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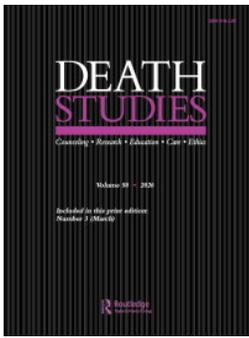
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## “You feel alone in the world”: Support experiences of parentally bereaved children – A constructivist grounded theory

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### ABSTRACT

In the UK, a parent dies every 22 minutes, significantly affecting children’s mental health, education, and social well-being. Yet little is known about children’s lived experiences of bereavement and support. Developed with public involvement, this qualitative study employed constructivist grounded theory. In-depth virtual interviews were conducted with eleven parentally bereaved children aged ten to eighteen. Iterative data analysis used the constant comparative method. Analysis constructed five themes: (1) What helps, (2) Talking on your terms, (3) A tornado of emotions, (4) Difficulties accessing support, and (5) Stepping up at home. Participants reported value when involved in family matters but often concealed emotions to protect others. Friendships were strained, and participants felt forgotten and pressured to “move on” over time. Some children struggle to discuss parental death for fear of burdening others. Greater societal awareness and sustained, sensitive support are vital to navigate life without a parent.

### Introduction

Within the United Kingdom (UK), 127 children are bereaved of a parent each day (Childhood Bereavement Network, 2022). A parental death causes radical change for a child (Worden, 1996). The consequences within the family and home will be the most fundamental loss they will experience, altering the core of their existence (Silverman, 2000; Worden, 1996). Children who experience the loss of a parent describe the sense of loss as a *heavy cross to bear*; daily life acts as a constant reminder of their loss (Dyregrov & Dyregrov, 2008).

Parental death in childhood is associated with a range of outcomes, including poorer mental health, emotional and behavioral difficulties, and lower school attainment (Kailaheimo-Lönnqvist & Erola, 2020; Kaplow et al., 2010; Van den Berg et al., 2017). These associations vary by the child’s age, developmental stage, and the suddenness of the death (Kailaheimo-Lönnqvist & Erola, 2020; Van den Berg et al., 2017). Younger children may struggle to understand the permanence of death, while adolescents often experience heightened emotional distress alongside challenges in identity formation and social functioning (Kaplow

et al., 2010). Despite this evidence, little is known about how these contextual factors influence children’s coping strategies, educational engagement, and social support following parental bereavement.

This experience is echoed globally: 1 in 12 children in the United States lose a parent or sibling before age 18 (Judi’s House/JAG Institute, 2022), and similar trends are seen in Australia and other high-income countries. Despite this prevalence, grief education and support systems remain underdeveloped internationally, leaving many bereaved children without the guidance, support and resources they need (Australian Centre for Grief and Bereavement, 2020; Dawson et al., 2023).

Following a parental death, how children react and cope is closely related to how their surviving parent is acting and coping (Kaplow et al., 2010; Worden, 1996). Drawing on a family systems perspective, children’s grief cannot be understood in isolation from family relationships and dynamics. Children require support, nurturance, and continuity, which can be difficult for a grieving parent to provide (Worden, 1996), and this often affects parent-child roles and

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responsibilities (Dyregrov & Dyregrov, 2008). Parents are not always sure how to support their children or whether their actions are right (Dyregrov & Dyregrov, 2008). Children are also unsure of how to behave and may avoid talking about their problems or suppress their emotions in order to protect their surviving parent (Bergman et al., 2017; Wray et al., 2022). Although parents and children often put effort into protecting each other (Dyregrov & Dyregrov, 2008) such protection may result in both being unable to provide or receive the support they require (Wray et al., 2022).

A UK study with children living with parental life-limiting illness found that children have agency and want to be actively engaged and enabled to have a role supporting their family (Marshall et al., 2022). However, systematic reviews in this field have largely focused on the roles of health and social care professionals in supporting families when a parent has a terminal illness and around the time of death (Bergman et al., 2017; Dawson et al., 2023; Wray et al., 2022). Few have examined how children and surviving parents are supported following parental death, or how informal networks and communities can contribute to this (Wray et al., 2025).

