An overview of evidence-based interventions

For children and young people experiencing bereavement, loss and grief

Believe in children
Barnardo's

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Summary

Introduction - the COVID-19 pandemic, and associated lockdown, have meant a variety of changes for children in lockdown. One of those changes is the experience of bereavement, loss, and grief, which may have been intensified during the lockdown period due to not being able to see friends and family, not being able to be with a person when they pass away, or not being able to attend a loved ones' funeral.

Understanding how to support children and young people to cope with bereavement, loss, and grief during these times is particularly important as children and young people begin to return to school and they experience changes to their lives once more. This overview aims to summarise the literature on evidence-based interventions for children and young people experiencing bereavement, loss, and grief.

Approach - as the bereavement literature is large, we decided to conduct a 'review of reviews' of interventions for children and young people (0-18), published from 2010 onwards. To do so, we searched the Web of Science and PsychInfo databases, and the webpages of several bereavement charities.

We structure our findings according to the evidence of effectiveness of primary, secondary, and tertiary interventions. We also note any core principles underpinning support for bereavement, loss and grief.

Findings - evidence based examples of primary, secondary and tertiary interventions

Primary – whilst there is little evidence that refers specifically to the effectiveness of primary intervention models, several studies do refer to the value in supporting the protective factors for children and young people's mental health and emotional wellbeing, e.g. supporting positive parenting. Several studies also point to the importance of including bereavement, loss and grief in school emotional health and wellbeing curriculum, as well as adopting whole-school approaches and policies to deal with bereavement.

Secondary – evidence of the effectiveness of secondary intervention models points to programmes that support grieving as a family process e.g. The Family Bereavement programme, and interventions that facilitate peer-support to help children and young people to communicate and validate their experiences, e.g. the Seasons for Growth programme. Activity-based intervention models were also highlighted as effective mechanisms for dealing with bereavement.

Tertiary – evidence of the effectiveness of tertiary interventions points to the use of trauma or grief-focussed brief psychotherapy. Common settings for such interventions are within schools and at camps and can include other activities e.g. meditation, arts, exercise, and group work.

Findings - common principles – across interventions, we identified some core principles underpinning support.

These include accounting for the individual circumstances of the child/young person; supporting grieving as a family process; embedding peer support; and emphasising the role of schools in supporting those experiencing bereavement.

Implications –there is a role for policy and practice to embrace multi-disciplinary systems of support for children and young people experiencing bereavement in terms of valuing the role of schools, peer support, and consideration of family context, as well as involvement of family, within the support provided to children and young people. The aim of systems of support should be that children and young people get the right support, at the right time, and by the right people.

Introduction

During the COVID-19 pandemic children and young people have experienced major changes in their lives, changes which can include experiences of bereavement, loss, and grief due to the loss of those close to them[1] and major changes in their lives more generally.

Whilst experiencing bereavement itself is common in childhood[2], the experience of bereavement during the COVID-19 pandemic may have been intensified by not being able to be with family and friends, not being able to be with the person when they pass away, or to attend the loved ones' funeral for example[1].

Understanding how to support children and young people to cope with bereavement, loss, and grief during these times is particularly important as children and young people begin to return to school and they experience changes to their lives once more. Moreover, children and young people's experiences of bereavement, loss, and grief often differ from that of adults, as their understanding of death and loss, and adaptive behaviours are dependent upon their developmental stages[3].

As a result, we need to ensure that the correct supports are in place for children and young people, as life begins to shift back to 'normal', or the 'new normal'. In considering which support and approaches to adopt, we require an understanding of the evidence-base underlying such approaches.

As such this overview seeks to descriptively outline both the types of interventions as well as the principles underpinning interventions for children and young people experiencing bereavement, loss, and grief.

This overview therefore aims to explore the evidence in response to the following question:

What are promising evidence-based interventions for children and young people experiencing bereavement?

This includes addressing:

a. What age groups/types of bereavement are evidence-based interventions related to?

b. What intervention models is evidence of effectiveness presented for?

c. Are there common principles underpinning bereavement and loss interventions? If so, what are those?

Approach to reviewing literature

To identify relevant articles for inclusion in this overview, we adopted a structured search strategy based on searches within the Web of Science and PsychInfo databases. We also reviewed the webpages of bereavement charities including Hope Again, Childhood Bereavement Network, Child Bereavement UK, and Grief Encounter to locate any links to additional studies which had been conducted.

