

When young children grieve: Supporting daycare children following bereavement – a parent’s perspective

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Thirteen parents who lost the mother or father to their child were interviewed, using semi-structured interviews. Participants reflect on their young children’s (3-6) grief, support needs, and what they learned from this trying time. The event scarred all participants. While some moved on, others were still struggling years after. The study uncovers difficulties associated with informing a young child, with a limited understanding of illness and loss, in a life-situation where parents themselves are clinging to hope. While support is available from daycare, it can be better organised and structured. Proactive support that assists the child through illness and death relieves the parental care burden.

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Introduction

The grief which follows the loss of a parent has long been a subject of interest among prominent researchers, who have been intrigued by the pain and consequences of such losses (e.g., Bowlby, 1980; Darwin, 1872; Freud, 1937). Early studies, however, generally focused more on understanding the differences between the grief of adults and children than on investigating the potential support needs of bereaved children.

Although such needs have gradually gained more attention over the last 40 years, even today, studies often make the mistake of considering children's grief as a constant and neglecting to consider that there is a significant difference between losing someone at the age of 6 versus 17 (Goswami, 2011). While research on the support needs of school-age children is uncommon, research on the experiences of young children (i.e., those between 3–6 years of age) is even rarer.

The general failure to consider the perspectives of young children is problematic, as current studies indicate that parental bereavement can increase the likelihood of children experiencing depression (e.g., Brent et al., 2009; Gray et al., 2011), lead to lower educational attainment (e.g., Høeg et al., 2019; Kailaheimo-Lönnqvist & Kotimäki, 2020), and increase the likelihood of engaging in high-risk behaviour (e.g., Høeg et al., 2017; Nielsen et al., 2012). Studies (Christ & Christ, 2006; Nielsen et al., 2012) have also suggested that the likelihood of the above consequences occurring may be reduced should children receive sufficient support from others. Nevertheless, to provide support, it is necessary to understand both how young children may express their grief and the forms of support that might benefit them.

Parents' perspectives are highly valuable because few other adults spend as much time with or know bereaved children as well as parents do. Moreover, parents often possess a

unique knowledge of how grief is expressed, as they witness their children's behaviour over time and in the private spheres of the family and home.

Rationale

In this article, we explore the data generated from interviewing 13 parents to understand how they perceived the support needs and grief of their children, as well as what they learned from offering support during this trying time. The study uses a pragmatic design framework and attempts to answer the following research questions:

- (1) How do parents include young children when a family experiences critical parental illness and death?
- (2) How do parents perceive the grief reactions of their young children?
- (3) How do parents experience the support provided by their children's daycare institutions?
- (4) Which forms of support would parents have liked their daycare institutions to provide?

The article begins with a literature review focused on the consequences of losing a parent while being at a young age. Thereafter, the study methodology and research data are presented, and the results are discussed in relation to the research questions. The article concludes by discussing the limitations of this research and the implications of the findings.

Literature review

When a parent dies, the entire family is affected in various ways. Challenges relating to psychological wellbeing can arise, as can economic and practical problems such as reduced income and all household tasks falling on one person. Giving that returning to

everyday life may prove difficult, authors (Luecken et al., 2009; Worden, 1996) have highlighted the importance of dealing with the loss as a family. They have found that perceived parental care may be the most important mediating factor in reducing negative physical and mental risk factors. Furthermore, Saldinger and colleagues (2004) reported that the greater the extent to which the interviewed parents engaged in child-centred parenting practices, the fewer bereavement symptoms their children displayed. This finding may be particularly important, as other studies (Berg et al., 2016; Cerel et al., 2006) have found that the remaining parent's ability to provide care might be reduced in the time following a loss. It is assumed that shock and grief make bereaved parents less emotionally available to provide the same level of care as that provided prior to the loss. The loss of a spouse can lead to psychological reactions such as depression and increased mortality on the part of the remaining parent (e.g., Burns et al., 2015; Götze et al., 2018; Moon et al., 2011). Bereaved parents also risk encountering difficulties of a more practical nature. Such difficulties include financial or practical challenges and determining the appropriate way to communicate the loss within the family (Bosticco & Thompson, 2005; Dion, 2003).