Following a death, timely social support is strongly associated with positive psychosocial outcomes (Hibberd et al., 2010). However, many bereaved people, children included, do not receive the quality or quantity of social support they would like, either emotionally or in terms of access to services (Aoun et al., 2015; Bergman et al., 2017; Wray et al., 2025). A systematic review exploring factors which could help or hinder the provision of such support found a range of factors that shape the provision of bereavement support, including characteristics of the bereaved, attributes of the deceased, and traits of the potential supporter, emphasizing the complex interplay of psychological, relational, and contextual factors that influence whether individuals recognize distress and choose to respond supportively (Logan et al., 2018). This growing body of evidence underscores the need for further research into grief-related social norms and supportive practices, incorporating the perspectives of both support givers and recipients, to enhance the community's capacity to provide responsive and inclusive bereavement support (Harrop et al., 2021; Logan et al., 2018; 2018).

In response to the identified gap in bereavement support, and the limited empirical evidence on how children experience and navigate grief (Harrop et al., 2022; Wray et al., 2025), this study aimed to explore

the support experiences for children and their surviving parent following the death of a parent.

## Methods

The study was guided by Constructivist Grounded Theory (CGT) methodology (Charmaz, 2014). CGT emphasizes the social construction of knowledge, highlighting the multiple perspectives of reality in a complex social world (Charmaz, 2014). Through the co-construction of meaning between researcher and participant, CGT is well suited to exploring phenomena about which little is known, such as children's experiences following the death of a parent (Charmaz, 2014; Harrop et al., 2022; Wray et al., 2022; 2025). CGT provided a systematic framework for theoretical sampling, iterative analysis, and theory generation grounded in participants' experiences (Charmaz, 2014).

## Patient and public involvement

Public involvement was integral to the study and included two groups: a Young Persons Advisory Group (YPAG) and a bespoke group of bereaved children and parents with lived experience (four mothers, one father, and five children). The YPAG informed early considerations of research with children, while the bereaved families shaped the sensitivity and appropriateness of the study. They contributed to decisions regarding interview design, flexible participation options, the development of the distress protocol, and refinement of participant materials. This involvement reflects the 'Collaborate' level of the NIHR UK Standards for Public Involvement, with families working alongside the lead researcher throughout design, ethical planning, recruitment, and dissemination (National Institute for Health Research, 2019).

## Participants

Recruitment flyers were distributed via social media and through third-sector bereavement organizations, including bereavement charities and hospices. Children aged ten to eighteen who had experienced the death of a parent at least three months prior were eligible. Purposive sampling was initially used to secure maximum diversity of experience. Surviving parents were recruited first and invited to share study information with their children. Parents provided written informed consent, and children independently decided whether to take part and provided written assent. A total of  $N=11$  participants took part in the study.

### **Ethical considerations**

Institutional ethics approvals were obtained. Interview transcripts were pseudonymised (Charmaz, 2014) and all necessary data protection procedures were observed to protect participant's confidentiality. Prior to the interview, the study was explained verbally to both parents and children and provided with age-appropriate information sheets (Appendix 1, supplementary material). Parents gave written informed consent and child participants provided written assent. Eligibility criteria required that participants had been bereaved for a minimum of three months prior to interview. Following consent, all children participated with a 'get to know me session' with the researcher prior to interview. Due to the sensitivity of the topic, the children were assured that they could decline to answer any question and stop the interview at any time (as per the distress protocol Appendix 2, supplementary material). Following the interview, the interviewer checked the participants wellbeing and all participants were provided signposting to access further support.

### **Data collection**

Semi-structured interviews were used to collect rich, in-depth data. A semi-structured topic guide (Appendix 3, supplementary material) informed by the literature and public involvement group was used to guide all interviews. All interviews were conducted virtually using the Zoom platform by the first author (AW), a nurse with no prior relationship to participants.

Because interviews took place in children's homes, the use of Zoom may have influenced the data. Virtual interviews can offer comfort, flexibility, and accessibility for young people; however, they may also introduce privacy challenges, including the possibility of being overheard by family members or constrained by the home environment, which may affect openness or emotional expression (Archibald et al., 2019; Lobe et al., 2020). Issues such as interruptions or limited control over the digital setting may also shape the depth of disclosures (Dodds & Hess, 2021).

