whether a child had been bereaved of a parent or a sibling, or both, yet we know that there are significant differences between these experiences (Worden 1996). Nor is it clear whether parents were prompted to include stillbirths and neonatal deaths among the deaths of siblings.
- The variables depend on the parents' reporting of their children's experiences. The death of a close friend is a subjective category and parents may have interpreted this in different ways: they might report such a death if they remembered it as having an impact on their child, but they might not remember or even know about deaths which the child themselves regarded as significant.
- Neither the 'parent/sibling' nor the 'friend' variable provides information on the timing of or type of death. Thus, we are unable to

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<sup>2</sup> Given the uneven sample sizes between children who had been bereaved and the larger sample, comparisons between the groups could potentially violate the homogeneity of variance assumption. All comparisons were run several ways to assess the robustness of the significance tests. Further details are available from the authors upon request.

examine if children are newly bereaved or whether the death occurred very early on in the children's lives: the group could include those bereaved a day or two ago as well as those bereaved up to 16 years ago. Nor can we examine whether children were bereaved suddenly or whether they might have been prepared for the death.

- As questions were not asked about other deaths, the 'neither' group probably includes children who had experienced other significant deaths such as that of a grandparent or teacher.

Notwithstanding these gaps, the ability to compare the experiences of children and young people who have experienced the death of a parent/sibling or friend to each other and to those who have experienced none of these types of death is novel and was not captured in any recent studies in Britain.

To answer our research questions we compared the three groups of children over a range of background characteristics and outcomes, including:

1. background characteristics: sex, age, ethnicity, parent's age, parent's qualifications, parent's employment status, family structure
2. parent's mental health
3. stressful life events
4. access to services and support
5. school exclusion and participation
6. mental health
7. problem behaviour.

With the exception of background characteristics and parent's mental health, all comparisons controlled for children's sex, age and ethnicity; and parent's sex, educational attainment and mental health.<sup>3</sup> Using multiple regression analysis, we were able to factor out differences in the outcome variables between the three groups that were attributable to the children's background characteristics and their parent's mental health. That is, this analysis enabled us to document the unique associations between children's experiences of bereavement and their outcomes above and beyond the influence of background characteristics and parent's mental health.

It should be noted that our analyses are in no way causal. That is, we cannot determine whether a child's experience of bereavement **causes** the outcomes, or whether the other outcomes were there before the death happened. Rather, we can draw conclusions about whether there are any associations between bereavement and outcomes net of the control variables.

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<sup>3</sup> Since the control variables in the regression analyses comprised children's background characteristics and parent's mental health, we are obviously unable to 'control' for them in these analyses that compared children's background characteristics by bereavement status. Thus we present unadjusted differences across the three groups for these variables.

All data were weighted to adjust for unequal sampling probabilities of some children and to make the sample representative in terms of the children's age, sex and region.

## Findings

This next section of the report provides an overview of the key findings for bereaved children and young people. The findings are presented after the corresponding research question. We answer each research question in turn, presenting and discussing key relationships and trends.

### What percentage of children and young people have experienced the death of a parent/sibling or friend?

Across the sample<sup>4</sup>, **3.5 per cent** of children and young people ( $n=273$ ) were reported as having experienced the death of a parent/sibling.

**6.3 per cent** were reported to have experienced the death of a close friend ( $n=490$ ).

Of the bereaved children, 0.3 per cent ( $n=24$ ) had experienced **both** the death of a parent/sibling and that of a friend. Given that this group of children is too small to consider as a separate group in analyses, they were omitted from the sample for further analysis.<sup>5</sup>

Although these figures would presumably rise by the time all children in the survey reached 18, as their risk of experiencing bereavement increases each year, these figures are low compared to recent US statistics which found that 4 per cent of young people under 18 had experienced the death of a parent (not a sibling) (Sandler and others 2003). However, the figures in this study are similar to those found in a previous study of the mental health of children and adolescents in Great Britain, also carried out by the Office of National Statistics (Meltzer and others 2000). This reported that 3 per cent of 5- to 15-year-olds had been bereaved of a parent or sibling, and 6 per cent had experienced the death of a friend.

### What are the background and family characteristics of bereaved children?

This section examines the differences in background characteristics between the children who experienced the death of a parent/sibling, a friend or neither. It looks at the children's age, sex and ethnicity; parent's sex, age, qualifications and employment status; household income and receipt of benefits; and family structure.

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<sup>4</sup> 199 children were missing relevant variables and so the sample for this analysis was 7,778.

<sup>5</sup> After excluding the 24 cases summarised above and the 199 children who were missing other relevant variables, our final analytic sample was 7,754.

The parent's mental health is also considered here as this is an important family characteristic that is likely to be both influenced by a significant death, and to influence how children in that family respond to the death (Worden 1996).

### ***Children's background characteristics***

Table 1 shows that although there were slightly more boys than girls in the overall sample (51.5 and 48.5 per cent, respectively), significantly more girls than boys were reported to have experienced the death of a friend. More boys than girls had experienced the death of a parent/sibling, but this percentage did not differ significantly from the larger group of children who had not experienced the death of a parent/sibling or friend.

*Table 1: Children's background characteristics by bereavement status*

	Parent/sibling	Friend	Neither	Total
<b>Sex</b>				
Sex (% female)	46.2	54.9*	48.2	48.5
<b>Age</b>				
Age (% 11 to 16)	68.7*	64.4*	48.9	50.4
Average age – M (SD)	11.9 (3.3)*	11.7 (3.3)*	10.4 (3.4)	10.5 (3.4)
<b>Ethnicity</b>				
Ethnicity (% white)	83.1	93.3*	87.6	87.8

Note: \* indicates that means and percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less.

Not surprisingly, bereaved children were significantly older than children who had not experienced death (11.9 years for family; 11.7 for friend and 10.4 for neither), as the risk of being bereaved is likely to increase with age.

Finally, most children in the sample were white, especially children who had experienced the death of a friend. Due to the small number of black and minority ethnic (BME) children in the survey we were unable to examine differences between ethnic groups, aside from the general white versus BME comparison.

### ***Parents' background characteristics***

In about 94 per cent of cases, the interview with the parent was carried out with the mother (see Table 2). Among children who had experienced the death of a parent/sibling, the percentage of mothers interviewed was 85 per cent, which was significantly lower than the percentage for children in the other two groups. This may be because some children were living with their



father after the death of their mother. Children who experienced the death of a friend were most likely to have a mother respond to the survey. Parents were 39 years old on average, but parents of children who had experienced the death of a parent/sibling were significantly older: 41 years on average. This is not surprising as children who experienced the death of a parent/sibling were also older than their peers.