Inclusion criteria

Due to the scope of this study, we included articles that:

- Systematically reviewed studies of intervention effectiveness – we therefore included systematic reviews, scoping reviews, or rapid reviews of the literature, and

- Were published from 2010 onwards to ensure that the literature was reflective of the support required by children and young people in modern times, and

- Focused on children and young people, with a predominant focus on the 0-18 age-range.

Indicative search terms

bereave* OR grief OR griev* OR loss OR death OR die OR dies AND "systematic review" OR meta-analysis OR "scoping review" OR "rapid review" AND child* OR youth OR adolescen* OR young adult OR young women OR young men OR young people OR young male* OR young female* OR parent

A framework to structure the review

In scoping this overview, we identified two frameworks[4,5] which were helpful to our goal of descriptively mapping the evidence of interventions. Both frameworks illustrate that there are several different levels of support required by those who have experienced bereavement, loss, and grief.

The framework developed by the Irish Childhood Bereavement Network[5] has a pyramid structure that maps 4 levels of needs/supports for children and young people against whether they will be required by most (universal), some (targeted), or few (specialist) children and young people experiencing bereavement, loss, and grief.

The 4 levels are summarised in Table 1. Similarly, in Akerman and Statham's framework (Figure 1), levels of support move from universal information and guidance about how children grieve, to outreach and specialist support for those who have been traumatised or are particularly vulnerable[4].
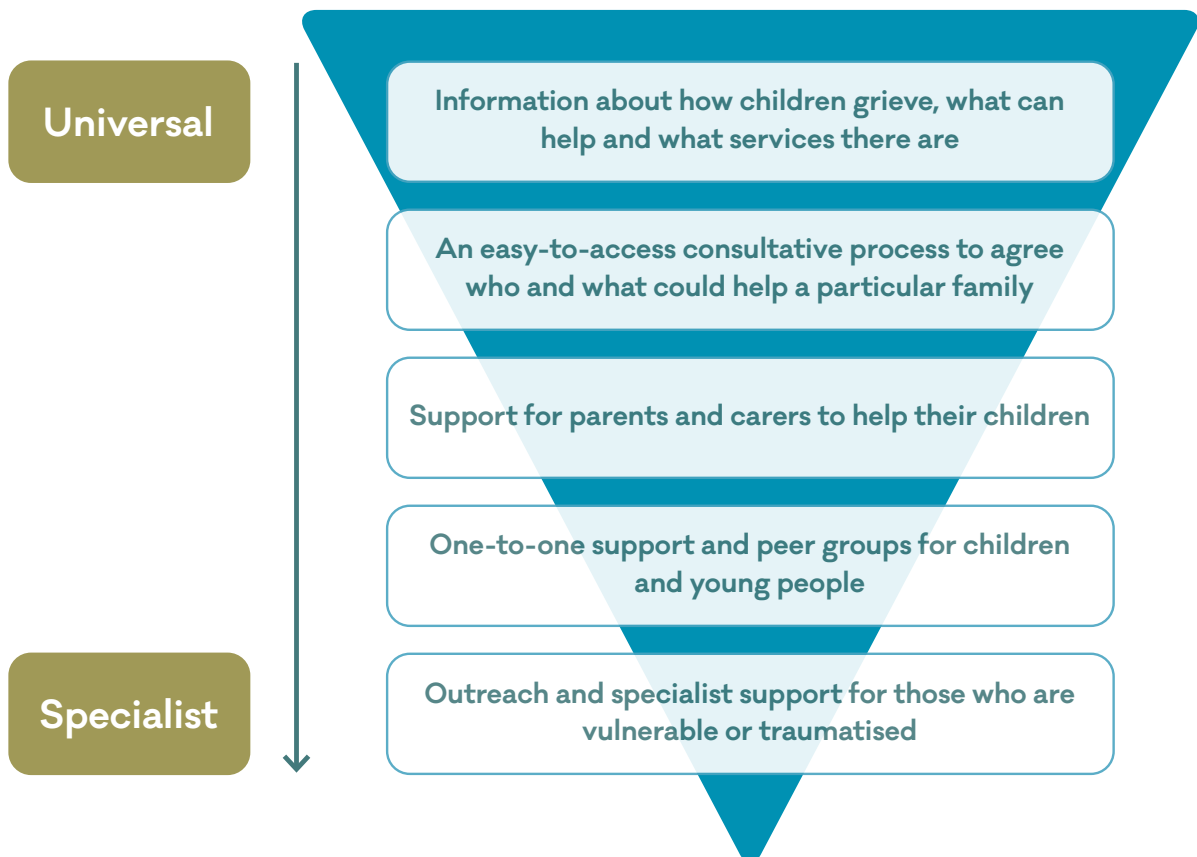
Table 1 Based of the framework of bereavement support developed by the Irish Childhood Bereavement Network (2015)