### **Data analysis**

Interviews were transcribed verbatim, pseudonymised and organized using NVivo 12 software (NVivo, 2018). Analysis followed the iterative processes of CGT. Using constant comparison, open coding with gerunds was applied to the earliest transcripts to identify actions within participants' accounts and highlight

areas requiring further exploration. Focused coding involved examining relationships, similarities, and differences across emerging concepts and comparing these with new data. Theoretical coding then integrated related concepts into higher-order categories, explored until theoretical saturation was reached (Charmaz, 2014).

To ensure rigor, credibility and trustworthiness, AW independently coded all interview transcripts. These coded transcripts were independently reviewed and discussed with coauthors (CW, FEM and JWB) to resolve differences and reach consensus. Reflexive and analytical memos enhanced the theoretical sensitivity, capturing initial reactions and ideas about the research process, data and emerging codes, including their meaning and relationship to one another (Charmaz, 2014). Constant comparison involved exploring the similarities and differences between codes and categories from multiple sources of data, facilitating the validation of the researchers interpretations of emerging categories from participants to ensure findings were grounded in their data (Charmaz, 2014). Subsequently, findings were member checked with participants and public involvement members which allowed verification of data and ensured saturation of categories (Charmaz, 2014; Lincoln et al., 1985).

### **Results**

Eleven participants (six daughters and five sons), all White British and aged between 10 and 18 years, were recruited between September 2021 and April 2022; they had experienced bereavement between three months and seven years prior to interview, following either expected ( $n=5$ ) or unexpected ( $n=6$ ) deaths. For this study, expected deaths were those preceded by a known terminal illness, whereas unexpected deaths were sudden or unanticipated, such as accidents or acute medical events. The interviews were recorded and lasted between 24 and 69 minutes, with a mean duration of approximately 47 minutes. Further details can be found in Table 1. All children chose to be interviewed alone.

Analysis of the children's data yielded 26 themes which were theoretically coded into five broad categories: (1) what helps, (2) talking on my terms, (3) dealing with a tornado of emotions, (4) difficulties gaining support, and (5) stepping up to help at home, all describing their experiences of support following parental death. Table 2 provides relevant quotes to support the findings under each of these categories, and the themes are elucidated below:

**Table 1.** Participant demographics

Characteristic	Children (n=11)	Parents (n=17)
Sex	Male: 5; Female: 6	Male: 7; Female: 10
Ethnicity	White British: 11	White British: 16; White Welsh: 1
Age (Children)	10 (n=1), 11 (n=2), 12 (n=1), 13 (n=1), 15 (n=3), 17 (n=2), 18 (n=1)	—
Time since bereavement	0–1 yr (n=1), 1–2 yrs (n=4), 2–3 yrs (n=1), 3–4 yrs (n=2), 6–7 yrs (n=2), 7–8 yrs (n=1)	0–1 yr (n=3), 1–2 yrs (n=5), 2–3 yrs (n=4), 3–4 yrs (n=2), 4–5 yrs (n=1), 6–7 yrs (n=1), 7–8 yrs (n=1)
Cause of death	Cancer: 5; Cardiac: 2; Brain haemorrhage: 2; Suicide: 1; Covid-19: 1	Cancer: 10; Cardiac: 2; Brain haemorrhage: 1; Road traffic: 1; Suicide: 2; Covid-19: 1
Recruitment source	Parents saw flyer: 11	Twitter: 11; Facebook: 1; Charity: 2; Hospice: 3

### What helps

Children emphasized the importance of being involved in family matters following their parent's death, particularly in decisions surrounding funeral attendance and viewing the body. Those who participated in these experiences, though emotionally difficult, found them beneficial in accepting the reality of their loss. Conversely, those who were excluded or given limited information struggled with uncertainty, often imagining scenarios worse than reality.

Participants valued acknowledgement and care from those around them, appreciating acts of kindness, emotional support, and reassurance that their grief was valid and recognized. Stability and normalcy were essential coping mechanisms. Many found returning to school soon after the death helpful, providing structure and distraction. However, others needed time to process their emotions before reintegrating into a routine. Many children found that school was often challenging, as they felt different from their peers and struggled to fit in.