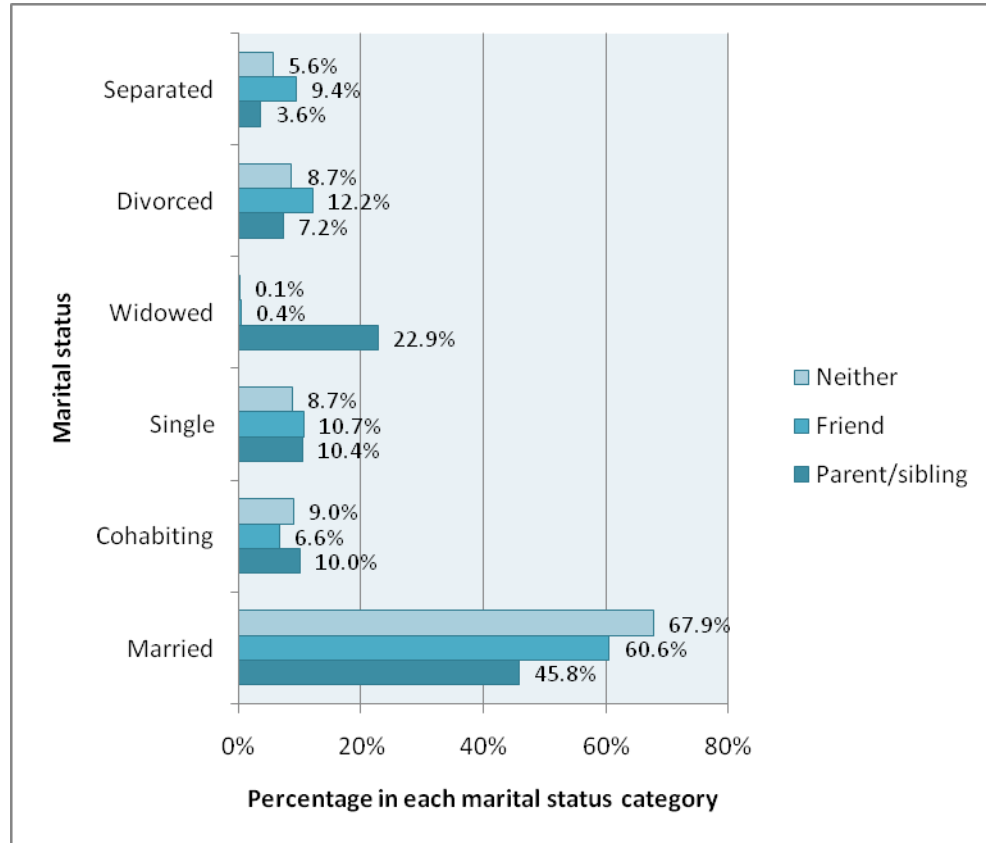
*Table 2: Background characteristics of parent by bereavement status*

	Parent/sibling	Friend	Neither	Total
<b>Sex of parent</b>				
Sex (% female)	85.1*	97.2*	94.0	93.9
<b>Parent qualifications</b>				
No qualifications (%)	32.5*	20.9	17.5	18.2
GCSEs or equivalent (%)	36.6	42.4	44.0	43.6
A-levels (%)	7.3	8.6	11.7	11.4
Teaching, nursing qualification or degree (%)	23.5	28.2	26.8	26.8

Note: \* indicates that percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less.

Not surprisingly, children who had experienced the death of a parent/sibling were significantly less likely than other children to live in married households and more likely to live in widowed households – nearly a quarter of these families were widowed (see Figure 1). Accordingly, children who had not experienced either type of death were most likely to live in married households. Children who had experienced the death of a friend were more likely than other children to reside in divorced or separated lone parent homes.

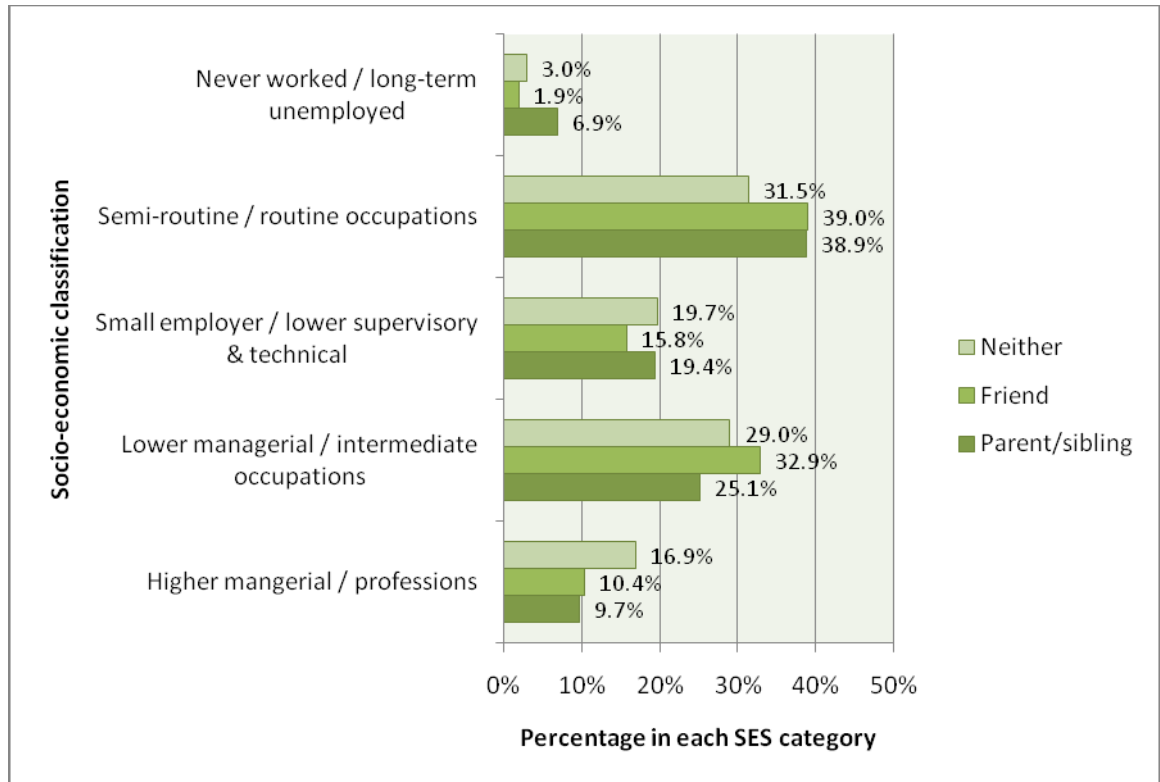
Figure 1: Marital status by bereavement status



Moving on to socio-economic characteristics, nearly a third of children who had experienced the death of a parent/sibling lived in households where the head had no qualifications, which was significantly higher relative to other children (see Table 2). This finding seems to follow the well-established link between social class and health – including mortality rates – often referred to as the ‘social gradient’ in health (<http://www.ucl.ac.uk/whitehallIII/findings/Whitehallbooklet.pdf>). No other significant differences in parent’s qualifications emerged.

