

traumatic **BEREAVEMENT**

A guide for schools and colleges
to help children and young
people who are struggling



Foreward

Children and young people who have been traumatically bereaved need additional support to process the trauma of the death, so that they can start to grieve the loss. But understanding the impact of traumatic bereavement and how to support children and young people can be a challenge.

The COVID-19 pandemic has led to many more deaths in the UK than in previous years. Deaths from COVID-19 may have been sudden and unexpected. The restrictions imposed across the UK to try to reduce the spread of COVID-19 mean that those bereaved during the pandemic may not have had the opportunity to say goodbye to their loved ones. They may have been unable to benefit from many of the normal rituals such as large funerals that surround bereavement and are intended to comfort and assist the bereaved. They may also have had reduced access to their usual sources of social support and wider community networks which would ordinarily have helped them through their grief. This is a potent cocktail of factors which means that there is likely to be a proliferation in the numbers of children and young people who have been traumatically bereaved.

These children and young people need additional support to process the trauma of the deaths of their loved ones, so that they can get on with grieving their loss.

This guide for schools and colleges has been produced by the UK Trauma Council in collaboration with the Child Bereavement Network, Child Bereavement UK and Winston's Wish with the generous support of the National Lottery Community Fund to assist and equip those helping and supporting traumatically bereaved children and young people across the UK.

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Introduction

Everyone experiences the death of someone close to them differently. Although bereavement is always difficult, most children and young people learn to adjust and live with their loss over time. However, some are unable to process their grief in the traumatic way they perceive the death leaves them feeling profoundly unsafe. As a result, they are more likely to develop mental health problems and to have difficulties in areas such as relationships and school attainment. These children need significant support. Schools and colleges are well-placed to facilitate this support and build on the relationships children and young people have with trusted adults in this setting.

This set of resources is designed to help adults in schools and colleges identify children and young people suffering a traumatic bereavement. It includes:

- A guide which gives a detailed overview of traumatic bereavement
- Videos that help to illustrate the guide and support plan
- A tool kit to help put the support plan in place.

This guide accompanies the animation

Traumatic Bereavement: Helping children and young people who are struggling.

We recommend that you view the animation before you read the guide. Characters from the animation are used as examples throughout this guide.

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1

What is traumatic bereavement?

In a traumatic bereavement, the child or young person's perception of the death – the meaning they make of it – results in it being experienced as a trauma.

The trauma gets in the way of the typical process of grief and blocks the child or young person's ability to process the loss.

A child can experience traumatic bereavement at any age. This guide is intended to support school and college age children and young people.





2

DIFFERENT FACES OF GRIEF

introducing our fictional characters

Wesley, Cara and Prisha are fictional characters featured in the animation 'Traumatic Bereavement: Helping children and young people who are struggling' animation. They are included in this guide to bring the ideas to life and to make them easier to understand and apply when providing support to children and young people struggling with their bereavement.



WESLEY

Stuck in his grief

Wesley was a confident, sociable teenage boy who loved playing basketball with his friends. This grew from a childhood playing the sport with his dad. Wesley was a capable pupil expected to achieve good exam grades. His home life was secure with warm, loving parents and strong family values.

Wesley's dad became unwell and after a few days his symptoms worsened significantly. He was taken from home to hospital in an ambulance and placed in intensive care but was expected to make a full recovery. Restrictions to visiting meant Wesley couldn't see his dad in

hospital. When his dad died, only Wesley's mum was with him. Wesley was alone at home.

When Wesley returned to school, he appeared shocked and withdrawn, which was to be expected after his father's death. Weeks have passed since then and Wesley continues to look distant and avoid eye contact. He has lost his spark in interacting with friends and staff and hasn't returned to basketball club. Wesley's grades have dropped and he is frequently given behaviour marks for minor misdemeanours.

The way Wesley now sees the world is fundamentally different. As well as being devastated at the loss of his dad, Wesley holds a lot of anger about the restrictions placed on him and how they prevented him from being at the hospital. He feels very distressed at not having been able to say goodbye to his dad and guilty that he let his mum down by not being there to support her.