Should grief reduce the surviving parent's capacity to support their child(ren), this might prove particularly problematic, as having someone to talk to following a loss acts as a resilience factor for the bereaved child(ren) that reduces the likelihood of social isolation and engaging in high-risk behaviour (Christ & Christ, 2006; Nielsen et al., 2012). However, the current body of literature concerning how parental bereavement affects young children (i.e., those < 6 years) is limited. Most of the studies that have addressed members of this age group have included them as part of a broader age span sample. Examples of such studies are those of Christ and Christ (2006), who interviewed children aged 3–11, and McClatchy and colleagues (2009), who covered an

age range of 6–16. Despite the relative lack of research focusing on younger children, studies (Brent et al., 2009; McClatchy et al., 2009; Melhem, 2008; Raveis et al., 1999) have reported an increased risk of mental problems such as anxiety, depression, and post-traumatic stress for bereaved children in general. In a review, Christ and Christ (2006) identified separation anxiety, dependency, night-time fears, regressive behaviour, irritability, and impatience to be the most common reactions following bereavement among 3–5-year-old bereaved children (p. 200). Unfortunately, the literature offers only a limited understanding of children’s support needs. With this study, we aim to contribute to the understanding of young children’s experience and support needs following parental bereavement.

Method

Due to the exploratory nature of this study, an inductive semi-structured approach to data generation was adopted. According to Bailey (2008), semi-structured interviews involve using an interview guide with specific questions that are not necessarily asked in a specific order. The flow of the interview, rather than the guide, determine when and how questions are asked. Semi-structured interviews thereby function as a tool that allows one to develop a greater understanding of a topic regarding which little was known beforehand (Miles & Gilbert, 2005).

Participants

Thirteen families that had experienced the loss of a parent and had a child attending a daycare institution were recruited. To qualify for participation, families had to have experienced a loss between six months and five years prior to the interview. This requirement reduced risk that participants would be suffering from acute grief reactions

while also ensuring that the event was sufficiently recent to accurately recall.

Families that had experienced violent deaths (e.g., suicide, murder) were not included in the study. It was decided that such interviews risked triggering trauma reactions and would require more robust post-interview support than this study could provide (see the ethics section). Moreover, Karam (2014) has noted that children of such children may have different support needs.

Table 1 describes the composition of the families and the types of loss they suffered. Pseudonyms have been used for parents. However, to avoid an excessive number of names and thus possibly creating confusion, children are referred to as *child* (x,y). The first number relates to the age at the time of loss, while the second number relates to the child's age at time of interview.

Table 1: Participant details

Remaining parent:	Cause of death:	Child/children and age at the time of loss:	Time since loss:
Brian	Cancer	Child (5, 6)	12 months
Ole	Cancer	Child (6, 8), Child (8, 10)	24 months
Erik	Cancer	Child (2, 6), Child (4, 8)	48 months
Lars	Cancer	Child (5, 6), Child (6, 7)	12 months
Frederikke	Cancer	Child (5, 6)	12 months
Anette	Cancer	Child (3, 5), Child (5, 7)	24 months
Kristine	Neurodegenerative disorder	Child (2, 5), Child (5, 10), Child (7, 12)	60 months
Tove	Cancer	Child (5, 6)	12 months
Octavia	Cancer	Child (3, 6)	36 months

Rita	Neurodegenerative disorder	Child (3, 5), Child (4, 6)	24 months
Ragna	Cancer	Child (2, 4), Child (3, 5)	24 months
Emil	Cancer	Child (3, 5)	24 months
Nikolaj	Cancer	Child (3, 6), Child (6, 9)	36 months

Ethics

All participants were assured of full anonymity, and any data that mention locations have been omitted. The study further complies with the European General Data Protection Regulation (*General Data Protection Regulation (GDPR) – Official Legal Text*, n.d.) and the Framework for Good Practice in Counselling and Psychotherapy (Bond & Griffin, 2013). As the research was undertaken by a nongovernmental organisation, it went through an internal ethics review approval before being launched. In Denmark, there is no requirement that a project needs to be approved by an ethics committee if it does not involve the collection of biological material (National Scientific Committee, 2020).