MOST Children and young people need explanation and reassurance and supports can include those that provide information and guidance about bereavement and grief to ensure children and young people are aware that grief is a normal reaction to loss. This includes access to web-based information, helplines, and family/community-based supports	**Primary interventions**
MOST/SOME Children and young people need to be able to normalise their feelings and to support their coping mechanisms. Supports include organised bereavement support interventions, including those with peer support elements and help to develop coping strategies.	**Secondary interventions**
SOME Children and young people have additional needs due to experiencing symptoms of grief over time that impact on their daily lives. Supports include professional counselling that is child-centred that is conducted by a trained professional	
FEW Children and young people have complex needs because of often traumatic bereavement experiences. Supports include specialist mental health and psychotherapy with an expert in childhood mental health.	**Tertiary interventions**

Figure 1 Based on model of good provision developed by Akerman and Statham (2014)

Universal

Information about how children grieve, what can help and what services there are

An easy-to-access consultative process to agree who and what could help a particular family

Support for parents and carers to help their children

One-to-one support and peer groups for children and young people

Specialist

Outreach and specialist support for those who are vulnerable or traumatised

Based on these frameworks, we structure this descriptive overview of interventions across three levels including: (1) primary support (for most or all children and young people experiencing grief), (2) secondary support (for some children and young people who are vulnerable and experience grief symptoms over time), and (3) tertiary support (for the few children and young people who experience complex grief).

Brief description of studies reviewed

Studies included in this overview varied in several ways, including the population of children and young people targeted, the intended outcomes, the intervention settings, the type of bereavement, and the methodological approach used. Each of the studies included is described in more detail in Appendix 1 and summarised in Table 2 below.

Table 2 Overview of reviews included

Focus of literature	Description
Population	Most studies broadly identified the focal group as children and young people aged 0-18[4, 6, 7] and did not focus on a more specific age-range. However, the study by Chen and colleagues focused on pre-school aged children (aged 3-5)[8] and the study by Duncan on those aged 3-18[9]. In the meta-analyses by Rosner and colleagues they specify the focal age-range as 0-18, however, the majority of studies within the review focus on the 5-15 age-range[6]. For those bereaved by suicide, we include a review with no specific age-range defined[10] to identify any findings specific to children and young people.
Intervention outcomes evaluated	Studies defined intervention outcomes based on symptom category outcomes (e.g. grief, depression, anxiety, post-traumatic symptoms, social adjustment, wellbeing, somatic symptoms, self-esteem, behaviour)[6, 7], children's understanding of death and ability to communicate about their parent's death[7], and improved ability of children and parents to process their grief, develop coping skills, and facilitate communication about their grief[8,9]. The outcome moderators of age, gender, amount of treatment, time since loss, treatment rationale, publication status, and symptom severity are considered in the meta-analyses by Rosner and colleagues[6].

Intervention settings	The reviews included studies from a variety of intervention settings, with some focussed on the implications for school and community settings[4, 8, 9].
Type of bereavement	Most of the studies focused on children and young people who had experienced the loss of a close family member e.g. a parent or sibling[4, 7, 8]. Other studies defined the type of bereavement as familial, i.e. parent, sibling or other loved one[9]. One study does not clearly define the type of bereavement[6] and one review focused on bereavement by suicide[10].
Aims and methodological approach to review	The lowest number of studies included in the respective analyses is 15[9] and the highest is 88[4]. Methods used include a quantitative 'methodologically sound' evaluation of the effectiveness of interventions using meta-analyses methods[6], and the comparison of outcome effect sizes across studies[7]. Others had more descriptive aims of gathering evidence of effectiveness[4], whilst others adopted a qualitative approach to analysis[8, 9].

Primary intervention models

Overall, there is little evidence from the studies included in this overview that refer specifically to the effectiveness of primary intervention models. However, several of the studies do refer to the value in supporting the protective factors for children and young people's mental health and emotional wellbeing overall as promising primary intervention approaches.

Two well-evidenced primary intervention models through which to strengthen children and young people's mental health and emotional wellbeing are: (1) supporting the protective factors around children and young people's mental health and wellbeing (an example given in the literature is supporting positive parenting), and (2) whole school approaches to emotional wellbeing.