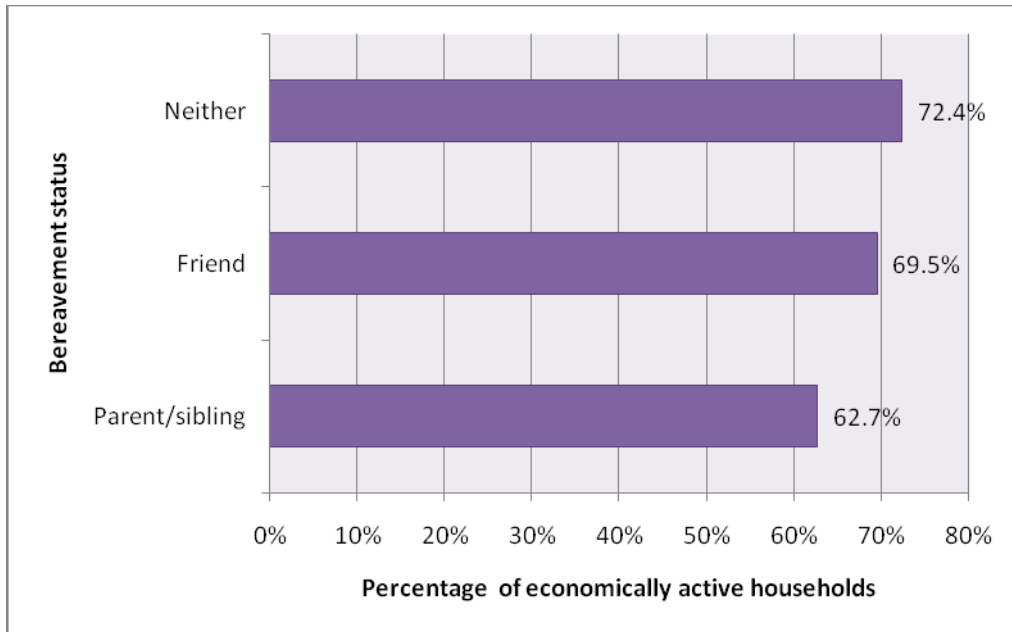
Bereaved children were less likely than other children to live in professional households. Children who had experienced the death of a parent/sibling were more likely than children in the other groups to live in long-term unemployed households (see Figure 2).

Figure 2: Socio-economic classification by bereavement status



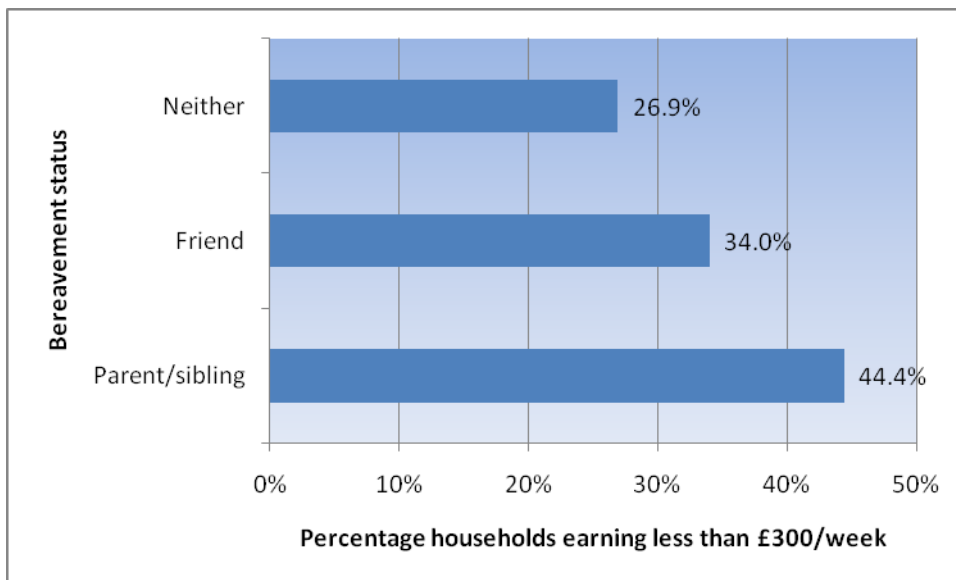
In terms of economic activity, children who had experienced the death of a parent/sibling were least likely to reside in economically active households (see Figure 3). These findings may be further evidence of the link between social class and health, or it could be that some of these parents experienced the death of their spouse and left work to care for their children.

Figure 3: Percentage economically active households by bereavement status



In terms of actual income, we examined the percentage of families earning less than £300 per week, and all groups differed from one another. Families with children who had experienced the death of a parent/sibling were most likely to report low income relative to other children, and families who had not experience the death of a parent/sibling or a friend were least likely (see Figure 4).

Figure 4: Percentage households earning less than £300 per week by bereavement status



Families of children who had experienced the death of a parent/sibling or a friend were also more likely than other families to receive income support (18 percent for bereaved children and 11.5 percent for families of children who had not experienced the death of a parent/sibling or friend). No significant differences emerged regarding take-up of job seekers allowance or disability benefits.

In summary, there were many significant differences between the groups – particularly between children who had experienced the death of a parent/sibling and children who had experienced neither the death of a parent/sibling nor a friend.

- Children who had experienced the death of a friend were more likely to be female than male, and bereaved children generally tended to be older than non-bereaved children.
- Children who had experienced the death of a parent/sibling, not surprisingly, were more likely than the other groups to have a father respond to the survey and to live in widowed households.
- These same children were also most likely to live in households where the parent had no qualifications and which were economically inactive and/or the household earnings were quite low.
- While bereaved children who had experienced the death of a friend were also less advantaged (using parent qualifications, economic activity and income support as proxies) relative to children who had not experienced the death of a parent/sibling or friend, the children who experienced the death of a parent/sibling were the most disadvantaged.

### ***Parental mental health***

The quality of the relationship between a child and their primary carer can have a strong impact on a child's well-being. A stable and supportive relationship can be a protective resource at a time of emotional upheaval. However, poor parental mental health could potentially affect the quality of the parent-child relationship. When considering family bereavement, this is of particular importance, since the death of a spouse, partner or child can impact significantly on the remaining carers' mental health (Worden 1996). Worden found that how the surviving parent functions was the most powerful predictor of a child's adaptation to the death of the other parent.

Parents were asked about their own mental health by indicating whether or not they experienced 12 different problems (such as feeling under strain, unhappy and depressed) from the General Health Questionnaire (GHQ) (Goldberg and Williams 1988). A summary score was created ranging from 0 (no problems) to 12 (severe problems). Table 3 shows the average GHQ score for each group.

*Table 3: General Health Questionnaire summary scores by bereavement status*

	Parent/sibling	Friend	Neither	Total
GHQ score – M (SD)	1.9 (2.7)	2.6 (3.2)*	1.6 (2.6)	1.6 (2.6)

Note: \* indicates that the mean of the respective bereavement group is significantly different from the 'neither' group at  $p < .05$  or less.

Overall, parents of children who had experienced the death of a friend reported more mental health problems than the parents of children in the other two groups. In particular, this group of parents was more likely to report problems with concentration, strain, inability to overcome difficulties,

enjoyment of day-to-day activities, confidence, worthlessness and feeling happy relative to parents of children who had not experienced death.

Within this overall finding, parents of children who had experienced the death of a parent/sibling or friend were more likely to report losing sleep and feeling unhappy or depressed than parents whose children had not experienced death.