Supportive teachers played a crucial role in easing the transition back to school. Children appreciated when educators showed understanding, made accommodations for their emotional struggles, and were flexible with academic expectations. However, some felt that the support they initially received faded over time, leaving them to manage their grief alone.

### Talking on my terms

Open and honest communication was essential for children to process their grief. Participants wanted detailed explanations of what had happened, followed by ongoing opportunities for discussion as they navigated their emotions. Avoiding conversations or withholding information led to distress and confusion.

However, children frequently encountered discomfort from those around them when discussing their bereavement. Some adults struggled to engage in conversations about grief, leading to avoidance or awkward interactions. Participants could sense when people were uneasy, which made them reluctant to bring up their feelings. They described supportive listeners as those who were non-judgmental, confidential, and emotionally present.

Although children wanted to talk about their loss, they preferred to do so on their own terms. Many found it easier to confide in individuals who had experienced similar grief, as they were more likely to understand their emotions. However, even well-intentioned adults sometimes lacked the emotional intelligence to navigate these discussions. Despite this, most children were accepting of those who said the wrong thing, recognizing that their intention was to help.

### Dealing with a tornado of emotions

Losing a parent had a profound emotional impact, with children experiencing a range of feelings, including sadness, loneliness, guilt, and shame. Some felt different from their peers, describing a sense of being permanently changed by their loss.

A major challenge was the pressure to regulate emotions in social settings. Many children concealed their grief to avoid burdening friends or family members. Some feared that openly expressing their emotions might drive friends away, while others worried about upsetting their surviving parents. Several participants were praised for “staying strong,” reinforcing the belief that suppressing their grief was expected. This led to emotional exhaustion and, in some cases, feelings of isolation.

A significant concern was the fear of losing their remaining parent. Having already experienced a major loss, participants became acutely aware of the fragility of life. This fear influenced their outlook, making some more motivated to succeed, while others became disengaged from school and social activities.

Family dynamics also influenced grieving styles. Children found that even within the same household, grief was experienced differently, which sometimes created tension. Some struggled with the helplessness of witnessing their surviving parent's sorrow. While seeing a parent cry helped normalize emotions, prolonged distress was overwhelming.

### Difficulties gaining support

Many children felt isolated in their grief, believing that no one could truly understand what they were going

