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Same origin, different implementations: a document analysis of Norwegian and Danish bereavement response plans

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ABSTRACT

This article compares the institutional bereavements response systems available in Danish and Norwegian daycare institutions when encountering critical illness or death among attached families. Both countries' structured responses are developed around bereavement response plans that highlights the actions, which should be taken by institution staff when families and children experience challenging life circumstances. Our exploration was conducted through document analysis of 65 Danish plans and 30 Norwegian plans, currently used in daycare institutions.

Despite stemming from the same origin, the two approaches have diverged significantly. This includes Norwegian plans often being longer and written by professionals. In contrast, Danish plans differ more in size and quality and have mainly been written by each institution's daycare staff. The divergences are likely due to differences on an organisational level (e.g. Norwegian law) because of national events (e.g. the Utoya terror attack) and the ways propagators of the support systems went about implementing them in each country. The analysis highlights the two approaches' crucial strengths and weaknesses, which can be useful for other countries considering developing similar bereavement response initiatives.

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Death; Parental Bereavement; daycare support; illness; special needs; childhood bereavement

Introduction

This article describes the bereavement response plans of Scandinavian daycare institutions. Our analysis compares the systems found in Denmark and Norway by focussing on differences and similarities. We have chosen daycare institutions rather than schools for our evaluation since there exists a knowledge gap concerning the nature, development and success of bereavement support policies in daycare institutions. The first step in understanding these policies is to investigate how these systems developed and identify the differences and similarities between them.

Bereavement is particularly challenging for children (McLaughlin, Lytje, and Holliday 2019). Childhood bereavement puts a child at increased risk of experiencing both

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psychological and physical challenges. Many children who experience loss also struggle with retaining social relationships and maintaining previous levels of academic performance. While most of these challenges occur immediately following a loss, some challenges are ongoing and have consequences that can affect the bereaved children for the rest of their lives (Dowdney 2000; Lytje and Dyregrov 2019).

Although the risk of losing a mother, father, or sibling before the age of 18 is low overall, it is a reality for many children. In an article, Luecken and Roubinov (2012) stated that nearly 4% of all children experience the loss of a parent. Western countries have adopted various approaches to providing support for children following bereavement. In many of these approaches, schools and daycare institutions play a frontline role in providing support, as these are places where children spend much of their time.

In some countries, support is unstructured and dependent on individual staff members; in others, the approach is more standardised (Lytje 2016a; Rowling 2011; Rowling and Holland 2000). Both approaches have benefits and disadvantages. However, studies (Lytje 2016a; Rowling and Holland 2000) indicate that structured approaches make staff members feel more confident when engaging with bereaved children. Based on a sample of 603 daycare institution leaders, the Danish Cancer Society (2020) reported that 91% of the interviewed leaders found that the presence of a structured response provided a greater sense of security when responding to the needs of bereaved children. In contrast, in the United Kingdom, only 6% of a regional sample of teachers reported that they had had sufficient opportunities to learn about bereavement during their training (Rowling and Holland 2000). Similar percentages were reported by O'Brien and McGuckin (2014), who surveyed 279 Irish schools and reported that 77% articulated a need for further guidelines. While these studies posed different questions, they indicate that British and Irish samples of teachers feel less prepared to deal with loss than their Danish counterparts. It should be noted, however, that the data used in the abovementioned studies stems from teachers, as opposed to social educators working in daycare institutions. While there are likely to be similarities between the two professions, there will also be differences.

Even though bereavement response plans (b-plan) were initially developed in Norway, researchers have more frequently evaluated the Danish approach. The structured responses adopted in both countries are developed around a plan. This plan indicates the actions that a school or daycare institution should take and the support such an institution should provide to children following a crisis. When exploring the origin of this approach, it seems that it can be credited to the pioneering work of Atle Dyregrov (Lytje 2016a). According to Dyregrov, Dyregrov, and Idsoe (2013), the focus on supporting bereaved children in the Nordic countries did not exist prior to the 1980s. The gradual development of such a focus can be attributed to an increased interest on the part of Norwegian hospitals in providing better support for the children of ill or deceased parents (Raundalen, Finne, and Dyregrov 1981). In the Danish context, the establishment of a support system was based on the Norwegian approach but was not initiated until a decade after the implementation of the Norwegian model (Lytje 2016a). While traceable to the same foundations, the plans applied in schools and daycare institutions in Denmark and Norway have since diverged into two distinct approaches. The following section describes how the two systems developed over time.