Post-interview support provided by the Danish Cancer Society was made available to participants. Support included help contacting support services and securing access to a psychologist or social worker.

Procedure

Recruitment was done through a) Cancer Society staff reaching out to families that had been in their care and who satisfied the study participation criteria and b) Facebook groups. Two interviewers visited each family so that each parent and child could be interviewed simultaneously. However, the parent and child interviews were not linked and are part of two separate studies. This approach reduced the time families had to

reserve for the interviews. It also meant that participants could share their accounts without being overheard.

Interview sessions started with the researchers arriving at the home of the participating families. Depending on the time, the researchers brought breakfast or cake to allow for an initial informal meeting where everyone would share a meal and become acquainted. Thereafter, each interview commenced in separate rooms.

Since the interviews were conducted while a second interviewer interacted with the parents' children, they were roughly the same length (between 40 and 60 minutes).

Interviews generally ended when the child returned from his or her interview, unless the interviewer felt that the parent still had much more to share.

Data analysis

The generated data were analysed through thematic analysis. According to Guest and colleagues (2012), this method is efficient in that it is a thorough and inductive process of exploring data that is both transparent and credible. While it draws from several theoretical and methodological perspectives, the method is primarily concerned with “presenting the stories and experiences voiced by study participants as accurately and comprehensively as possible” (Guest et al., 2012, pp. 15–16). The method thus allows participants' stories to come to the fore without heavy editing from the researcher.

During the analysis, the researcher identifies a series of themes that adequately describe the meaning embedded in the larger dataset. Howitt (2010) states that this process of identification can be divided into three separate stages: 1) transcription, 2) analysis, and 3) theme identification.

With this approach in mind, the first step of the analysis consisted of rereading and

becoming immersed in the transcribed data. Thereafter, all data were imported into the computer program QSR NVivo 12. The program acted as a platform for documenting the analytic process while also providing tools for sorting the data into categories.

During the subsequent examination, emerging themes were developed, which led to the establishment of 11 themes. In the following revisions of the data material, these were reduced to seven themes.

The analysis itself was undertaken in Danish, while quotes have been translated into English for this article. During the translation from Danish to English, focus was placed on meaning rather than on one-to-one translation.

Quality and rigour

Kvale and Brinkmann (2009) argue that validity is not a commodity that can be obtained through the solicitation of a particular method. It should instead be considered a ubiquitous entity influencing the character, method, reasons, and goals of a research project. Similarly, Braun and Clark (2006) state that two fundamental principles need to inform the analytic process in thematic analyses, namely that the analysis be conducted systematically and rigorously documented.

To satisfy the above recommendations, the different stages of the data analysis were saved as separate files in QSR NVivo 12. This approach allowed the researcher to keep track of the different stages that the analysis had undergone. The data were initially explored and sorted by a single researcher; thereafter, a second researcher reviewed the initial analytical steps and accumulated themes. Following agreement during this stage of the process, the final themes were presented and discussed with collaboration partners from different universities. The approach was adopted to ensure transparency during the task of transforming an entire data set into seven themes.

Results

Our qualitative data analysis led to seven themes, all of which are related to the study research questions. These themes are as follows: 1) inclusion of the child during critical illness; 2) supporting the child at the time of death; 3) talking to the child about the loss following bereavement; 4) parents' perspectives on child grief reactions; 5) support from the daycare institution; 6) desired support; and 7) advice for other families who experience loss. Each theme is individually presented in the following sections.