**Table 2.** Supporting quotes for each of the themes.

Main categories	Sub-themes	Supporting quotes
1. What helps	<p>a. <i>Being involved in what is going on.</i></p> <p>b. <i>Wanting to feel cared for. Needing stability and normality.</i></p> <p>c. <i>Needing distraction.</i></p> <p>d. <i>People who have been through it understand.</i></p> <p>e. <i>Remembering them.</i></p>	<p>"My friend, she would just like, listened, and she doesn't look uncomfortable or anything like when I'm talking about my dad she just like talks about it naturally which helps"</p> <p>"I think knowing everything, even if it may hurt I think it's really important because you can make up much worse scenarios in your mind"</p> <p>"I sort of suppressed quite a lot of it so I could have fun with my friends still, because they would still be doing normal like child things, so I sort of wanted to that too"</p> <p>"I just want my friends to be normal like bullying me, make jokes about like, you know, just being normal like I don't want you to be like you know be tiptoeing around me"</p> <p>"The thing that I craved more than ever, was just having someone who's my age to talk to about it, because, it's hard to express yourself in such a way like that to an adult...even some adults weren't emotionally intelligent enough themselves to understand the complex emotions that I was going through at the time"</p> <p>"If you don't have anyone, it is important to speak to someone your age who has been through it, that is really important, because you don't have to worry about their reaction. You can say whatever and they understand"</p>
2. Talking on my terms	<p>a. <i>Needing open and honest communication.</i></p> <p>b. <i>Learning who you can talk to.</i></p> <p>c. <i>People being awkward around you.</i></p> <p>d. <i>Wanting to talk on your terms.</i></p> <p>e. <i>Others knowing about your loss makes it easier.</i></p> <p>f. <i>Accepting people are trying to help.</i></p> <p>g. <i>Realising that talking helps.</i></p>	<p>"I think honestly many people hide it just cause, they feel like, I do have it sometimes with my friend, like I don't want to make them feel uncomfortable"</p> <p>"Once you've lost a parent, everyone wants to be your best friend. Everyone wants to be there for you, and sometimes it's like you just sit there questioning. OK, well who's genuine and who's not"</p> <p>"I needed that time to get over the full thing and be able to speak about it without struggling to do so, and that's why, erm, I can now sort of talk about him, cos I think I've got to that point, and then it makes it easier to do so, and I'm not sort of afraid to do so either"</p> <p>"I was listening in because. I felt like mum, dad, uncle and all the others weren't telling me what was really happening. I felt like they were just like 'oh we, we have to keep this', you know when adults are like 'let me go through your phone', and then you're like 'no it's my phone', they be like, 'oh you're hiding something from me', that's what it's like. It felt like they were hiding something from me"</p> <p>"I don't really talk to them about what's happening in my world, because what happens in my world I want to keep to me"</p>
3. Dealing with a tornado of emotions	<p>a. <i>How it makes you feel.</i></p> <p>b. <i>Everyone is grieving differently.</i></p> <p>c. <i>Struggling seeing your parent cry.</i></p> <p>d. <i>Holding in your emotions.</i></p> <p>e. <i>Being triggered.</i></p>	<p>"I get she needs to cry and everything, but sometimes it's really hard because your mum is like your safety net and if your safety nets crying, it feels weird like it doesn't feel safe erm so it's like sometimes I text my mums' friends and ask them to call her because like sometimes I feel like it shouldn't just all be on my shoulders"</p> <p>"Dealing with your emotions, I think, is accepting that you might have a particular way of grieving and if that's different from someone else that's completely okay, but I think, the one thing that's really important is, if you have a way of grieving you can't then disregard someone else's way of grieving"</p> <p>"I felt really really angry. So, I wanted to like punch something, but I also felt like I just, I couldn't, I was, I couldn't show those emotions that's why I felt like I was trapped in a bubble. And plus, I felt like I was another person"</p> <p>"I don't get upset around other people, I like do it on my own, like just being by myself, and it took me a while, before I got upset around my friends"</p>
4. Difficulties gaining support	<p>a. <i>Doing it on your own.</i></p> <p>b. <i>Lack of understanding from others.</i></p> <p>c. <i>Finding what works for you.</i></p> <p>d. <i>Realising support is not always genuine.</i></p> <p>e. <i>Lack of support because of Covid-19.</i></p> <p>f. <i>People expect you to move on.</i></p>	<p>"you feel like you're alone in the world, like no one else knows what it feels like, just you"</p> <p>"I just pretend like my dad still alive 'cause I just can't deal with the everyone looking at me and the silence. It's so awkward, that's when I just freak out and go red because I can't deal with that, people I think, they get so awkward around it"</p> <p>"A lot of the time you think that people are just asking you because they're nosey, when it's a death, people just want to know what happened, like asking 'How did they die? Oh my God... people are so nosey"</p> <p>"At school I needed a bit more of an understanding... they did offer help and then because I don't really like talking, I didn't take the help, so then I would just continue to be treated as if nothing happened at all...they made me speak to a counsellor for one time to see how it was, and I just told the counsellor how the school weren't helping at all and they just put me into isolation afterwards, because I was apparently talking against the school"</p> <p>"I don't get any warnings anymore, like in year seven, every time we read a book where someone died, my teacher said, you can go outside and you could take a friend. But I haven't had that for like the past three years, they never say that to me anymore. And we had a suicide assembly, I was quite upset in it because the guy said, my dad passed away, so I got a bit upset, but I was sat in a very awkward place, and they said like, if you feel uncomfortable, you can leave, but I was in the middle of the row and there was no way of me getting out without climbing over kids, knocking kids, there was no way of me doing it"</p>
5. Stepping up to help at home	<p>a. <i>It forces you to grow up.</i></p> <p>b. <i>Feeling guilty and worrying about your parent.</i></p>	<p>"I was mainly worried about my mum because like she was really bad and I thought like she would never get better, I thought she would just be inconsolable forever"</p> <p>"I'm the oldest child, so it's like look after your siblings, look after mum and then it's like well what do I do? Am I older than my mum then like, how am I supposed to be on, you know, look after my mum and my siblings or do I let her also look after them? It's just, it's very confusing"</p> <p>"I definitely did grow up a lot more and I think I grew up faster than the lads that I was around"</p> <p>"I definitely felt a lot of pressure, I felt like I needed to do better in school and I felt like I really needed to work hard, because what happens if I'm older, and I lose my partner, and you know, and I need to be financially stable on my own. I think there's a lot of you know, I think there's definitely a lot of fear, with losing a parent"</p>