Same beginning, different paths

When exploring the approaches, it can be noted that Norwegian plans have evolved to broadly deal with crises (e.g. accidents, terror, disasters), whereas Danish plans focus more narrowly on illness, bereavement, and, in some instances, divorce. To illustrate the differences the two approaches have led to, we discuss the development and status of each country's plans separately.

The Norwegian system

During the late 1980s and the beginning of the 1990s, psychologists and members of the clergy, including Dyregrov and his colleagues, travelled across Norway to educate teachers on the topic of children and grief. It was evident that Norwegian schools lacked plans for dealing with bereavement and that teachers felt uncertain about how to approach children who had experienced some form of crisis. Dyregrov and colleagues emphasised and wrote about the importance of plans and suggested that every school make efforts to educate its staff on grief responses (Dyregrov 1993; Dyregrov and Raundalen 1994). In addition, Dyregrov and colleagues explained how a lack of policies, frameworks, and knowledge made crisis intervention difficult for teachers. Furthermore, they suggested that plans could be the first step in guiding teachers and others working with children who have experienced loss. In their 1994 publication, Dyregrov and Raundalen (1994) described children's grief and how to develop emergency plans for crisis intervention and bereavement responses in schools. This work led to the development of plans in the Norwegian school system. Dyregrov and Raundalen (1994) thus made an essential contribution to the development of Norwegian schools' efforts to support bereaved children.

In 1995, the Norwegian Ministry of Health and Care Services drafted the 'Regulations on environmental health care in kindergartens and schools' (*Forskrift om miljørettet helsevern i skoler mv*). Paragraph § 14 requires kindergartens and schools to have contingency plans in the event of serious accidents, lethal accidents, terror attacks, and natural disasters. The overall intention of the regulation is to promote health, well-being, and good social and environmental conditions and prevent illness and injury in kindergartens and schools. This regulation, together with the Kindergarten Act (Ministry of Education and Research, Barnehageloven 2005, § 1-57) and Framework B-plan for Kindergartens (Ministry of Education and Research, Rammeplanen for Barnehagen, 2017), provides governmental guidelines regarding how daycare institutions should be run and what contingency plans are required.

In 2015, the Ministry of Health and Care Services clarified § 14 through a widely circulated letter (Rundskriv I-6/2015) emphasizing the importance and requirement of locally adapted contingency plans. The Norwegian Directorate for Education and Training and the National Police Directorate issued guidelines on writing and what should be included in an emergency and contingency b-plan (2015). These guidelines led to the revision of many contingency plans. While they do not specify how to deal with grief or bereavement in general, they make it mandatory to plan for scenarios in which either children or staff die during opening hours.

Today, Norway has a top-down hierarchical structure with regard to emergency and contingency plans. There are government laws, regulations, and guidelines that specify

the minimum requirement for such plans. Municipalities are responsible for ensuring that every daycare institution and school has up-to-date plans. Government-owned schools and daycare institutions often share an overarching contingency b-plan that applies to all the institutions in a municipality, with some local adaptations being permitted. Private daycare institutions are free to create their own plans, as long as they follow the guidelines. For such institutions, private firms offer subscriptions to complete health and safety guidelines and contingency plans. Norwegian plans today include guidelines on how to handle a broad spectrum of incidents that might occur.