Overall, then, there appear to be links between childhood bereavement and parents' mental health difficulties, particularly among parents whose children experienced the death of a friend. These findings are somewhat surprising as we might have expected parents of children who experienced the death of a parent/sibling to report the most mental health problems given the proximity of the death for this group. However, it may be that having experienced serious difficulties following the death, these parents are now less likely to rate their current problems as severe. Also, as detailed in the following section, parents of children who experienced the death of a friend experienced significant numbers of concurrent stressful life events, which may account for their mental health symptoms. The findings from the present study should be validated further in future studies.

## Have bereaved children experienced other stressful events in their lives to a greater extent than children who have not experienced death?

Parents were asked whether their child had experienced any of a list of 10 potentially stressful life events in their lifetime.<sup>6</sup> As Table 4 shows, bereaved children were more likely than other children to have experienced each of the events listed.

*Table 4: Percentage reporting stressful life events by bereavement status*

	Parent/sibling	Friend	Neither
Responding parent or their partner had had a separation due to marital difficulties or broken off a steady relationship	30.7	37.0*	29.6
Responding parent or their partner had had a major financial crisis	17.3*	16.4*	11.8
Responding parent or their partner had had a problem with the police involving a court appearance	5.5	7.8*	4.9
Responding parent or their partner had had a serious physical illness	25.5*	7.4	6.4
Responding parent or their partner had had a serious mental illness	12.1*	10.0*	6.0

<sup>6</sup> As described previously, two of the 10 stressful life events items were used to create our bereavement groups. We focus on the remaining eight items in this section.

Child had a serious illness which required a stay in hospital	22.2*	18.6*	12.6
Child had been in a serious accident or badly hurt in an accident	6.3	7.0*	4.9
Child has broken off a steady relationship with a girl or boy friend (aged 13 or above) <sup>7</sup>	11.6	13.4*	9.5

Note: The percentages presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. \* indicates that the percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less.

In summary, parents of children who had experienced either the death of a parent/sibling or friend were more likely than parents whose children who had experienced neither to report that:

- one parent had had a major financial crisis
- one parent had had a serious mental illness
- their child had had a serious illness which required a stay in hospital.

The levels of serious illness support findings by Worden (1996) that somatic and serious illness were more common among bereaved children than among their non-bereaved peers, especially in the first year after bereavement.

Parents of children who had experienced the death of a friend were more likely than those of other children to report that:

- they or their partner had experienced a separation
- one parent had had a problem with the police involving a court appearance
- their child had been in a serious accident or badly hurt in an accident
- their child had experienced the break-up of a steady relationship.

Finally, parents of children who had experienced the death of a parent/sibling were three-and-a-half to four times more likely than those of other children to report that one parent had had a serious physical illness. Presumably some of these instances of serious illnesses had resulted in the parent's death.

From these findings, it appears that children who had experienced the death of a parent/sibling, in particular, had a higher likelihood of contact with physical and mental illness in their childhoods, whether it was related to their own health or to the health of their parent. Bereaved children were more likely than other children to have faced other forms of turbulence in their lives. These findings support earlier studies which have noted the clustering of multiple stressful life events in children's lives (Ribbens McCarthy with Jessop 2005). More research is needed into the relationship

<sup>7</sup> Parents or carers were only asked this question if the named child was aged 13 or over. This constituted 32 per cent of the sample.

between these events, and the structural and other risk factors which might lead to children facing difficult events in combination.

## What services and supports are available for bereaved children?

Bereavement is a significant life event and children are likely to need extra support at this time. This often comes primarily from family and friends, although studies suggest that many young people do not get to talk to anyone (Ribbens McCarthy with Jessop 2005). Children and families may also access support from professionals, including specialist organisations for bereaved children, a new form of service provision which has emerged over the last 10 to 15 years (Rolls and Payne 2003). In this next section we will examine the relationship between bereavement and support mechanisms that may have been available to the children and young people. We will also explore the extent of children's social abilities and their personal strengths, as possessing these may act as a protective factor when facing distressing situations.

### *Support services*

Parents were asked about who they, or their child, have turned to for support because of worries about their children's emotions, behaviours or concentration in the last year. Parents of children who had experienced the death of a parent/sibling or friend were more likely than other parents to have made contact with at least one type of support, with 37 per cent of children whose parent or sibling had died, and 33 per cent of children whose friend had died having used at least one type, compared with 26 per cent of children who had not experienced the death of a parent/sibling or friend. Table 5 summarises the key types of support contacted.

*Table 5: Types of support contacted by bereavement status*

	Parent/sibling	Friend	Neither
Teacher	23.7*	21.0*	16.3
GP, family doctor or practice nurse	9.5*	6.4	5.0
Child mental health specialist	4.6*	2.3	2.1
Family or close friend	14.9	16.5+	11.3

Note: The percentages presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. \* indicates that percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less, and + indicates that percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .10$  or less.

Children who had experienced the death of a parent/sibling were most likely to have been in contact with a GP, family doctor or practice nurse or child



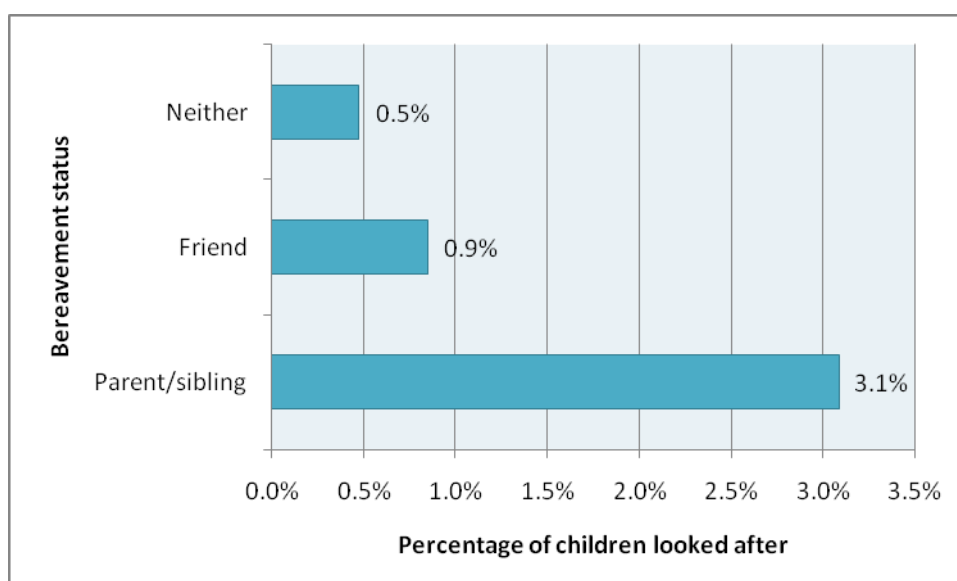
mental health professional (for example, a child psychiatrist or child psychologist). Indeed, they were twice as likely as bereaved children who experienced the death of a friend to be in contact with this latter specialist support. Similar proportions of children bereaved of a parent/sibling and those bereaved of a friend sought the help of teachers. Very few parents (less than 2 per cent in each group) reported that they, or their child, had turned to telephone helplines, self-help groups or the internet for support.