(1) Supporting positive parenting

According to the studies reviewed, well-evidenced protective factors relate to family relationships in terms of supporting positive parenting, quality of relationships within the family, and social supports[4, 7, 8].

Studies have for example identified that positive parenting has been shown to be a protective factor **across both high and low levels** of exposure to post-bereavement stressors and subsequent mental health problem[11].

This study suggests that positive parenting leads to reduced mental health problems, particularly for

parentally bereaved children in several ways, including:

a. Positive parenting can create an environment that supports children's needs and developmental goals

b. Positive parenting reduces negative reinforcement and punishment and thus reduces negative caregiver-child relationships

c. Positive parenting can promote social skills in dealing with conflict resolution and problem solving

d. Positive parents can help develop the child's individual resources such as coping mechanisms to support their mental health and wellbeing

(2) Whole-school approaches to emotional health and wellbeing

The literature reviewed also emphases the role of the school environment, in ensuring that there are whole-school approaches to emotional wellbeing[9]. First this means that the mental health and wellbeing curriculum should, in part, focus on psychoeducational components such as normalising grief and providing education on grief terminology as well as developing coping mechanisms more generally[9].

Secondly, the literature emphasises the need for developing a whole school approach to supporting children and young people experiencing bereavement that is proactive, not reactive. We outline practical and evidence-based examples of what this might look like below.

Learning to cope with change/loss using a curriculum-based approach

Evidence-based example: The UK Resilience Programme

One evidenced programme mentioned in Akerman and Statham's study[4] is the UK Resilience Programme, which has been shown to have short-term effects on children and young people's ability to deal with difficult and stressful situations as indicated through decreased depressive symptom scores[15].

The UK Resilience Programme (a UK implementation of the Penn Resiliency Program) is a schools based programme that aims to improve children's psychological well-being by building resilience and promoting accurate thinking and coping mechanisms[15]. The intervention involves 18 hours of workshops and focuses on teaching cognitive-behavioural and social problem-solving skills based on the Activating-Belief-Consequences model. This model assumes that beliefs about events mediate their impact – the programme therefore encourages participants to identify and challenge unrealistic beliefs, use evidence to make better appraisals of situations, and to use coping mechanisms when faced with difficult situations[15].

Developing a whole-school approach to dealing with bereavement

Alongside a curriculum based approach, schools should also have in place specific actions and processes to support children and young people with bereavement[4,7,8]. Akerman and Statham[4] outline what a promising primary intervention whole-school approach might involve. Defining a primary approach to be proactive in nature, they state that a whole system to support those experiencing bereavement should involve:

a. Policies that outline the school's approach to supporting those children and young people experiencing bereavement, e.g. in how to support effective communication with families of children and young people experiencing bereavement

b. Training, support for and designation of staff to support children and young people experiencing bereavement. An example of such training is the 'Lost for Words' programme, a training programme developed for those who work with children and young people to provide them with an insight into the experiences of children who have suffered loss, such as being bereaved

c. The provision of school counselling and peer support mechanisms more generally, and the provision of space in schools, e.g. a quiet room, so children and young people can have some time to themselves if they are feeling down

d. Good links with local community organisations and services that can support children and young people experiencing bereavement

Secondary intervention models

In terms of secondary interventions, i.e. those that support children and young people experiencing grief, and in particular those who may be more vulnerable to the symptoms of grief over time, several of the studies point to the importance of grieving as a family process and the need to have support centred on the family[4, 7, 9].

It should be noted that family/parent/caregiver intervention components were also common within interventions for 3-5 year olds: this included companion parent groups, filial therapy, and parent-child sessions[8]. Moreover, the literature also highlights the value of peer support based programmes to help children and young people communicate about and validate their experiences[7, 9].

Similarly, group interventions, and in particular group therapy, have been found to be beneficial for children bereaved by suicide[10].
Based on this literature, we outline practical and evidence-based examples of what this might look like below.

Supporting grieving as a family process

Evidence-based example: The Family Bereavement Programme

Two of the studies included in this overview reference 'The Family Bereavement Program' as a promising intervention model that has undergone several evaluations[4, 7] and which centres of grieving as a family process.

The programme involves 14 professionally-led sessions including separate and concurrent groups for caregivers, children and adolescents, joint activities for children and their caregivers, and individual family meetings[7].

The sessions focus on improving positive caregiver-child relationships and communication, increasing positive activities, and developing and using effective coping mechanisms as examples[7].