As stated previously, there is no requirement that plans any form of bereavement that a child might experience. Therefore, while the contingency plans cover the death of a child or staff member, they are not bereavement plans per se (Ministry of Education and Research, 2015). However, as professionals have emphasized and described plans for bereavement as necessary (Dyregrov and Raundalen 1994; Raundalen and Schultz, 2006), support materials are available for the Framework B-plan for Kindergartens, including written material and an extensive resource webpage on what plans should include to support children in their grieving (Ministry of Education and Research, 2021).

Danish system

The development of Danish plans has been attributed to the Danish Cancer Society (DCS; Lytje 2016b). Given that teachers often contacted the organisation and expressed a need for tools to support bereaved children, the organisation decided to adapt Dyregrov's work to the Danish context. However, in their adoption of the Norwegian approach, the Danes made one significant alteration: Instead of creating a finalised bereavement response plan (b-plan) draft that schools and daycare institutions could use, they published a guidebook with a template that could be adjusted based on individual needs and sociodemographic factors. The first guidebook, which was published by Bøge and colleagues in 1998, aimed at supporting schools in assisting children who had experienced bereavement. Bøge and Dige subsequently published a specialised guide for daycare institutions in 2005 (Bøge & Dige).

The Danish implementation of the b-plan had the added benefit that the staff who created the individual plans often feel a sense of ownership towards the finalised product. Therefore, they also became 'ambassadors' of the product and helped highlight the benefits of using a structured approach to their colleagues. While daycare plans have not previously been evaluated, in a review of Danish school plans, Lytje (2016a) contended that the individual nature of b-plans ensured that staff found them particularly helpful to the specific contexts in which the b-plans were applied (Lytje 2016a). The approach proved highly successful, and, in 2019, bereavement response plans were available in 87% of daycare institutions and 91% of schools.

Since the DCS encourages every institution to independently create its own plan, they come in many different sizes and forms. What they have in common is that they all act as guides on how to respond to grief in a childcare environment. Danish plans are focused on ensuring that school and daycare staff have specific and structured guidelines concerning what needs to be done following bereavement. Also, which staff members are responsible for executing the specified actions. While no studies have explored

bereavement responses in daycare institutions, in a sample consisting of 39 parentally bereaved school children, Lytje (2016c) found that most had received some form of school support.

Method

Background – document analysis

According to Prior (2003), the modern world is created and maintained through written text and documentation. Documents thus play a central role in reflecting the current world as well as the motives, understandings, and experiences of organisations and the people within them. While this is not true for all documents (e.g. commercials or dating profiles), few of the documents that organisations create are made with the specific purpose of misleading a reader (Grady 1998). Thus, records are often an efficient way of understanding practices and exploring perspectives on the behaviours and views of a community or organisation, in a way that is not influenced by individual intentions and motives (Bohnsack, Pfaff, and Weller 2010).

Yin (2003) proposes that document analysis is particularly valuable when undertaking qualitative case studies intended to produce detailed descriptions of a single phenomenon, event, or programme. This systematic procedure helps examine and interpret data to elucidate meaning, understanding, or empirical knowledge (Bowen 2009). To ensure rigour in the analysis of documents, Fereday and Muir-Cochrane (2008) suggest exploring documents through thematic analysis. This process comprises a careful and directed re-reading and review of the uncovered data. Through coding and category construction, the investigated characteristics of the data can be revealed, examined, and presented.

While this approach creates a valuable understanding of the explored phenomenon, Bowen (2009) warns that data always need to be explored in the context in which it was collected; this includes considering the original purpose of the documents and their intended audience. In this study, we explore bereavement response plans currently utilised by daycare institutions in both Norway and Denmark. Prior to deciding to analyse these documents, we had to determine whether such plans would provide reliable perspectives on current approaches to providing bereavement support and staff thoughts thereon. It thus made sense to consider the purpose of these plans, which is to help prepare daycare institutions for what to do should they encounter bereavement and, in Norway, a range of other situations. This logically means that they are unlikely to be created to glorify a particular institution but are instead focused on preparing staff. Mills and colleagues (2010) caution that one potential risk that can arise during document analysis is that the researcher may be overwhelmed by the variety of structures encountered across documents (Mills, Durepos, and Wiebe 2010). Such differences can make it difficult for the researcher to identify overlapping themes and structures. However, given that many plans have similar frameworks and address the same issues, this is not a significant issue in this study.