Inclusion of the child during critical illness

One of the first significant challenges faced by parents during a period of critical illness was deciding whether to inform their children about what had befallen the ill parent. Such decisions were difficult since the parents themselves often were unsure about what the future held and were clinging to hope. Consequently, families adopted diverging approaches. Eleven of the families informed their children about the illness and the severity thereof, while two did not. Of those who chose to inform their children, some decided to do so as soon as they were aware that something was wrong, whereas others did so only when they realised that the illness had reached a critical stage. One father who did inform his child explained the approach he and his partner adopted:

When we started to realise that now she needed treatment, we opened up about it. We told the children that mum has a disease called cancer. They should not hear that from someone else. We were aware that any information the children received needed to come from us. (Emil)

Emil further noted how he believed it would have been impossible to keep the truth from his children:

The children registered some of the things that we talked about or talked to other people about. We had an example where our child said to her sibling, who is two years old and she is four, that “you have to be aware that one or two or three days after mum has chemo, she's going to lie in bed and feel ill, so we just have to be a little quiet”. It was not something we had told her, so it was something she had overheard us tell family or friends. It opened our eyes.

Another father, who informed his child relatively early, commented on how he believed this had been the correct choice:

I think it has helped prepare them for what could happen. It does not help them keeping it a secret. No matter how you look at it, you cannot bring something like that home to your family and not be affected. The kids would have felt something was wrong, and we would have needed to lie to them. That is wrong. You have to tell the kids, “This is our reality. Now we have to fight for it”. (Lars)

Two participants did not opt to tell their children about what was going on to protect them from the difficult truth. Brian explained that:

We simply could not bear that they should live with this knowledge and constantly be worried. We chose not to tell them anything except that mum was ill. It also meant that when she died, it was very sudden for them. She was ripped away overnight.

Reflecting on whether this had been the correct approach, Brian discussed how his daughter had reacted following her mother's death:

It backfired because Child (5, 6) has held it against us. She often reminds me that we lied to her. She is very unhappy about that. So, there is little doubt that when you look back like that, of course, we should have told her.

Brian further reported that they had told their child that their mother's lack of energy was due to her having bacteria in her stomach. This may have given his child concerns, as her behaviour changed when she was told about the cancer. Brian clarified that

“Something dawned on her when we told her it was cancer, and that it is not contagious. She became less troubled. I think, before that, she had imagined that she could also get ill”.

Supporting the child at the time of death

Following the death of the mother or father, one of the first decisions the remaining parent had to make was whether to let the children see the deceased. Parents noted how difficult a decision this was, even though the health staff at the hospitals where the ill spouse was receiving care generally encouraged them to do so. Like the majority of the interviewed parents, Ragna decided to let her children see their deceased father. She explained that

It is important that they do not see death as something sinister, that they remember him while he is still warm and fine. So, I believe they should. That was a good decision because Child (3, 5) crawled all over him, kissed him, and laid a flower by his body. She could feel that now he was not there anymore. It was not creepy; it was good.

In the same way that seeing the deceased could help the children understand what had occurred, most parents felt that participation in the funeral could also help facilitate this understanding. Frederikke explained that

It was here [at the funeral] that Child (5, 6) realised he wasn't going to see his father anymore. Before, I don't think he'd understood what was really going on, even though he saw his father lying there [dead at the hospital]. I don't think he understood that he had actually passed away. I did not regret it.

However, not all participants chose to include their children in the funeral. Octavia explained that

Child (3, 6) did not participate in the funeral. He was in kindergarten. I picked him up afterwards, so he could attend the memorial service afterwards, but I don't think he really understood what he was attending. When the urn had to be lowered into the ground, he also helped with that. I do not think he understood anything there either.