Learning to cope with change/loss through peer support

Evidence-based example: Seasons For Growth Programme

In terms of facilitating peer support, an intervention model that has been widely evaluated is the 'Seasons For Growth' programme[4]. 'Seasons For Growth' is an 8-week education programme for 6-18 year-olds that deals with the issues of change, loss, and grief more widely, e.g. dealing with parental separation, divorce, or death, in order to help young people cope with their loss.

This programme is a group peer-support programme that aims to produce a sense of resilience, personal growth, and acceptance of change in people's lives[16]. A trained adult facilitates small groups where participants support and learn from each other through engaging activities that are age-appropriate[16].

Other evidence points to the use of **activity-based approaches** to support children and young people who have experienced bereavement. For example, one study highlights the value of music-therapy interventions[6], owning the success of such approaches to music playing a large part in contemporary youth culture.

For young children, play-therapy has also been highlighted at promising[8] with it being a commonly used approach in supporting children dealing with parental separation and ongoing family issues more generally.

One study concluded that relatively brief secondary support interventions can prevent children from developing more severe problems after the loss of a parent[7].

Tertiary interventions models

Intervention models were on the whole considered effective in cases of higher 'symptom severity'[6, 7] with specialist interventions considered helpful for those children and young people showing significant negative impacts from their experiences of bereavement[4].

Trauma/grief-focussed school-based brief psychotherapy was considered effective in one study but only for a very specific subgroup of young people suffering grief with co-morbid PTSD[6]. In this intervention model, studies have demonstrated effectiveness for those children and young people exposed to traumatic experiences such as major disasters[12], war[13], and community violence[14]. Below, we describe some of the evidence of such approaches in two different intervention settings: schools and residential camps.

Trauma/grief focussed brief psychotherapy

Evidence from schools-based interventions

Trauma/grief focussed school-based psychotherapy programmes involve individual and group components that have a therapeutic focus on processing trauma. This means that activities focus on dealing with reconstructing and reprocessing trauma, trauma reminders, additional post-trauma stressors, the interplay of trauma and grief, and the developmental impacts on the child/young person[12]. Outcomes associated with this intervention approach included evidence of reduced severity of PTSD (12), reduced psychological distress[13], and reductions in post-traumatic stress and complicated grief symptoms[14].

Evidence from residential/camp-based interventions

Another study also highlights the evidence of the benefits associated with short-term residential groups and camps combined with trauma/grief-focussed interventions for parentally bereaved children to reduce symptoms of traumatic grief and post-traumatic stress[4]. In one case, bereavement camps were weekend long, short-term, trauma-focussed grief interventions[17] that involved, similar to the school-based interventions, focus on exposure, activities to help with identifying and expressing feelings, restructuring, relaxation and imagery exercises, and various grief interventions[17]. These activities were split between group counselling sessions, memorial service, and memory artwork, to integrate the grief component of the work, as well as regular camp activities such as outdoor and play-based activities. Separate to campers, surviving parents also participated in a one-day psychoeducational workshop.

Underpinning principles of interventions

Findings presented in this overview highlight key underpinning principles of evidence-based interventions focussed on dealing with bereavement, loss and grief. These are that support for children and young people focuses first and foremost on the individual circumstances of the child/young person. Alongside this, interventions have been shown to be effective when they are family-centred and involve elements of peer support/ group work. Moreover, the evidence presented highlights the important role that schools play as a vehicle for education around emotional health and wellbeing generally, and as mediators of support for those children and families requiring more targeted support. We summarise these key principles and examples of good practice in Table 3.

Table 3 Underpinning principles of bereavement, loss, and grief interventions

Core principles	Explanation	Example(s) of good practice
Individual circumstances of the child/ young person	It is commonly noted that overall support for children and young people must focus on their individual circumstances. Support must therefore be appropriate for the child's circumstances e.g. age and stage of development, as well as degree of distress and levels of protective factors in the environment[4,9]. For individual children and young people showing significant negative impacts from their experiences of bereavement, it has been shown that specialist support can be very effective.	Whole school policies for supporting children and young people experiencing bereavement\n\nTrauma/grief focussed psychotherapy
Family-centred	Several studies highlight the importance of a family-centred approach to support[4,7,8]. Involvement of family/parents/carers was considered important to facilitate communication and grief discussions in the family[7] and studies highlight the importance of ensuring the emotional wellbeing of caregivers in order to support their child[7]. Moreover, most interventions for 3-5 year olds involved a parent or family component[8].	Family Bereavement Program