through. Some lacked a trusted person to confide in and felt they should cope independently. A few acknowledged the stigma surrounding counseling, which deterred them from seeking professional support.

A recurring issue was the lack of understanding from those around them. Some participants found it difficult when others compared their loss to less significant experiences, such as a breakup or the death of an elderly relative. These comparisons invalidated their grief and reinforced feelings of isolation.

School settings also posed challenges. Some children who did not wish to openly discuss their loss found that they were treated as though nothing had happened. Over time, the initial support they received diminished, and they were expected to have “moved on.” However, many children articulated that grief does not follow a set timeline, and events such as anniversaries remained difficult years later.

Older children faced additional pressures, particularly in supporting their surviving parent and siblings. Some felt that they had to suppress their own grief to step up and help manage household responsibilities. Others felt the emotional burden of ensuring their remaining parent was coping, leading to a shift in family dynamics.

The COVID-19 pandemic further exacerbated difficulties in receiving support. Several participants described the negative impact of social isolation during lockdowns, including the inability to physically connect with friends, receive comfort from extended family, or attend traditional mourning rituals.

### **Stepping up to help at home**

Many participants described a shift in family roles following the death of a parent. Before their bereavement, they had been able to enjoy childhood without significant obligations. However, after their parent's death, they took on additional household tasks, provided emotional support for their surviving parent, and, in some cases, cared for younger siblings.

This transition was met with mixed emotions. Some children felt a sense of duty and pride in contributing to the family, while others found the responsibilities overwhelming. Many described a shift in family dynamics, where every member seemed to have “moved up a place” in terms of responsibilities. Participants were acutely aware of the increased burden on their surviving parent and expressed concerns about their well-being, financial stability, and loneliness.

For some, academic motivation increased as they felt pressure to succeed and support their family. Others, however, struggled with schoolwork due to

emotional distress and additional household responsibilities. Regardless of their coping strategies, all participants acknowledged that grief was an ongoing process that would remain with them throughout their lives.

## **Discussion**

Parental death represents a profound and life-altering event for children, precipitating significant emotional, relational, and developmental challenges that extend well beyond the initial loss. While children described moments of helpful support, they also reported significant difficulties in accessing consistent and appropriate support, with many feeling isolated as formal and informal help diminished over time. While parental death is the precipitating event, this study demonstrates that the central challenge for bereaved children lies in the ongoing and evolving nature of their support needs. Consistent with existing literature, children require sustained and flexible support that validates their grief, enables open communication, and adapts to their changing roles within the family over time (Bergman et al., 2017; Dyregrov, 2008; Holland, 2001; Schonfeld & Demaria, 2016). When such support is withdrawn prematurely or constrained by expectations that grief should diminish, children may carry their grief alone, increasing the risk of emotional distress, isolation, and disruption to developmental trajectories (Aoun et al., 2015; Kaplow et al., 2010).

Some of the older children described taking on additional responsibilities at home following parental death, which in some cases increased their academic motivation as they sought to support their surviving parent. Practical constraints of a one-parent household, including high tuition fees and limited financial resources, might restrict opportunities for further education. While some children channeled their grief and responsibilities into schoolwork, others faced barriers that could negatively affect academic attainment, consistent with research showing that parental death is associated with poorer educational outcomes (Bergman et al., 2017; Kailaheimo-Lönnqvist & Erola, 2020; Van den Berg et al., 2017). These findings underscore that children's coping strategies are shaped not only by resilience but also by socio-economic and contextual factors.