While some parents felt that the time of death was the moment that their children understood that the deceased was not coming back, others remarked on how this understanding did not seem to take root until much later. Emil explained how his daughter had reacted at the funeral:

Inside the church, as we stand up and are about to carry her [the deceased mother] out, it dawns on Child (3, 5) what is going to happen. When we put her into the ground, she screams so loud it sounds like she has gone crazy. Afterwards, she keeps asking if mum is coming back. But I think when we carried her out, she was thinking, "Now Mum needs to come out of the coffin". She just screamed, "Mum, mum, mum". And then in the following days, weeks, months, she kept asking, "When does mummy come back down?"

Generally, parents also felt that younger children around the age of three struggled more with this understanding than older ones. However, some parents recounted how their children continued to fantasise about the return of the dead parent and needed confirmation about the permanency of death. Tove stated that "Child (5, 6) keeps saying 'I wish dad would come up from the earth.' He keeps saying that. I think he needs me to confirm that it won't happen".

Talking to the child about the loss following bereavement

All parents struggled following the loss and noted the challenges involved in having to support their families while also mourning themselves. For some, these challenges led to difficulties talking about the loss. However, all parents believed that it was important

that a family was able to talk about the deceased. Ole commented that

[Children] deserve to be given a proper answer if they have a question. And our approach, where we included them in everything, has meant that my children never experienced a closed door. God forbid something like this ever happens again, but, if so, I would clearly tell my children, even if they are young. They do not get anything out of it being a secret.

Emil remarked on how talking about the deceased could be difficult while also being lost in one's own grief: "I hated it when Child (3, 5) asked me a question and I just repeated the same answers. She didn't need that. I really wished someone had helped us talk about it despite her young age".

Ragna further suggested that it was important to establish a common belief about what has occurred and how the family talk about the deceased parent. She elaborated,

Child (3, 5) asked about what happens when one is cremated. I came up with a story that when you burn, you turn into smoke and go to heaven. Well, then he [deceased dad] needs to bring something. So, [deceased dad] got a bag of peanuts, whiskey glasses, and a card game with him so he could have fun. We have a story like that, what they are doing up there. And that is nice to talk about because then in some way they are just living differently, since they no longer live here.

In this way, while all parents believed communicating about the deceased and mourning as a family were important, some felt they did not have the energy or knowledge to do so. While it seemed to unite the family where the loss was openly shared, it could make the parents feel apart from their children, in families where they did not talk.

Parental perspectives on child grief reactions

In the time following a loss, parents reported witnessing a range of grief reactions and coping mechanisms on the part of their children. The most common reaction was

sleeping difficulties, which were reported by all participants. Many parents associated their children's sleeping difficulties with the quiet that existed when their children were lying in bed just before going to sleep. Frederikke recounted that

When Child (5, 6) is going to be he's really sad. That's when he thinks the most about his father. During the day, so many things happen, but then when he's going to bed, all the thoughts appear.

For Kristine's daughter, bedtime continued to be difficult in the years following the loss. In particular, when her seven-year-old daughter had bad days, other negative emotions would be mixed in with the sadness of having lost her father:

After reading bedtime story, there's nothing else you have to do, and then there is room for thinking about dad. It's like that five years later. When something is difficult, it gets mixed up with missing dad. When they're sad or exhausted or we have a conflict, it often becomes "It's because Dad's dead". It's not as if they're using him to gain from the loss. But when they're in that mood and feeling hopeless and sad and it's all shit, then you might as well include dad. Then that comes up, too.

Other parents remarked on observing additional reactions, such as regression and aggression.

Aside from evenings being difficult, several parents noted that special occasions such as birthdays and Christmas evoked grief reactions. Brian observed that "On her [child] birthday or that of her mother, when we go to the graveyard and visit her, and other things like that, then she can get upset". Brian further noted how his daughter (5, 6) seemed to be able to temporarily withdraw from her grief. He related how "She had an ability to go in and out of her grief. She could go from being very sad to being wild and running around".