Peer support	Several studies highlighted peer-support/social support as important elements of support for children and young people[7,9] particularly in connecting with others who have experienced similar situations and thereby finding comfort[9]. Similarly facilitating communication and expressing emotion in this respect are considered important elements of support[9] to nurture self-acceptance through the provision of a physical and psychological space to deal with emotions, as well as the ability to look to the future[9].	Seasons for Growth Programme
Role of schools	The studies also indicate that schools are important settings in supporting children and young people with respect to bereavement, as they are often the first places that children and young people seek help, and can provide a sense of normality during challenging times. The literature highlights the importance of whole-school policies to promote wellbeing and increase resilience through delivering a curriculum focused on normalising grief and providing education on grief terminology[9]. In doing so, schools can ensure that death and grief do not remain taboo subjects and pupils can also support their peers going through such times. There is a role here for teachers in helping children develop coping strategies and normalising grief terminology[9]. Alongside this, the literature points to the importance of schools having specific processes and actions in place for when a child experiences a bereavement, e.g. communications with parents/carers[4,9].	Whole-school policies around bereavement UK Resilience Programme

Implications for practice and policy

PRACTICE

- Those supporting children and young people should be mindful that each child responds differently to bereavement and that support should ultimately focus on their individual circumstances, particularly their family context. Specific consideration should be given to children and young people who might be considered vulnerable to experiencing more negative impacts of bereavement. Some evidence suggests that those from disadvantaged backgrounds, including single-parent, economically inactive, low-earning, and low educational attainment, are more likely to experience the death of a close family member[2]. Moreover, attention should be paid to those that experience a traumatic bereavement, e.g. are bereaved by suicide[2]. Alongside this, those working with children and young people who have experienced bereavement should also consider their familial, cultural, social, and economic contexts and how these may affect how a child/young person experiences grief and loss[2].

- Similarly, those working with children and young people should involve the family circle, particularly parents/carers, in the provision of support. An example of a well-evidenced programme with a family-centred focus is 'The Family Bereavement Programme'.

- Those developing support for children and young people should consider the value of peer support for those experiencing bereavement. The sharing of similar experiences and expressing emotion with peers can provide a way for children and young people to make sense of what they have been through. An example of a well-evidence programme with a central peer support component is the 'Seasons For Growth' Programme.
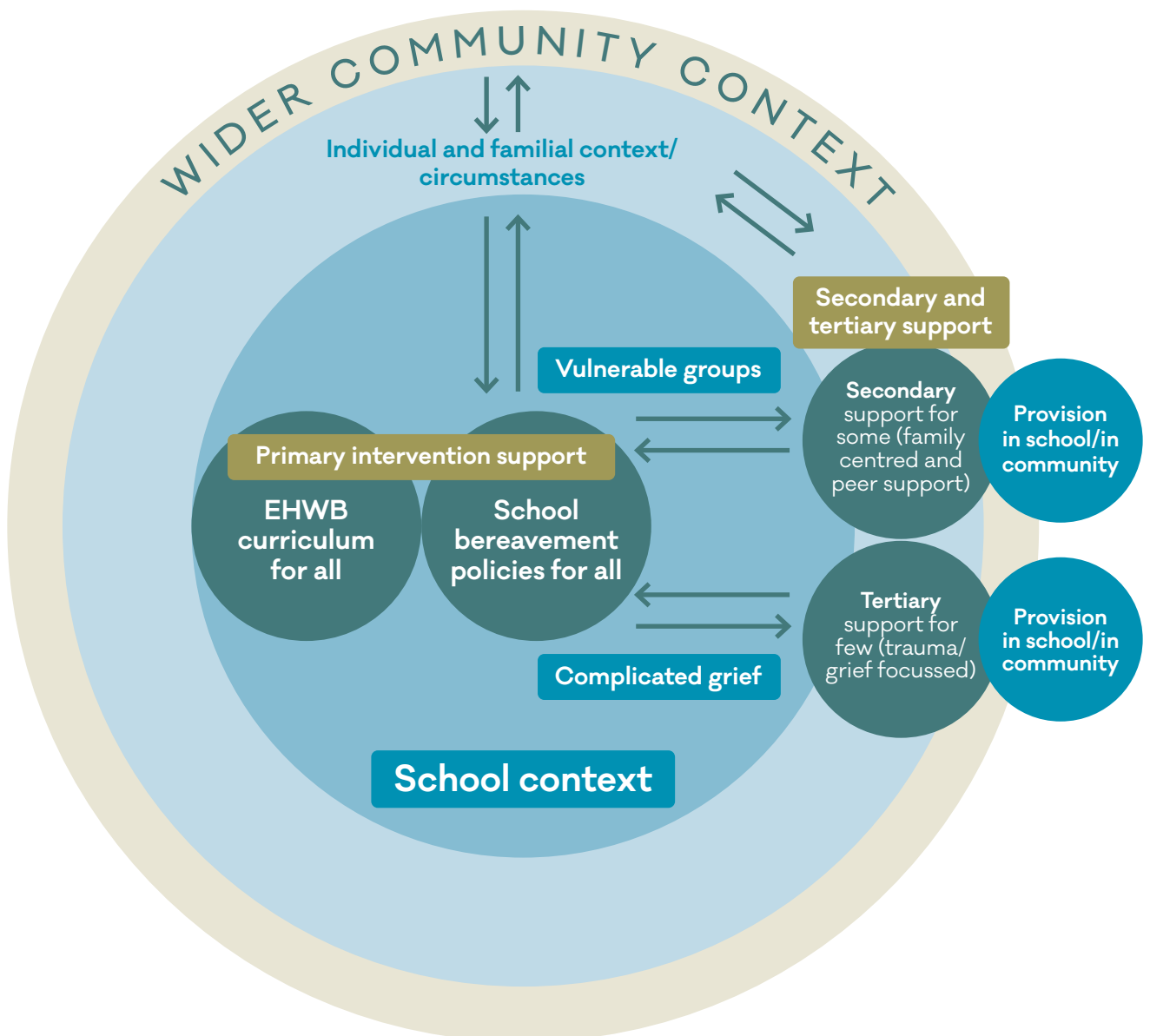
POLICY