Based on these initial considerations, our study had three distinct goals:

1. To investigate the size and content of the Danish and Norwegian plans,
2. To investigate the conceptualisation of ‘grief support’ embedded in the plans, and

3. To investigate the differences between the Danish and Norwegian plans and their respective strengths and weaknesses.

Data generation

As Norwegian and Danish daycare institutions utilise bereavement plans somewhat differently, two different approaches had to be adopted to acquire the required documents.

Denmark

Danish daycare institutions often publish their plans online as a way of showing parents how they intend to deal with grief, which makes these plans easy to obtain. Our approach to the collection of plans was based on previous experiences obtained during a similar data generation process conducted during a document analysis of school plans by Lytje (2016a). However, during the data generation process, it was found that, since daycare institutions are often much smaller than schools, fewer than anticipated had published their plans. Therefore, it was necessary to change the study's approach from acquiring a random sample to a convenience-based approach in which all accumulated plans were downloaded. Through this approach, 65 Danish plans were obtained.

Norway

Norwegian plans are not available on the internet in the same way as in Denmark. Therefore, a different approach was adopted. Through the Norwegian Directorate for Education and Training, we accessed a list of the email addresses of 6,300 Norwegian kindergartens. From this sample, 500 kindergartens were randomly selected to receive an email requesting that they send their b-plan to be included in the document analysis. After this initial approach, 59 kindergartens responded. There was a substantial difference between institutions regarding the content of the plans. Many ($n = 19$) sent inadequate information, such as brief documents about grief or descriptions of what the individual submitting the email had experienced in their career. Others ($n = 12$) sent the overall b-plan developed by their local municipality, while some ($n = 9$) sent excerpts from this b-plan regarding death and grief. The remaining institutions ($n = 18$) sent similar excerpts from plans purchased from private companies, such as 'Personalsorg AS', 'Barn-nett AS', and 'Private Barnehagers Landsforbund'. Since some daycare institutions only sent part of their plans, efforts were made to ensure that the plans, which were included, were complete copies. Initially, 12 documents were included, after which we were given access to the overall plans from the private companies serving 18 of our included kindergartens. Through this approach, a total of 30 Norwegian plans were included.

Data analysis

The documents were analysed through thematic analysis, as recommended by Fereday and Muir-Cochrane (2008). The approach was based on the insights obtained and the analytical schema developed by Lytje (2016b) to explore school plans. This analytical

schema was created to examine general categories of consideration included in the plans (e.g. length, title), as well as information covered in the policy (e.g. areas of support provided, theories, and methods).¹ The schema was developed through reviewing 60 bereavement plans. If two plans or more included a category (e.g. how to provide support following parental loss), this category would be added to the schema. This process led to a schema covering 34 categories. For more information on this process, please consult Lytje, 2016. To adapt the schema for the daycare study, the following three steps were taken:

1. The schema developed for schools was used as a starting point for identifying categories based on the 65 Danish daycare plans. Following the initial review of the plans, categories that had been used in the school schema but were not found in daycare plans were removed.
2. To ensure that the schema was also suitable for the Norwegian plans, it was tested on 10 Norwegian daycare plans. Thereafter, Danish and Norwegian researchers met to decide upon the final schema. Here, the number of categories was reduced from 34 to 31, while the category names were made more precise in 10 categories.
3. Following agreement on the final schema, all Danish and Norwegian plans were re-reviewed. To ensure rigour, interrater reliability was established by having two researchers individually review the plans and then discuss and reach a consensus (Gwet 2014).

The final schema can be found in [Table 1](#), while the original school schema is available in Lytje (2016). This schema was used to re-review all Danish and Norwegian plans.

Results

The following sections present the results obtained through the application of the analysis schema. They explore the different themes uncovered in the plans and the similarities and divergences found between the Norwegian and Danish approaches.