Support from the daycare institution

Most parents reported that daycare staff had taken the illness and loss of their partner seriously and done their best to offer support. However, some also noted that the staff seemed uncertain about how to approach the loss. Nikolaj explained that "They were kind and supportive, but I could have used some form of structured plan". Brian, who had a positive experience, noted that

I actually think they did really well. They were professional about it, and they were really helpful. They should be praised for that. It has been a really good kindergarten because they were very understanding of our situation, and they supported us in many ways.

Most parents reported that some of the daycare staff attended the funeral, and Emil remarked on the importance of this:

It meant a lot to the kids that they were there. The thing about talking about something, when you're four years old or six years old, I think it's easier for you to do when you know this is also something they have seen too. So, we have seen the same. I think that's definitely one thing that's very important.

While the presence of daycare staff members at the funeral was important, it was not the only form of support received by the bereaved families. Additional initiatives often included both spending additional time with the bereaved child and supporting struggling parents. Ole mentioned this:

Child's (6, 8) social educator pulled her out. Then they sat and created a memoir, where she could sit with a clipboard and print pictures and write about mum. And they talked about what she remembered from the funeral. Although it was on a sad note, it has actually been something Child (6, 8) has been looking forward to, that she and [staff] can have time together.

While daycare institutions primarily needed to support the bereaved children, several

parents also noted how they had received additional attention and help from daycare staff. Emil recounted that

I was unemployed for one and a half months. Then [staff member] walks over to me and asks me how things are going. I say, "Fine". He then says, "I just noticed you haven't been wearing your work clothes for a while". I tell him, "Well, I have been unemployed for a while". Then we talked about Child (3, 5) and life. I think that was well observed by him, and, at that time, I knew I needed all the help I could get.

Help could also come in the form of more practical support. Ragna talked about how her daycare institution broke official rules to help her family in the time just before the loss:

During the period when [deceased husband] was hospitalised, we got food from both the nursery and kindergarten. There were rules against that, but the kitchen lady wrote to me, "There's food in the fridge, you just take whatever you want". That's how we survived.

While most parents reported receiving valuable support, for two participants, this was not the case. Octavia described her experience:

After Klaus was dead, she [staff member] told me they had never had a parent who had died in that kindergarten, so they didn't actually know what to do. Then I told her, "Well, I guess you're going to have to contact the municipality". Later, Child (3, 6) returned and had to tell the other children that he no longer had a father by himself.

Desired support

There was some agreement among parents when it came to the forms of support they would have liked their children to receive. While parents were very thankful for the help they received from their daycare institution, many would have preferred it to have been

better structured. Tove noted the following:

I would have liked it if they had told me, "This is what we do when someone loses a parent" so that I might be able to support those efforts from home. I would have liked it if we had had more of a united front. Because I am standing here as a parent who also doesn't have any experience with how to deal with this.

Nikolaj further explained how he felt that the support he did receive was initiated slightly too late:

Even though it might be uncomfortable for everyone, I believe that the institution should venture to take action early on. I really needed to be told that even under these difficult circumstances, things are under control: "Now that your wife is dead, we are going to have a meeting before your child returns. We know how to deal with situations like these, as we have done this before".

While providing early support was necessary, Anette noted how it was also important that a long-term perspective be adopted in providing such support

It would be good if it were structured and they [staff] suggested, "Why don't we agree on talking once a week or once a month?" Because I think if too much time passes between conversations, it might be difficult to keep track of what's going on.

Based on the interviews, it seems that parents generally wanted to be met by staff who took their experience seriously and acted proactively.

Advice for other families who experience loss

At the end of each interview, parents were asked about whether they had learned something from their loss experience that might help other families. Ragna and others argued that it was important that people accept early on that they no longer have the capacity they had prior to the loss:

My first advice would be don't hide it. It is too heavy a burden to carry alone. And you should not have to. Don't be afraid to say what you need, but also what you don't need. Be open about it; that is the best advice I can give. Because people do want to help, but they often struggle knowing how to.