- Overall, there is lack of evidence of specific effective primary policy intervention models. However, the evidence presented here highlights the value of primary intervention approaches, particularly in terms of incorporating learning on bereavement, loss, and grief into the curriculum. In this respect, policy should support a focus on primary intervention on bereavement and grief, particularly in schools, where the inclusion of this topic within the curriculum on emotional wellbeing will equip children and young people with understanding of grief terminology, normalise the concept of grief, and help them to develop coping strategies they can draw upon in the future. Moreover, with a wider understanding and normalisation of the concepts of bereavement and grief, schools can become better sources of social support for those children who do experience a bereavement.

- For secondary/tertiary intervention, policy should endorse a more holistic

approach to supporting those who have experienced a bereavement through developing systems of support that facilitate communication between schools, families, and well-evidenced secondary/specialist support services. Such an approach will ensure that those struggling with grief/complicated grief will receive the right support, in the right place, and at the right time. We envisage that such a system might look like that depicted in Figure 2.

Figure 2 Proposed systems of support for children and young people experiencing bereavement, loss, and grief

WIDER COMMUNITY CONTEXT

Individual and familial context/circumstances

Vulnerable groups

Secondary and tertiary support

Primary intervention support

EHWB curriculum for all

School bereavement policies for all

Secondary support for some (family centred and peer support)

Provision in school/in community

Complicated grief

Tertiary support for few (trauma/grief focussed)

Provision in school/in community

School context

Limitations

There are methodological limitations of individual studies included within the systematic reviews included in this overview.

These include: evaluation follow-up times are not long or studies are cross-sectional[6, 7, 9]; a lack of sufficient measurement tools for preventative interventions[4] and as such, milder forms of distress are likely to remain hidden in studies where focus is on clinical levels of difficulty[4]; variation in outcome measurement tools[8]; little focus on younger, pre-school age children[7] where there is often an assumption that very young children are too young to grieve; limitations to the use of parental reports about children experiencing bereavement[7]; empirical studies commonly have low sample numbers[8]; and empirical studies usually involve mixed aged groups making it difficult to disaggregate findings by ages and stages.[8]

There are also limitations to the review approach taken within this overview. The studies included use different approaches to systematically reviewing empirical studies and different analyses e.g. one study uses quantitative meta-analyses[6] and another uses qualitative enquiry models rooted in meta-ethnography[9]. It is therefore difficult to make direct comparisons between the findings of the included studies. Many of the studies focus specifically on close familial bereavement, not bereavement as a wider concept and experience. Duncan is the exception where broad criteria for the bereavement experience (death of a loved one) was used[9].

Overall, a narrow focus on death of a parent/sibling perhaps limits our understanding of effective primary intervention strategies with respect to bereavement that would aim to improve overall understanding of the concepts of grief and loss.

Conclusions

This overview sought to map the evidence of effectiveness of support for children and young people experiencing bereavement, grief, and loss to provide guidance to those working with children and young people during this particularly challenging time.