On the whole, children who have experienced the death of a parent/sibling appear to be more likely to access a range of support services than those who have experienced the death of a close friend. Several conclusions could be drawn: professional support is more readily available for children who have experienced the death of a parent/sibling; coping with a death in the immediate family requires more support; or services are less likely to target children who experience bereavements outside of the immediate family. Specialist services for bereaved children are more targeted at family deaths than the death of a friend or peer (Ribbens McCarthy with Jessop 2005). This may be partly because research on the risks associated with bereavement also focuses more on family (especially parental) deaths and it is consequently easier for services – 85 per cent of which are based in the voluntary sector (Rolls and Payne 2003; Rolls and Payne 2008) – to build a convincing case to fund their work with children bereaved of a parent/sibling than those bereaved of a friend.

### **Public care**

Parents were asked if their child had ever spent any time being looked after by social services (see Figure 5).

*Figure 5: Looked after by social services by bereavement status*



Note: The percentages presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. 'Parent/sibling' is significantly different from 'neither' group at  $p < .05$  or less.

Few children overall had spent time being looked after. However, it is important to note that children who were currently in foster care were excluded from the survey, so this only represents children who had been looked after by the local authority at some point in the past but had now returned to their family.

Children who had experienced the death of a parent/sibling were almost three-and-a-half times as likely as children who experienced the death of a friend, and six times more likely than children who experienced neither to have been looked after at some point. These associations may be direct, as children may move into public care following the death of a lone parent, or they may be indirect, suggesting common factors such as domestic violence, poor parental mental health or drug and alcohol use which might increase the risks both of children being taken into care, and of early deaths among family members. As described previously, it appears that the group of children who experienced the death of a parent/sibling were more disadvantaged than the other groups in terms of living in lone parent households, economically inactive households and households where educational attainment was low.

### ***Children's social aptitudes***

In order to establish the extent of children's social abilities, parents were asked to rate how their children acted in social situations, including being easy to chat with, acting graciously when they didn't win or get their own way (a good loser), and knowing what behaviour is appropriate. Each item was rated from 'a lot worse than average' (0) to 'a lot better than average' (4). Parents' responses across the 10 items were averaged to make a composite score.

Bereaved children who had experienced the death of a parent/sibling had lower social aptitude scores than their counterparts; however, the difference between the groups became insignificant when the control variables were included in the model. The data suggested that children who had experienced the death of a parent/sibling were viewed by their parents as less easy to chat with and less aware of what was appropriate in social situations than their peers.

Similarly, related questions on children's friendships revealed that parents of children who had experienced the death of a parent/sibling reported that their children had more difficulty keeping friends that they had made (7.3 per cent) than children who had not experience death (4.9 per cent). In addition, parents of children who had experienced the death of a friend were less likely to approve of their children's friends than parents of children who had not experienced death; they were also more likely to report that their children's friends get into trouble.

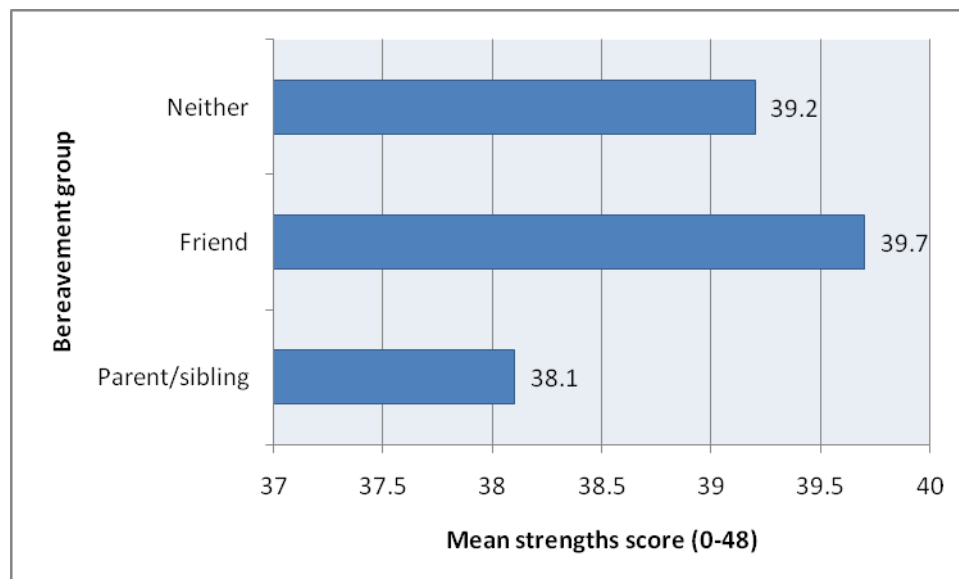
Although not conclusive, the data suggests that bereaved children face some social difficulties – or at least this is perceived to be so by their parents. Notably, children who had experienced the death of a parent/sibling were seen as having less aptitude and ability to keep friends,

and those who had experienced the death of a friend were seen to have a tendency to associate with more troublesome peers.

### **Children's strengths**

Children's strengths are among the factors impacting on their resilience, which can play a key role in protecting them from distressing situations<sup>8</sup>. Parents were given a set of 24 strengths descriptions and asked to rate whether or not they applied to their child. Response categories were 'no' (0), 'a little' (1) or 'a lot' (2). A summary score in the range of 0 to 48 was then calculated for each child by summing the responses to the 24 items (see Figure 6).

Figure 6: Strengths scores by bereavement status



Note: The means presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. 'Family' is significantly different from 'neither' group at  $p < .05$  or less.

On the whole, parents of children who had experienced the death of a parent/sibling reported fewer strengths among their children than other parents did. Notably, parents of children who had experienced the death of a parent/sibling were less likely to report that their children were:

- interested in many things
- good at schoolwork
- good at sport
- good with friends
- well-behaved.

<sup>8</sup> The literature tends to refer to resilience rather than children's strengths, and resilience may be broader than children's individual 'strengths'. See Hoggety and others (1994), Walsh and McGoldrick (1998), Melvin and Lukeman (2000), Ribbens McCarthy (2006a), Stokes (2007).

The findings from this section on children's support and strengths suggest that about a third of bereaved children had been in contact with a teacher, medical staff or a child mental health professional over the last year over concerns about the child's emotions, behaviour or concentration difficulties. Children who had experienced the death of a parent/sibling appeared to be more likely than children who had experienced the death of a friend to have been in contact with GPs or other medical staff and child mental health specialists. This could include specialist childhood bereavement services, which earlier studies have suggested are more likely to be available to children and young people bereaved of a parent or sibling (Ribbens McCarthy with Jessop 2005). Further research is needed so as to understand the reasons for lower take-up of specialist services among children who had experienced the death of a friend relative to parent/sibling.

Children who had experienced the death of a parent/sibling were more likely to be have spent time being looked after by the local authority.