Kristine noted that, just as the remaining parent needed help from friends, so did the bereaved children. She stated the following:

There will be some who believe their friends shouldn't be involved. But if you want to avoid [the bereaved children] being left on their own, their friends need to know what has happened. Because how can they help otherwise? I do not think you can help them without their comrades being involved in it as well.

According to the participants, while support had to be initiated by daycare staff, all members of the institution had a role to play when it came to offering help.

Discussion

The death of a partner and parent expose the surviving parent to significant strains. The surviving parent had to deal with not only the grief of their child(ren) but also their own. This burden represents a challenging starting point for support efforts.

Inclusion of children during critical illness and at the time of death

Most parents decided to include their children in the course of the illness. They described how they felt that this approach helped prepare their children for what was to come. It also created a culture where it was acceptable to openly talk about the loss. Two families chose not to include their children in the course of the illness, and both seemed to regret this, as they observed some resentment and trust issues in the time following the loss. It is worth noting that all parents, regardless of whether they had decided to inform their children of the progression of the illness, recommended being

open about the loss.

Many parents discussed how they chose to let their child view the deceased. In a qualitative study, Søfting and colleagues (2016) interviewed 13 children about their experience of viewing dead family members. The study's findings indicated that inclusion in this process was crucial for the children, as it helped them be recognised as grievers alongside adults. Although other studies also have come to similar conclusions (Silverman & Worden, 1992; Weller et al., 1988), some authors (McCown, 1984; Weller et al., 1988) have reported adverse effects associated with such participation (McCown, 1984; Weller et al., 1988). Nevertheless, prominent nongovernmental organisations involved in supporting the bereaved (e.g., American Cancer Society, 2015; *Winston's Wish*, 2013) generally recommend allowing children to view the deceased. It is also worth noting that none of the parents who had opted for this approach mentioned regretting the decision. They felt that it was an essential step in helping their children understand both what had occurred and the permanency of death.

Parent strain and grief reactions among children

The interviews indicated that newly bereaved parents were plunged into a chaotic situation. Not only did they need to handle the funeral and practical tasks, but they also needed to manage both the grief of their children and their own. Some of the families still struggled years later, and three of the 13 interviewed families required post-interview support. Other families had managed to build new lives, found ways to keep the memory of the deceased alive, and could openly talk about the lost parent. None of the families that adopted this approach doubted that it had been the correct one, and evidence in the literature (e.g., Luecken et al., 2009; Worden, 1996) supports this approach.

Christ and Christ (2006), who explored the consequences of bereavement in a sample that included 3–6-year-old children, noted that strong support networks could help mediate adverse reactions. Our study supports the notion that having someone to talk to and being open about the loss in the family engender resilience and help the grieving process. However, on occasion, it can be difficult for parents to reach out for support, and professionals might take a stronger role in helping bereaved families reach out and activate their support networks.

Parents reported witnessing a range of reactions on the part of their children in the period following the loss, including sleeping difficulties, regression, setbacks in terms of developmental level, learning difficulties, difficulties in concentration, and aggressive behaviour. Such challenges have been reported in samples including 3–6-year-old children (Bugge et al., 2014), albeit not always, as when rated by preschool teachers (Gülay Ogelman et al., 2016). While the lack of studies on young children is notable, studies involving older children have frequently identified the same reactions as those reported herein (e.g., Dowdney, 2000; Høeg et al., 2017; Lytje, 2016b; Nielsen et al., 2012). Even though the sample investigated in this article is too limited to allow for generalisation, it is intriguing that participants noted that their children exhibited the same reactions and encountered the same challenges as reported for school-age children.

Several parents were uncertain as to whether their children understood the permanency of death. Authors (e.g., Hunter & Smith, 2008; Speece & Brent, 1984) have proposed that this concept is generally mastered by the age of seven. It is noteworthy that in our study, the majority of interviewed parents seemed to believe that their children understood the permanency of death even at the ages of three and four. This finding

lends credibility to the claims made by some researchers (e.g., Bonoti et al., 2013; Mahon, 1999) that individual encounters with death might accelerate the development of such understandings.