Length, age, and initial impressions

From [Table 1](#), it is clear that there are differences in plans between the two countries, even if these differences are not major. Generally, Norwegian plans are longer and newer than their Danish counterparts. The Norwegian plans were more similar in length than their Danish counterparts. During this document analysis, the Danish plans were found to span between two and 23 pages, with the average being eight pages; the Norwegian plans, in contrast, spanned 11 pages on average. Many of the Norwegian plans originated from municipalities or were purchased from a consultancy firm, while few were produced by individual institutions. In Denmark, nearly all plans were created by the individual daycare institutions, with only two originating from municipalities.

Where the Norwegian plans all reported the time of development or the most recent update, this was less common among Danish plans. Here, only 31 of the 65 reviewed plans reported such figures. This likely reflects the fact that many Norwegian plans are maintained by municipalities or consultancies, in both of which there exists a culture of timestamping documents.

Table 1. Averages for Danish and Norwegian plans.

Information	Norwegian plans	Danish plans
Length and age:		
<i>Average length (pages)</i>	11.03	9.6
<i>Last revision</i>	2016	2014
Response activities covered:	Percentage	
<i>How to handle the situation</i>	100%	100%
<i>Contacting the affected family</i>	100%	98%
<i>Informing other parents in the institution</i>	100%	82%
<i>Informing other children in the institution</i>	90%	78%
<i>Handle bereavement during vacations</i>	27%	15%
<i>Division of responsibility (e.g., who does what)</i>	100%	85%
<i>External communication (e.g., press)</i>	87%	46%
Situations covered:		
<i>A child losing a relative</i>	57%	94%
<i>The loss of a child</i>	100%	89%
<i>The loss of a staff member</i>	90%	83%
<i>The loss of a staff family member</i>	17%	37%
<i>Divorce</i>	77%	62%
<i>Serious illness</i>	80%	72%
<i>Accidents in the institution</i>	93%	69%
<i>Serious events in the institution (e.g., terror attack)</i>	77%	9%
Support, knowledge, and rituals covered:		
<i>Theory</i>	77%	38%
<i>Grief and grief reactions</i>	83%	54%
<i>Grief in relation to age</i>	47%	15%
<i>Rituals and events to remember the deceased</i>	100%	83%
<i>Quotes, sayings, and suggestions for songs</i>	33%	25%
<i>Phone lists and contact details for external support</i>	57%	28%
<i>Literature list</i>	37%	32%
<i>Draft letters</i>	27%	34%
Grief work (how to) covered:		
<i>Approaching and talking to the bereaved child</i>	83%	63%
<i>Long-term bereavement support</i>	77%	12%
<i>Handling the funeral</i>	100%	86%
<i>Cultural deviations in grief (e.g., Muslim, Jewish)</i>	7%	11%
<i>Deal with staff strain during bereavement support</i>	53%	22%

Information covered in plans

The section related to information flow focused on exploring how the institutions prepared communication and task assignments when responding to a loss suffered by a child. Nearly all Danish and Norwegian plans included basic instructions, such as who should do what and how the affected families should be contacted. While most plans from both countries provided guidelines on how to inform the communities in daycare institutions and how responsibilities should be assigned, the Norwegian plans generally did so more often. Another strength of the Norwegian plans is ensuring that procedures are in place regarding how to handle external communication, such as with the media when situations arise that may attract the attention of the public. The omission of this topic in nearly half of the Danish plans seems to derive from the foundation phase, in which each institution decides what is considered important to address.

Types of support covered

Ninety-four percent of the Danish plans cover providing support for children who have lost someone close to them, such as a parent or sibling, as compared to 57% of the

Norwegian plans. Whereas the Danish plans seem to focus on the most common types of loss, the Norwegian plans also feature a crisis response element. In this regard, 93% of the Norwegian plans cover accidents in an institution, and 77% cover serious events such as terror attacks. In the Danish plans, these figures were 66% and 9%, respectively.