This study highlights the socially constructed nature of grief, whereby children's expressions of loss are shaped by cultural norms, relational expectations, and socially sanctioned timelines for mourning (Breen & O'Connor, 2011; Klass et al., 1996; Walter, 2017). Findings reinforce Family Systems Theory

(Bowen, 1978), demonstrating how parental death disrupts family equilibrium, often leading older siblings to assume caregiving roles. This study contrasts with previous studies that suggest gendered caregiving expectations (Jiao et al., 2021), as findings indicate birth order rather than gender shapes caregiving responsibilities. It is crucial to recognize that grief is experienced differently among family members, shaped by age, familial role, and individual coping styles, which in turn influences both the support children perceive and the support they receive. Parents may engage in protective buffering, while siblings, particularly older children may assume caregiving responsibilities, affecting family dynamics and the distribution of support (Dyregrov & Dyregrov, 2008; Kaplow et al., 2010; Worden, 1996). These findings underscore the need for flexible, individualized approaches to bereavement support.

Open communication about parental illness and death emerged as a critical factor in children's grief adaptation. Many parents engaged in protective buffering, often used as a coping strategy with those who are chronically ill, this study found parents withholding information to shield children from distress (Coyne et al., 1990; Helgeson et al., 2017; Wray et al., 2025). However, consistent with other research, findings show that transparent, age-appropriate discussions help children process grief more effectively, reducing anxiety and depression (Holland, 2001; Kaplow et al., 2010; Ribbens McCarthy, 2007). Children who received detailed information about their parent's death reported greater emotional adjustment, aligning with existing literature (Kennedy & Lloyd-Williams, 2009; Søfting et al., 2016). However, not all children experienced communication in the same way: some reported discomfort or preferred to manage their grief privately, highlighting the importance of respecting individual coping styles (Kennedy & Lloyd-Williams, 2009; Søfting et al., 2016). Children who chose to hide their grief, did so for multiple reasons, including protecting family members, avoiding burdening peers, or maintaining a sense of normalcy (Coyne et al., 1990; Wray et al., 2025). These nuanced patterns are illustrated in Table 2, which captures the diversity of children's responses and underscores that engagement with support is highly individual. Where communication was misaligned with children's preferences, needs for clarity, reassurance, and trust could remain unmet, compounding distress. These findings reinforce that open communication is a critical, but not uniformly experienced, form of support in bereavement.

Participation in funerals and death rituals was found to validate children's grief, reinforcing findings

from other studies (Hanna et al., 2021; 2022; Holland, 2001). Children who attended funerals expressed no regrets, and their inclusion helped them integrate loss into their grieving process.

Social support networks were important to children in this study, yet participants described support as diminishing over time. While care was often present immediately following the death, children reported that others appeared uncertain about how long grief should last and gradually withdrew support, assuming they had adjusted. These accounts align with literature describing societal discomfort with prolonged grief and normative expectations that bereavement follows a linear trajectory (Harrop et al., 2021; Logan et al., 2018). Tonkin's (1996) model of growing around grief helps explain this mismatch, highlighting that grief remains present over time even as individuals continue to develop (Tonkin, 1996).

Consistent with previous studies, children described feeling forgotten and pressured to "move on," particularly in school and peer contexts (Harrop et al., 2022; Wray et al., 2025). Peer support was especially valued, offering shared understanding and emotional safety, echoing evidence that peer-based support can reduce stigma and validate grief in ways adult support may not (Akerman & Statham, 2014; Bergman et al., 2017).

School-based bereavement support varied significantly. While some schools implemented bereavement training and policies, others lacked structured support mechanisms. Previous research found teachers felt ill-equipped to provide support (Holland and Wilkinson, 2015). Research suggests that school-based interventions can mitigate psychological distress and promote resilience (Akerman & Statham, 2014; Schonfeld & Demaria, 2016), yet inconsistent training and emotional burden on teachers remain barriers to effective support. Findings underscore the need for formal bereavement policies in schools, ongoing staff training, and integrated mental health support. Children found it helpful when their grief was acknowledged, they had a sense that people cared, and allowances were given to them.

Furthermore, the findings also align with growing academic and policy recognition of the need to embed grief education within formal curricula. Dawson et al. (2023) emphasize that although nearly all British children will experience bereavement before adulthood. Their paper advocates for mandatory grief education, citing that exposure to loss without adequate support can exacerbate emotional isolation and stigma among young people (Dawson et al., 2023).