Support from the daycare institution

Nearly all interviewed parents were appreciative of the support that they had received from their children's daycare institutions. Parents reported being met, at least to some extent, by staff who understood the difficulty of their situation and did their best to provide support. While some parents noted that the provided support could have been better structured, all were happy that their daycare institutions "went the extra mile". This finding suggests that Danish daycare staff believe that offering support during such a crisis is part of their duties. However, while Danish daycare staff do seem to provide support, many still seem to find this role difficult. In a recent survey (The Danish Cancer Society, 2020) of 603 Danish daycare institutions, 59% of daycare managers reported feeling that their staff did not have sufficient training on how to deal with bereavement. However, based on the accounts of the interviewed parents, this did not stop staff from engaging and supporting bereaved families.

Desired support

Parents were aware that their own ability to offer support was reduced following the loss. Knowing that their children's daycare institutions supported their children was a relief. No parents suggested that it would be better if staff left grief support to the family; instead, they emphasised a desire for better structured and focused support from all members of daycare staff

That parents felt additional strain following a loss is not a new finding, as it has been well documented by other authors (e.g., Cerel et al., 2006; Saldinger et al., 2004), who have identified consequences such as reduced family socioeconomic status, parental depression, and diminished ability to provide care on the part of the remaining parent. Parents might need support on how to deal with such challenges at a time when they are themselves grieving. Hence, to support bereaved children, it is often important to also support the surviving parent.

Implications

- Parents perceive that children need information concerning illness and death and that children should be included in rituals to understand what happens around them. By including children, the entire family can form similar narratives regarding events. Such narratives serve as a foundation for later conversations in the family as the child develops and gain a deeper understanding of the loss and its consequences.
- Parents should have easy access to practical advice on how to help their child deal with sleep difficulties and other common reactions to bereavement. Helpful advice on how a family can commemorate important anniversary dates will also help them to adjust to the new reality.
- The strain on the remaining parent is high. Taking “breaks” from grief might benefit both parents and children. Information about methods that may help parents to strike a balance between processing a loss and taking pauses from grief may benefit their situation and their performance in the parental role.
- The remaining parents’ situation may be helped by normalising their

experiences and acknowledging the strain that they are subject to and the almost inevitable temporary reduction in their ability to parent effectively. Increased involvement on the part of daycare staff and social networks can help to reduce the stress that parents are subject to.

- In daycare institutions, structured plans that permit a rapid response when parental critical illness and/or death occur can allow such institutions to provide important support in a crisis and supplement parents' coping resources.

Limitations

This study presents the experiences of 13 parents who all had to support a bereaved young child following the death of a mother or father. While their accounts provide enlightening perspectives, the sample size is too small to allow for broader generalisation. The sample also consisted exclusively of couples who were together at the time of the loss. In Denmark, approximately 35% of all married parents are divorced (Danish Statistics, 2019) Such families are likely to face more complications and challenges than those who are still together. Also, this study does not include any families that experienced violent deaths or suicide. As it requires energy to opt in to being interviewed, parents we interviewed may have been more resourceful than the average parent. We have no way to know this but recommend caution regarding our conclusions.

Conclusion

This article has reported how 13 parents perceived the support needs and grief of their 3–6-year-old bereaved children. It has uncovered the participants' concerns and the

difficult decisions that they had to make from when they became aware of the illness to following the death and throughout the mourning process. The loss of a partner affected all participants; while some moved on, others were still struggling years after.

The study uncovered the difficulties associated with informing a young child with a limited understanding of life-threatening illnesses and loss, in a context where parents themselves are often unsure about what is happening and clinging to hope. While support is available from daycare institutions, it could be better organised and structured. Concerning serious illnesses, daycare institutions could provide early information about the help and support that they can provide. Proactive support that assists the child through illness and death can relieve the parental care burden.

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