Knowledge and rituals covered

While 77% of the Norwegian plans include grief theory, only 38% of the Danish plans do so. The Norwegian plans generally cover slightly more topics, whereas the Danish plans more frequently include template letters that can be sent to families of other children attending the particular institution. All Norwegian plans also covered rituals to rituals by which to commemorate the deceased (e.g. lighting a candle, flying the flag at half-mast), while only 83% of the Danish plans did so.

Grief work

More Norwegian plans provide instructions on how to talk to a child about loss than Danish plans (83% versus 63%, respectively). The most significant difference between the two countries concerns the provision of guidelines on long-term support, as 77% of the Norwegian plans feature these, as opposed to only 12% of the Danish plans.

In both countries, most plans cover whether staff should be present at the funeral, while some plans also include guidelines for the participation of peers. In terms of dealing with non-majority cultures and religions, plans in both countries were poor, as only 7% of Norwegian plans covered this topic, while 11% of Danish plans did so.

Limitations

Before discussing the results of this document analysis, it is essential to highlight certain limitations of this study. Having obtained the plans either by searching the internet (Denmark) or through email (Norway), we had little or no contact with the institutions using the plans. This means that we do not know whether these institutions might have other support tools alongside their plans or whether the plans are their only form of guidance. In addition, having a b-plan is different from actually using it. Furthermore, we only included full contingency plans in our Norwegian selection. Plans that were perceived to be incomplete were disregarded, even if these were potentially the only written support the Norwegian institutions had available. As such, the included Norwegian plans might be skewed toward presenting a favourable picture of the Norwegian support system.

A second limitation is that we only investigated whether specific themes were included in the plans; we did not determine whether the plans would prove effective when put to use or whether the action recommendations they contain were knowledge-based and sound. In theory, some plans could address every theme while nonetheless being of poor quality. Therefore, this study simply shows the areas that institutions intend to focus on when supporting bereaved families. It does not evaluate whether the support described in the plans is 'best practice', nor does it attempt to determine whether the plans are followed or support is adequately provided.

Given that more plans were included in the Danish sample, it is possible to be more precise when making claims concerning the Danish context, although the same plans might have been more commonly used across a multitude of Norwegian institutions. However, the figure of 65 plans means that caution is advised regarding transferability. From this perspective, this study represents an initial step towards understanding the support structures that are available when Danish and Norwegian institutions address family bereavement.

Discussion

While conducting this study, it became clear that the two countries' systems are very similar in terms of structure and functionality. However, the Danish plans generally seem focused on the period immediately following the initial incident and tend to not provide satisfactory guidelines for long-term support. In contrast, the Norwegian plans are broader and more current but seldom written by the institutions that rely on them. Both systems generally fail to include multicultural perspectives when guiding staff on how to offer support. The inclusion of divorce in plans also suggests an organic system that adapts to its users' needs. While this adaptability is evident in both systems, it seems to occur at a more general level in Norway, whereas it varies to a greater extent in the individual Danish plans. While the Danish plans might share a similar structure, each differs slightly in terms of focusing on specific areas that particular institutions may consider most important.

Even though the plans from the two countries may share the same origins, the Norwegian and Danish approaches may have more significant differences than indicated by the sample discussed in this article. Due to the Norwegian framework of laws and guidelines regarding emergency and contingency plans, the initial advice regarding grief plans is included in this broader set of plans and guidelines. This means the plans are more systematically embedded in their respective organisations and are connected to other contingency plans. The consequence, however, is that Norwegian plans today primarily seem to be authored by professional consultancies or municipality employees. Consultancy firms tend to provide more general databases which provide guidance on multiple forms of special needs situations. This database is then maintained by the consultancy firm and can be accessed by Norwegian daycare institutions in exchange for an annually payable subscription fee. Municipality plans are provided to daycare institutions free of charge.