The COVID-19 pandemic further disrupted grief experiences, exacerbating social isolation and barriers

to formal support. Children faced limited access to peer networks, disrupted mourning rituals, and inadequate professional services, reflecting broader pandemic-related bereavement challenges (Harrop et al., 2020; 2021).

Overall, this study highlights that bereaved children's support needs are extensive, long-lasting, and often unmet. While children showed resilience and adaptability, they consistently expressed a need for recognition, inclusion, and sustained care from families, peers, schools, and wider society. Without this, many are left to manage their grief alone, carrying risks for their wellbeing and development. These findings underline the importance of treating bereavement support not as a short-term intervention, but as a continuing responsibility shared across society.

### **Implications for society and practice**

The findings of this study highlight that the support needs of bereaved children are substantial, varied, and long-lasting. Although this constructivist grounded theory study does not aim for generalizability, the processes identified, such as protective buffering, withdrawal of support over time, role changes within families, and children's negotiation of grief expression mirror those reported in wider bereavement research (Dyregrov & Dyregrov, 2008; Goss et al., 2022; Holland, 2001). As such, these findings offer analytic transferability and provide relevant insights for policy and practice beyond the study sample.

For education settings, schools have a vital role in providing acknowledgement, flexibility, and sustained understanding, rather than time-limited responses. Bereavement policies and staff training should recognize that children's grief may reemerge over time and that ongoing understanding and reasonable adjustments may be required. For health and social care professionals, the findings reinforce the importance of viewing parental bereavement as an ongoing vulnerability rather than a discreet event. Supporting open communication within families may help prevent children from managing grief in isolation.

At a societal level, the study challenges the assumptions that children should 'move on' within a predictable timeframe. Recognizing grief as a continuing developmental process requiring shared responsibility on communities, services and institutions to provide compassion and continuity of support.

In short, bereavement support for children should be seen not only as a matter of individual practice but as a collective societal responsibility.

## **Strengths and limitations**

### **Strengths**

A key strength is the child-centered approach, which allowed both children and parents to share their experiences, contributing to limited evidence from both perspectives. This dual perspective contributes to the limited evidence base that captures voices from both sides of the bereavement journey. In some cases, families were interviewed as child parent dyads, offering a deeper understanding of familial dynamics and how grief is experienced collectively. Bereaved families were actively involved throughout the research from developing the study to co-creating accessible findings in the form of an animation (<https://youtu.be/bZ06sORK3b0>), and a series of infographics (see Appendix 4, supplementary material), ensuring that findings were communicated in ways that were meaningful and supportive for children and families. The study successfully recruited participants from diverse bereavement contexts, including various causes of death and grief durations. Furthermore, the flexible use of social media and virtual interviews enabled national recruitment, enhancing accessibility and providing rich data on sensitive topics. This study supports the value of including bereaved children in research, adding to the growing body of evidence advocating for their participation.

### **Limitations**

The study's aim was not to generalize findings but to develop a deeper understanding of bereavement support. A purposive sample, primarily self-selecting, may have favored help-seeking families or those coping better with their grief. The study also lacked a sufficient representation of separated parents, younger children, and those from diverse cultural or ethnic backgrounds. Although virtual interviews were beneficial, they limited opportunities to observe non-verbal cues and excluded digitally marginalized groups. Despite interviews being conducted in 2021–2022, publication was delayed due to the researcher's return to clinical practice and limited time for writing. This may have influenced the timeliness of the findings.

### **Conclusion**

This study shows that parental bereavement leaves children with significant and enduring support needs. While families provide vital care, support from schools, health professionals, and wider society is

often inconsistent or fades too quickly. Children need sustained acknowledgement, open communication, and understanding across all areas of their lives.

Supporting bereaved children is not the sole responsibility of parents or professionals, but of society as a whole. Recognizing grief as a lifelong process and responding with compassion and continuity is essential if children are not to carry their bereavement alone.

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## Data availability statement

The data that support the findings of this study are available at the University of York Repository and available on request from the first author. The data are not publicly available due to privacy and ethical restrictions. The study passed an ethical committee review at Hull York Medical School Ethics Committee [21 34].

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