Children who had experienced the death of a parent/sibling had more difficulty making friends and were rated as having fewer strengths than their peers. If these children experienced the death of their primary caregiver, these findings could be due to the fact that the parent who responded to the survey was less aware of their social behaviour or strengths. Or it may be attributable to the fact that parents themselves are grieving, which may negatively bias their views of the children's strengths (Fleming and Balmer 1996). However, other writers suggest that parents may underestimate their children's level of distress (Ribbens McCarthy 2006b). Of course, the findings may also be an indication of the difficulties faced by bereaved children.

## Do bereaved children participate in school and activities to the same extent as their peers?

Experiencing bereavement may impact upon a child's participation, concentration and behaviour at school, and also their ability and willingness to participate in activities outside of school (Rowling 2003). This section highlights the associations between bereavement and school attendance and participation in clubs both in school and outside of school.

*Table 6: Percentage of children who changed schools and were excluded by bereavement status*

	Family	Friend	Neither
Child ever changed schools	24.3*	23.4*	17.9
Child ever been excluded from school	3.1*	2.9*	1.8

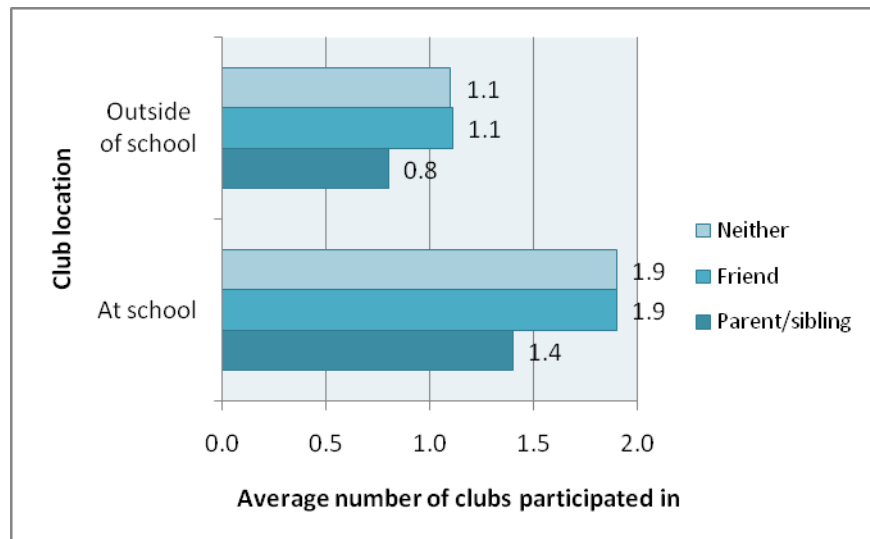
Note: The percentages presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. \* indicates that the percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less.

As seen in Table 6, bereaved children – regardless of whether a parent/sibling or friend had died – were more likely than children who have not experienced death to have changed schools or to have been excluded from school. This suggests that there is a link between bereavement and exclusion, although it is not possible using this data to determine causality.

### ***Participation in clubs in school and outside of school***

In the young person interviews, 11- to 16-year-olds were asked about the clubs and groups (such as play schemes, sports clubs, youth clubs and voluntary groups helping people) that they had been involved with in the last 12 months, choosing from a list of 18 clubs which took place at school and 14 clubs which took place out of school.

*Figure 7: Club participation in school and outside of school by bereavement status*



Note: The means presented in this table have been adjusted for child sex and ethnicity and parent sex, educational attainment and mental health; 11-16-year-olds only. 'Parent/sibling' is significantly different from 'neither' group at  $p < .05$  or less.

As show in Figure 7, children who had experienced the death of a parent/sibling were the least likely to participate in any clubs in **and** outside of school. On average, children who experienced family death had attended 1.4 in-school clubs compared to 1.9 for other young people. In particular, children who experienced the death of a parent/sibling were less likely to participate in sports clubs or teams, school or student councils, and computer clubs or groups.

Outside of school, young people who experienced the death of a parent/sibling participated in an average of 0.8 groups compared to 1.1 for other children.

This section examined children's participation in school and in clubs. The data revealed that bereaved children – regardless of who had died – were more likely than other children to have experienced exclusion. While we cannot know whether one experience causes the other; we do know that

bereaved young people report being bullied as a direct result of bereavement (Cross 2002; Rolls and Payne 2007) and that some experience difficulties with concentration and performance (Worden 1996) that may affect their behaviour and risk of exclusion. Bereaved children were also more likely to have changed schools: for those who had experienced the death of a parent/sibling, a change in family income may have necessitated a move, but this would not explain why young people who had experienced the death of a friend were more likely to have changed schools. Similar to the findings on stressful life events, these findings suggest that bereaved children face a great deal of turbulence in their lives.

In terms of participation, young people who experienced the death of a parent/sibling were less likely to participate in activities and clubs both in and outside of school relative to their peers. Young people were asked to identify any barriers they faced to participation and these items revealed very little additional information except that these young people were more likely than others to report that they 'did not want to' participate in clubs. Given the levels of anxiety among this group (see below), it may be that they – or their families – did not want to be separated for longer than necessary. This finding merits further exploration with young people.

### **Are bereaved children more likely to have a clinical mental disorder or engage in problem behaviour relative to their peers?**

The death of a parent/sibling or close friend can have varying emotional and behavioural consequences for children. The next section explores the relationship between bereavement and the diagnosis of mental disorders. It also examines links between bereavement and parent's and children's own reports of problem behaviour.

The prevalence of mental disorders was based on clinical evaluation of data collected from the interviews with parents, children and teachers. We were able to examine whether children experienced any mental disorder, which includes emotional disorders (such as anxiety, depression), conduct disorders (for example, oppositional defiance disorder, unsocialised and socialised conduct disorder) and other less common disorders.

Although the prevalence of mental disorders was relatively low across the sample, bereaved children were approximately one-and-a-half times more likely than other children to be diagnosed with 'any' mental disorder (see Table 7). See the table below for percentages of children who exhibited anxiety, depression and any conduct disorder.

*Table 7: Percentage mental health disorders by bereavement status*

	Parent/sibling	Friend	Neither
Any mental disorder	11.2*	10.1*	6.8
Any anxiety disorder	3.7+	2.9	2.2

Any depressive disorder	.3	.4	.4
Any conduct disorder	5.5+	5.8*	3.6

NB: The percentages presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. \* indicates that the percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less, and + indicates that percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .10$  or less.

Children who had experienced the death of a parent/sibling were somewhat more likely to be diagnosed with an anxiety disorder than those who experienced neither the death of a parent/sibling nor a friend. In particular, these children were more likely to be worried about bad things happening to others than other children were. This supports previous studies which have found that bereaved children and young people are more likely to be anxious about the safety of surviving relatives and of themselves (Worden 1996).

The prevalence of clinical levels of depression was extremely low and did not vary depending on bereavement status. Nevertheless, parents of children who experienced the death of a friend were more likely to report that their child had been very sad, miserable, unhappy or tearful in the last four weeks: 39.7 per cent of children who experienced the death of a friend, compared with 25.0 per cent who experienced the death of a parent/sibling and 27.3 per cent who experienced neither were likely to have felt extreme sadness in the last four weeks.