The approach of having specialised professionals writing the plans has several advantages: First, this document analysis has indicated that Norwegian plans seem to be maintained and updated more frequently than their Danish counterparts are. Second, having professionals update the guidelines ensures that they are based on contemporary knowledge of children's support needs. Based on our analysis, the Norwegian plans generally seem to rely on more contemporary theory and to be better updated and of better overall quality than their Danish counterparts.

In contrast, the Danish plans are extremely diverse in terms of length, scope, and quality, as our analysis shows that they are more diverse in terms of what they include and exclude compared to their Norwegian counterparts. During our review, we found Danish plans that seemed useful and were well-tailored to the specific needs of the staff members of institutions when responding to a loss. This exemplifies why it can be advantageous to have staff, who work with children daily, serve as the authors of

guidelines relating to the support that such children need. However, we also identified several plans that were of such poor quality that they, for all intents and purposes, would be useless were their respective institutions to ever encounter bereavement. Also, several Danish plans were either outdated or had not been updated or maintained for years.

When comparing the two systems, there seems to be a general case for claiming that plans written by professionals and provided to institution staff are generally of higher quality than documents produced in house. This approach further ensures that new knowledge relating to children's support needs is propagated to staff and that plans receive regular maintenance. It would be easy to end this article with the above recommendation. However, the situation may not be so straightforward, and such a suggestion could be problematic.

A recent Danish report surveyed 603 Danish daycare institution leaders (The Danish Cancer Society, 2020) and found that 87% of all Danish daycare institutions had implemented plans voluntarily. An additional 80% reported that they believed the plans to be efficient in terms of helping children following a loss, while 64% considered the plans to be effective in guiding long-term support efforts. In an international context, such numbers are impressive. While statistics related to bereavement support in daycare institutions have not been published in the global context, Holland and colleagues (Holland and Wilkinson 2015; Rowling and Holland 2000), based on regional rather than national samples, highlighted that British schools struggled to achieve adoption rates above 39%. This was the case even when the schools had participated in programmes aimed at developing such efforts.

However, while the Danish numbers may be impressive, in reality, they indicate very little about whether the Danish plans are effective or whether daycare institution staff leaders merely believe this to be the case. From this perspective, during an earlier review of the Danish support system, Lytje (2016a) argued that plans might be better at supporting staff during crises than they are at supporting bereaved children and their families. Nevertheless, the results indicate a significant emphasis among Danish daycare institutions on providing support when families experience bereavement. From this perspective, the work undertaken by an institution to create and maintain its b-plan might be an essential step in creating awareness. Such a process often creates a sense of ownership of the final product and facilitates its authors becoming 'ambassadors' for ensuring that bereaved children receive support. As such, while the Danish plans have significant disadvantages compared to their Norwegian counterparts, they also have an implementation and utilisation rate that might be unique globally.

Unfortunately, no similar survey has been conducted in Norway. This means that it is not possible to determine whether Norwegian plans offer the same utilisation rate while still managing to be of overall better quality. However, when rules are handed down from above, it can be difficult for those receiving them to feel a sense of ownership.

The section related to the types of support covered identified some intriguing differences. The Danish plans address providing support for children who have lost someone close to them, such as a parent or sibling, to a greater extent than the Norwegian plans. Given that the Danish plans are created by individual institutions, it makes sense that this is a significant focus, as these types of losses are statistically those that occur most commonly (Eland n.d.). This likely also explains why more Danish plans cover losses among staff when compared to Norwegian plans.

The Norwegian plans have a stronger crisis response element, particularly concerning major events such as terror attacks. This difference might be due to the guidelines and regulations set by the Norwegian Directorate of Education; it almost certainly also reflects the 2011 terror attack in Norway, where 69 youths were killed on Utøya island. In 2015, a letter (Rundskriv I-6/2015) was issued stating that all Norwegian nurseries and schools needed a contingency b-plan that included acts of terror. In Danish institutions, the prospect of being a victim of a terror attack seems extremely remote. Lastly, it should be noted that the difference might also be explained with reference to a crucial difference between the naming of the plans in the two countries: Whereas most Danish plans are referred to as bereavement response plans (*sorghandleplan*), Norwegian plans are referred to using the broader term ‘contingency plans’ (*beredskapsplaner*).