We identified several systematic and structured reviews of such evidence which we have discussed in terms of well-evidenced primary, secondary, and tertiary intervention models, as well as discussing principles or components underpinning such interventions.

Whilst there is little specific evidence on primary intervention models, this overview identifies that there are several well evidenced secondary and tertiary intervention approaches, and that those with significant negative psychological impacts from their experience of bereavement can benefit from specialist, or tertiary, support.

In our analysis of principles or components underpinning such support, we find that there is a role for policy and practice to embrace multi-disciplinary systems of support for children and young people experiencing bereavement in terms of valuing the role of schools, peer support, and consideration of family context, as swell as involvement of family, within the support provided to children and young people.

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Appendices

Study	Study type (# papers reviewed)	Aim/research questions	Type of bereavement	Population	Intervention outcome(s) evaluated	Intervention setting(s)
Rosner R, Kruse J, Hagl M. A meta-analysis of interventions for bereaved children and adolescents. Death Stud. 2010;34(2):99–136	Meta-analysis (25)	To provide a quantitative & methodologically sound evaluation of existing treatments for bereavement and grief reactions in children and adolescents to identify treatment effects	Focuses on death but with no specific criteria for who, in relation to the child, had died	Children and adolescents (0-18) with most studies included for review focusing on 5-15 age-range	Measures in each study assigned to a symptom area e.g. grief, depression, anxiety, posttraumatic symptoms, social adjustment, wellbeing, somatic symptoms/health. Includes analysis of moderators (age, gender, amount of treatment, time since loss, treatment rationale, publication status, symptom severity)	**Mixed** – examples include group interventions, parallel support and parent groups, family interventions, bereavement camps or a combination
Akerman R, Statham J. Bereavement in childhood: The impact on psychological and educational outcomes and the effectiveness of support services. 2014. Report No.: 25	Literature review (88)	To identify (a) the impact of childhood bereavement on children's psychological and educational outcomes, and (b) how effective are services or interventions intended to address childhood bereavement	Focuses on death and specifically parental/sibling bereavement	Children and young people (0-16)	Educational achievement (school attainment) and psychological/emotional wellbeing (including in later life)	School and community settings
Bergman AS, Axberg U, Hanson E. When a parent dies – A systematic review of the effects of support programs for parentally bereaved children and their caregivers. BMC Palliat Care. 2017;16(1):1–15.	Systematic review (17)	To identify (a) which support interventions have been evaluated that focus on effects for children, (b) what is known about the effects of support interventions for the children, and (c) what are the needs for future research?	Focuses on death and specifically on parental bereavement	Children (0-18) and their caregivers	Children's health and behaviour; children's grief symptom; children's self-esteem; children's concepts of death and communication about the deceased parent; parenting; caregiver's mental health	**Mixed** – examples include camps, interventions in schools and in the family home

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Chen CYC, Panebianco A. Interventions for Young Bereaved Children: A Systematic Review and Implications for School Mental Health Providers. Child Youth Care Forum. 2018;47(2):151–71.	Systematic review (17)	To identify interventions for bereaved young children and examine the effectiveness of the interventions	Focuses on death and specifically on parental/close family member bereavement	Pre-school children (aged 3-5)	Helping children/parents normalise their grief experiences, express grief and loss, develop coping skills, and facilitate adaptive communication and parent-child relationship	**Mixed** – specific focus on school mental health providers
Andriessen K, Krysinska K, Hill NTM, Reifels L, Robinson J, Reavley N, et al. Effectiveness of interventions for people bereaved through suicide: A systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. BMC Psychiatry. 2019;19(1):1–15	Systematic review (12)	To establish the effectiveness of suicide bereavement interventions regarding grief, psychosocial (related to mental health and psychological functioning) and suicide-related outcomes using data from controlled studies	Bereavement by suicide	People bereaved by suicide (3 studies included in the review focused on children bereaved by suicide)	Grief, psychosocial (related to mental health and psychological functioning) and suicide-related outcomes	**Mixed** – examples include group interventions (including school-based interventions), family focused interventions, and individual interventions
Duncan DA. Death and dying: A systematic review into approaches used to support bereaved children. Rev Educ. 2020	Systematic review (15)	To document the most common approaches for teachers to routinely help bereaved children	Focuses on death and specifically on familial bereavement (e.g. parent, sibling, or other loved one)	Children (aged 3-18)	Primarily focused on how interventions help children to cope with death	Focus on educational policy and setting, but reviews studies from mixed settings

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