Finally, children who experienced the death of a friend and, to a lesser extent, the death of a parent/sibling were more likely than those who experienced neither to be diagnosed with a conduct disorder.

It appears that mental health disorders are more prevalent among bereaved children than non-bereaved children. What we cannot discern is whether these children had the disorders prior to their loss or if these mental health problems are a result of bereavement.

We did not find significant levels of clinical depression among the bereaved children in our sample. Some previous studies have found such links but the associations are complex and sometimes contradictory, partly because of methodological differences (Ribbens McCarthy with Jessop 2005). Clinical depression is a fairly severe diagnosis, which the children in our sample clearly did not meet. However, analysis of some of the common symptoms of depression revealed that children who experienced the death of a friend were more likely than other children to have been very sad or unhappy in the recent past.

Surprisingly, children who experienced the death of a parent/sibling were reported to have similar – or even lower – levels of sadness to the non-bereaved sample. As we do not know when the bereavement occurred, we cannot determine whether children who experienced the death of a friend were more recently bereaved than those who experienced the death of a

parent/sibling, or if children who had experienced the death of a friend were also experiencing other events in their lives that made them sad. It is possible that parents who are grieving themselves may underestimate their children's levels of distress (Ribbens McCarthy 2006b). A further possibility is that parents of children and young people who had experienced deep distress at some point might be less likely to rate them as being very sad in the last four weeks, as they have a different view of extreme sadness against which to benchmark the last month.

### ***Problem behaviour***

Previous studies have found bereaved young people to be at greater risk of poor health behaviours and involvement in offending behaviour (Sweeting and others 1998; Vaswani 2008). In this section of the report we will look at the rates of smoking, drinking, drug use and problem behaviour among bereaved children compared to other children. Data for these questions was only collected from young people aged 11 to 16 and was entered by young people via a self-completion questionnaire on a laptop.

### **Smoking, drinking and drug use**

The self-completion element for 11- to 16-year-olds included questions about smoking cigarettes, using alcohol and experience with drugs. For the present study, we examined the percentage of young people who reported being regular smokers, being regular drinkers and using cannabis at least once a month.

Although a small proportion of the sample reported using substances, we did reveal some significant differences between the groups (see Table 8).

*Table 8: Percentage substance use by bereavement status*

	Family	Friend	Neither
Smoker	12.5	14.2*	8.4
Regular drinker	15.8+	15.8*	9.7
Uses cannabis at least once a month	6.7	5.7*	3.4

Note: The percentages presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. \* indicates that the percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less, and + indicates that percentages of the respective bereavement group are significantly different from the 'neither' group at  $p < .10$  or less.

The data indicates that young people who had experienced either the death of a parent/sibling or the death of a friend were more likely than other young people to be a regular drinker and to have tried cannabis. Young people who had experienced the death of a friend were also more likely to be regular or occasional smokers and to use cannabis at least once a month.



As with the other analyses, we cannot determine directionality of the findings, but it may be that some bereaved young people turn to substances to cope with their losses.

### ***Troublesome behaviour***

In face-to-face interviews, 11- to 16-year-olds were asked about behaviour that sometimes gets young people into trouble with their parents, teachers or other adults. For each item, young people indicated whether they had engaged in the behaviour in the past year, with answers ranging from 'no' (1) to 'definitely' (3).

Although levels of engagement relating to levels of troublesome behaviour were fairly low, on the whole, bereaved young people tended to report engaging in more acts of troublesome behaviour than other young people (see Table 9). In particular, young people who had experienced the death of a friend were more likely than young people who have not experienced death to engage in minor troublesome acts such as staying out later than they are supposed to, staying out all night and truancy. These differences were rather small, albeit statistically significant.

*Table 9: Troublesome behaviour by bereavement status*

	Parent/sibling	Friend	Neither
In the last year stayed out later than supposed to – M (SD)	1.7 (.8)	1.8 (.8)*	1.7 (.8)
In the last year stayed out all night without permission – M (SD)	1.2 (.5)	1.2 (.5)*	1.1 (.3)
In the last year played truant – M (SD)	1.3 (.6)	1.3 (.7)*	1.2 (.5)

Note: The means presented in this table have been adjusted for child age, sex and ethnicity and parent sex, educational attainment and mental health. \* indicates that the means of the respective bereavement group are significantly different from the 'neither' group at  $p < .05$  or less.

Across a range of outcomes, bereaved children and young people exhibited higher levels of problem behaviour than those who had not experienced the death of a parent/sibling or friend. Young people who had experienced the death of a friend were more likely to engage in externalising or 'acting out' behaviours, including substance use and staying out late. They were also more likely than other children to exhibit clinical levels of conduct disorder. Interestingly, the parents of these children reported that they were less likely to approve of their children's friends and that these friends were more likely to get into trouble than parents of other children. There was also a trend for children who had experienced the death of a parent/sibling to display more emotional problems, notably anxiety, and to drink more than their counterparts. Thus, while bereavement is associated with problem behaviour, the type of behaviours exhibited by children and young people varied according to who had died.

## Summary

The present study aimed to explore the background characteristics, experiences and outcomes of bereaved children using a nationally representative sample of 5- to 16-year-olds living in Great Britain. We were able to examine the differences between children who experienced the death of a parent or sibling and those who experienced the death of a friend.

We organised our analysis around six key research questions and briefly summarise our findings below.

- 1. Within a nationally representative sample of children and young people, what percentage had experienced the death of a friend or parent/sibling? Across the sample, 9.5 per cent of children (n=739) were reported to have experienced either the death of a parent/sibling or a friend or both. In more detail, 3.5 per cent of children and young people had experienced the death of a parent or sibling, and 6.3 per cent had experienced the death of a friend. Among these children, a very small percentage (0.3 per cent) had experienced both types of death.*
- 2. What are the background and family characteristics of children who had experienced the death of a parent, sibling or friend? Do they differ from the wider sample of children and young people? Bereaved children had different background and family characteristics to the larger sample of children who had not experienced the death of a parent, sibling or friend. In brief, 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. Children who had experienced the death of a friend were more likely to be girls, to come from separated or divorced families and have parents with higher levels of mental health problems than their peers. Bereaved children were older than children who had not experienced the death of a parent/sibling or friend, presumably because the risk of experiencing a death increases as a child gets older.*
- 3. Have bereaved children experienced other stressful events in their lives to a greater extent than children who have not experienced the death of a parent, sibling or friend? Yes, parents of bereaved children – regardless of who had died – were more likely than other parents to report that their children had experienced certain other stressful events at some point in their lives (this could have been before or after the death). These events were: one parent had had a major financial crisis; one parent had had a serious mental illness; and the child had a serious illness which required a stay in hospital. Parents of children who had experienced the death of a friend were more likely than other parents to report that: they had experienced a*

separation; one parent had had a problem with the police involving a court appearance; the child had been in a serious accident or badly hurt in an accident; and the child (13 years of age and older) had experienced the break-up of a steady relationship. Finally, parents of children who experienced the death of a parent/sibling were three-and-a-half to four times more likely than other parents to report that one parent had had a serious physical illness. Bereaved children had experienced significant levels of stressful events in their lives.

