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The Prevalence of Childhood Bereavement in Scotland



NES BEREAVEMENT EDUCATION CONFERENCE 2021



About the research



PURPOSE AND IMPORTANCE

Childhood bereavement is a common experience, but there is a lack of recent data on its prevalence. Existing studies are small-scale and do not document when bereavement experiences start to occur in the life course. These gaps in research pose a significant issue in both understanding and responding to children's bereavement experiences. This paper provides the first prevalence study of childhood bereavement in Scotland.

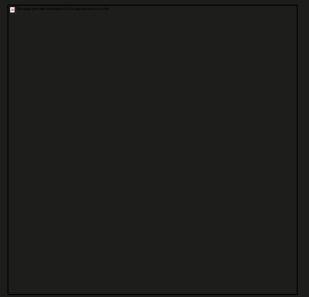
METHOD

Data was drawn from the 'Growing Up in Scotland' longitudinal study which tracks the lives of a representative sample of children in Scotland. The dataset used was the 2815 children who had participated in all eight data collection sweeps as at 2014/2015. This was 54% of the original sample at Sweep 1 and 89% of Sweep 8. Longitudinal weights were applied to adjust for potential bias in the sample.

DATA CONTEXT AND LIMITATIONS

The parameters of the bereavement variable in the GUS survey were: grandparent, parent/ carer, sibling, or close relative. Other bereavements (i.e. a friend or teacher) were not recorded. Bereavements that occurred before the first sweep (age 10 months) were not recorded. Multiple bereavements of the same type (i.e. two grandparents) that occurred in the same sweep were not captured. Participants who withdrew from the GUS survey had a significantly lower income than those who completed all eight sweeps, with bereavement a family stressor that may increase the likelihood of dropout. These factors mean that the analysis underestimates the extent of childhood bereavement in Scotland. The COVID-19 pandemic in March 2020, and the high death-rate in the UK, means that the proportion of children in Scotland experiencing bereavement is likely to have risen further, and inequalities widened.

The findings



BEREAVEMENT WAS A COMMON EXPERIENCE



62% of children had experienced a significant bereavement by the time they entered Primary 6 (age 10)

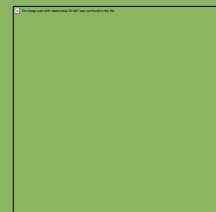


More than half (50.8%) of children had experienced a significant bereavement by the age of 8



The death of a grandparent was the most common experience (60.5%). Deaths of parents (1.3%) and siblings (1.4%) were rare.

HOWEVER, THERE WERE SIGNIFICANT INEQUALITIES IN BEREAVEMENT



Children who had experienced the death of a parent or sibling had a significantly lower household income at Sweep 1 than for those who had not. Children born into the lowest income households had a five times greater risk of being bereaved of a parent than children born into the highest income band.



Although household tenure is a crude and proxy measure of disadvantage, children living in rented accommodation at Sweep 1 had a three times greater risk of a parent dying and a two times greater risk of a sibling dying than children living in owner - occupied accommodation.

Implications



REFRAMING BEREAVEMENT AS A PUBLIC HEALTH ISSUE

The high prevalence of childhood bereavement in Scotland suggests that children's bereavement needs are not, and cannot be, met by specialist services alone. This is neither practical nor desirable. Current bereavement care predominately focuses on individual presenting issues: a public health approach to bereavement looks beyond the individual to family, social, and community experiences and resources, with informal care networks viewed as equal partners in bereavement care.

INVOLVING WIDER STAKEHOLDERS

A public health approach to childhood bereavement involves a wider range of stakeholders in supporting bereavement experiences and providing bereavement care, including service providers, education, community groups and lay people. This may include:

- Developing death and grief literacy in children through universal age - appropriate curriculum attention at all stages of education, including early years.
- Developing and supporting bereavement sensitive policies and practices in the social spaces that children inhabit.
- Developing targeted policies and services for children who are experiencing disadvantage.

BUILDING CAPACITY AND CULTURE CHANGE

A public health approach recognises that everyone has a role to play in bereavement care. As such it requires supporting all people involved with children (family, community, professionals) to be confident and able to engage with children about death and bereavement. This may require significant cultural change in society about having age - appropriate, open and honest conversations with children, and reorientating service delivery to focus on capacity building alongside direct service provision.