One weakness evident in the plans from both countries was the omission of guidelines related to responding to bereavements occurring during vacations. From clinical experience, we know that families find it challenging when losses occur during vacation, and they cannot communicate with their children’s respective institutions until weeks later. It is also more problematic for both personnel and other families to participate in commemorative rituals during vacation time. Families may then perceive a lack of support from their daycare institutions. When the autumn term starts, such a loss may seem somewhat more distant, and social support from institutions and other parents may be less forthcoming.

An interesting discovery related to how many plans from both countries cover divorce. Interestingly enough, divorce was not included in the original guidelines on what to address when creating a bereavement response (Bøge and Dige 2005). This inclusion consequently seems to derive from institutions’ need for guidelines on how to respond to such a situation. It also provides evidence that they perceive loss due to death and loss due to divorce as being similar experiences or of equal importance, as both topics are covered in their plans.

The Norwegian plans featured more references to theory than Danish. This difference is likely due to the fact that more specialists are involved in updating the Norwegian policies than is the case in Denmark. With the Norwegian plans often being provided as a service, it makes sense that the relevant service providers also have a focus on providing theoretical education to staff using these plans. In Denmark, the training that a social educator receives rarely includes bereavement theory. As such, the low number of plans covering this topic in Denmark might be explained by staff not being aware of such theories in the first place.

The Danish plans had more template letters to be used when responding to bereavement. Having plans written by staff who work with children makes it likely that this difference can be explained in terms of a wish to make the process of supporting bereaved children as easy as possible. In addition, it may well be a product of the culture in which the Danish plans were created: First, draft letters are recommended in the current guidelines provided by the DCS (Bøge & Dige, 2005). Second, institutions might find inspiration in other institutions’ plans when creating their own.

With regard to providing concrete and specific instructions on how to talk to children about loss, the professional origins of many Norwegian plans may account for the greater prevalence of such instructions in these. Based on interviews with older children, it is known that teachers are most uncomfortable discussing the deaths of parents and

siblings with children (Reid and Dixon 1999). There is no reason to believe that this would be different with regard to younger children, and therefore the Danish plans could be improved in this regard.

It is noteworthy that so few of the Danish plans feature guidance on providing long-term support. The focus on long-term support has been stressed in follow-up studies on bereaved young people in Norway, where a lack of long-term support has been noted (Dyregrov 2009). The Danish plans in general seem to focus more on the initial days following a loss, most likely because these are the most difficult for staff to handle. The lack of long-term support is more pronounced in the Danish plans. This shortcoming may reflect different emphases in terms of follow-up in the two countries. Lytje (2016a) found the same lack of attention to long-term support in Danish school plans.

One area that has drawn very limited attention in both countries is how cultural differences might impact a loss. This oversight might be considered problematic, as both countries are increasingly multicultural, and research (e.g. Clements et al. 2003; Lobar, Youngblut, and Brooten 2006) has shown that there are considerable differences in mourning rituals and post-life beliefs depending on culture and religion. This is an area where institutions in both countries could benefit from access to specialised knowledge.

Conclusion

This article represents a first step towards understanding how the approaches in Norway and Denmark have diversified over time. Despite stemming from the same origin, the two approaches have diverged significantly, both due to changes on an organisational level (e.g. the Norwegian law) and national incidents (e.g. the Utøya terror attack). Many questions must be answered before it will be possible to determine what can be learned from the individual strategies. Nevertheless, such insights can be used to improve both systems. Steps by which such information could be acquired would include conducting a Norwegian survey similar to that undertaken among Danish daycare institutions (The Danish Cancer Society 2020). Qualitative interviews with institution staff could also provide more insights into how the Norwegian and Danish plans are perceived and utilised by daycare institution staff.

Note

1. For more on this development, consult page 122 in Lytje (2016).

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