4. *What services and supports (formal and informal) are available for bereaved children? Do these differ depending on whether children experienced the death of a parent/sibling or friend?* Findings revealed that children who had experienced the death of a parent/sibling were more likely than other children to have been in contact with specialist medical or mental health services over the last year for concerns over emotions, behaviour or concentration difficulties. These children were considerably more likely than other children to have been looked after by the local authority at some point. Their parents rated them as having somewhat lower social capabilities and fewer strengths than their peers. Parents of children who experienced the death of a friend approved less of their children's friends than other parents and were more likely to report that their children's friends got into trouble.
5. *Do bereaved children participate in school and activities to the same extent as their peers?* Bereaved children were more likely to have changed schools and been excluded at some point in their pasts relative to other children. In terms of participation in clubs and activities in and out of school, children who had experienced the death of a parent/sibling were least likely to participate in these activities. The reasons for the barriers to their participation were not evident.
6. *Are bereaved children more likely to have a clinical mental disorder or engage in problem behaviour relative to their peers?* Yes, but the types of problems seemed to vary depending on who had died. Children whose parent or sibling had died were somewhat more likely than other children to have problems with anxiety and drinking. On the other hand, 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.

The findings from the present study suggest that bereaved children face significant challenges, although their experiences and outcomes varied depending on who had died.

***Summary of findings on children reported to have been bereaved of a parent or sibling***

Children who were reported by their parents to have been bereaved of a parent or sibling were more likely than the other two groups (those bereaved of a friend or those not bereaved of a parent, sibling or friend) to have a father respond to the survey and to have an older parent. They were less likely than other children to live in married households and – not surprisingly - more likely to live in widowed households. They were more likely than the other two groups to live in a household where the head had no qualifications, households experiencing long-term unemployment and economically inactive households. They were most likely to reside in households with low earnings (that is, less than £300 per week).

Parents of these children were more likely to report that they (the parent) slept badly, felt unhappy or depressed, that at some point in the child's life they or a partner had had a major financial crisis or serious mental illness, or that the child had had a serious illness than parents whose children hadn't experienced the death of a parent, sibling or friend. They were more likely than parents of the other two groups to report that one parent had had a serious physical illness.

Parents of children who had been bereaved of a parent or sibling were more likely than parents of the other two groups to have made contact with medical or mental health professionals during the last year about concerns over their child's emotions, behaviour or concentration, and were more likely than parents of children who hadn't been bereaved to have sought the help of a teacher. Children bereaved of a parent or sibling were three-and-a-half times as likely than children bereaved of a friend, and 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.

Parents reported these children as having lower social aptitudes and strengths than the other two groups. Their parents were more likely than parents of children not bereaved of a parent, sibling or friend to report that the children had difficulty in making friends.

Children and young people whose parent or sibling had died were more likely than children who hadn't experienced the death of a parent, sibling or friend to have changed schools or been excluded. They were less likely than the other two groups to participate in clubs, both in and out of school.

***Summary of findings on children reported to have been bereaved of a close friend***

Children who were reported by their parent to have been bereaved of a friend were more likely than the other two groups (those bereaved of a parent/sibling, and those not bereaved of a parent, sibling or friend) to be white, female, identified by a mother rather than a father responding to the survey, and living with a lone parent.

Parents of these children were more likely than those of the non-bereaved children to report that they or their partner had had financial problems, that

they or their partner had had serious mental illness, and that the child themselves had had a serious illness requiring a stay in hospital. They were more likely than parents of the other two groups to report that they had separated from their partner, that they or their partner had had a problem with the police, or that they had mental health difficulties.

Children who had experienced the death of a friend were more likely than the other two groups to have friends of whom their parents disapproved, or friends who got into trouble.

They were more likely than children not bereaved of a parent, sibling or friend to live with parents with no educational qualifications and parents who are economically inactive, as well as to have changed schools or to have been excluded. They were more likely than the other two groups to display problems in their conduct, use substances and engage in troublesome acts.

Parents who reported their child had been bereaved of a friend were less likely than those who reported that their child had been bereaved of a parent/sibling to have been in contact with medical or child mental health specialists over the last year, but they were more likely to report that their child had been very sad or unhappy in the recent past.

## Conclusion

Using nationally representative data of children in Britain, the present study found many significant associations between childhood bereavement and children's and young people's experiences and outcomes. Our findings also examined differences between bereaved children who had experienced the death of a parent/sibling and those who had experienced the death of a friend. We reviewed the findings in the previous section; thus in this final section we will examine directions for future research and implications for policy and practice in light of our findings.

The present study built on previous research in several ways. First, the data was nationally representative, which enabled us to provide an accurate assessment of the prevalence of bereavement among 5- to 16-year-olds in Britain. Second, the data included a range of variables examining children's background characteristics, their experiences and their outcomes, notably mental health. Finally, the data permitted assessment of any differences in the experiences and outcomes of children who experienced the death of a parent/sibling relative to those who experienced the death of a friend.

### *Future directions for research*

While the present study was informative, we hope that future research will provide a more sophisticated examination of the influence of bereavement on children's and young people's well-being.

First, collecting more nuanced assessments of children's experiences of bereavement would be a useful addition to the data, including details on the timing of bereavement in children's lives as well as more specific information on who died. Information on the former would enable researchers to examine if the associations between bereavement and children's outcomes vary depending on the timing of bereavement in their lives as well as whether some of the unfavourable outcomes associated with bereavement attenuate over time. This information could greatly help to inform practice. Details on the latter would help to determine whether children had experienced the death of a parent **or** of a sibling. Further details on the quality of the relationships between children and the person who died would also be useful. As pointed out by Ribbens McCarthy with Jessop (2005) there is a need for more qualitative research – over a long time – with young people about the meaning and significance of particular deaths in their lives.

Second, longitudinal data would help to determine causality and directionality; that is, whether bereavement tends to lead to various events and outcomes; whether the various outcomes and events make people more susceptible to death; or whether other factors, such as social class, are jointly linked to both bereavement and outcomes. There is a second wave of data that could be used in future analyses to tease out some of these issues.

Third, future work could usefully explore further the impact on children's lives of the death of a friend.

Finally, future studies could use more sophisticated analysis, such as matching procedures, to get a sample of non-bereaved children and young people with quite similar potentially confounding characteristics to the group of bereaved children and young people, as William Worden (1996) did with the Harvard Child Bereavement Study. These types of techniques would enable us to determine with more confidence the difference between the various groups.

### ***Future directions for policy and practice***

We hope that this research will help to inform discussions about how to provide appropriate support to children and young people who have experienced bereavement.

In particular, the study brings a new spotlight onto the experiences of those bereaved of a friend. Findings confirmed earlier studies which suggested that services are more readily available to children and young people bereaved of a parent or sibling (Ribbens McCarthy with Jessop 2005) and this study may help to convince policy-makers and funders that this group also faces significant difficulties which could be helped by a range of services.

The study also highlighted differences between the experiences and outcomes of those bereaved of a parent/sibling and those bereaved of a friend. This will help to inform the design of services and interventions which are tailored to different bereavement experiences.

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