CARA **Bereavement** **is yet another** **trauma**

Cara was a creative and shy child who loved to dance. Now six years old, Cara was just a toddler when she first experienced adversity. Her dad's substance and alcohol use and the domestic abuse made the home an unsafe and scary place to grow up. Cara and her older brother, Connor, stuck together to try and protect each other. When she was five and her brother was twelve, they were both moved into foster care. Cara enjoyed the safety of her new home and formed a bond with the cat. Connor found it very hard to settle into foster care and on several occasions went missing to travel back to find his dad. After one trip to his childhood home, Connor did not return to their foster home. The following morning, he was

found to have taken his life. Cara's foster carers did not know how to explain this to someone so young.

Now that Cara has returned to school, she does not talk about what happened with her teachers or her friends. She is easily startled by everyday events, becomes quickly overwhelmed and runs out of the room, which is out of character. She has stopped going to her weekly dance class.

Cara now sees the world as a very scary place where bad things happen. Her brother was her last connection to her birth family and his death has left her feeling fundamentally unsafe and abandoned. Sudden loud noises remind her of the sound of things being thrown and broken when her father was being violent. Her perception that he had caused her brother's death means that sudden noises can trigger overwhelming fear and a 'flight' response, such as when she slammed her fists down and left the classroom after a child dropped their pencil case.



PRISHA **More typical** **grief**

Prisha was a friendly, easy-going girl who had recently transferred to secondary school. The eldest of four siblings, Prisha benefitted from strong family relationships. She got on well at school, although she was more interested in friendships than learning. Prisha had lots of interests including coding and choir. When her mum died in a car accident, Prisha was desperately upset and felt her loss deeply.

Since then, she has been spending quite a bit of time with the student manager, Mark. She sometimes sits quietly and draws pictures and other times proudly shares photos of her mum. She can then return to class and be seen laughing with friends over lunch. She steps in and out of her grief, moving from sadness to laughter quite freely.

At home, Prisha receives lots of support from her dad and grandparents as well as their local faith community. Her dad doesn't always find it easy to talk openly about her feelings as his grief is so raw, but he finds ways to help her feel safe. Prisha's life continues to be busy and although she sometimes feels a little reluctant to join in with her hobbies, she is able to return to them with a little encouragement and usually finds that she enjoys herself.

6-point support plan

The following is a summary of the plan that is explained in detail in this guide. The plan can be used to support a child or young person (CYP) following a bereavement and to help identify whether the bereavement is traumatic.

→ [There is a video that explains the plan](#)

1 Build on relationship with trusted adult

Organise regular check-ins with a trusted adult, a safe space they can go, ask other teachers to respond sensitively and share concerns.

Talking about it doesn't make it worse, but do not push the CYP to talk.

→ **Tool 1** [Traumatic bereavement: talking to children and young people](#)

2 Support the trusted adult

Identify another staff member to ensure the trusted adult is looking after themselves and to notice any change in their emotional well-being.

3 Keep in contact with home

Establish what the CYP has been told about the death and how family culture or belief systems might shape their response.

Share information and agree plans to support the CYP, a common language and points of communication. Explore the CYP's wider support network.

→ **Tool 5** [Traumatic bereavement: talking to parents and carers](#)

4 Actively monitor

Closely monitor and record in the CYP's difficulties using the 7 domains.

If difficulties are frequent, persistent and impact on one or more areas of life, this suggests traumatic bereavement.

Look out for to patterns and triggers.

→ **Tool 2** [Active Monitoring Log](#)

5 Refer for specialist support

Traumatic bereavement will usually need specialist support from a bereavement service or NHS mental health service.

If the CYP is at immediate risk (e.g. from self-harm), make an urgent referral to NHS mental health services and follow school safeguarding procedures.

Partnership between school, home, and services is key.

→ **Tool 3** [Referrals for specialist support - key information to include](#)

6 Hold the hope

Remind the CYP that there are things to look forward to and help them see a better future, without minimising their difficulties.

Provide practical support to achieve milestones (e.g. revision, college applications or finding an activity club).


4

Identifying of traumatic bereavement

4.1

How is traumatic bereavement different to more typical grief?

Children and young people, like adults, can experience a broad range of emotions when grieving. Typically, although they can be intense and difficult to manage at times, the emotions do not impact everyday life persistently.



After her mum died Prisha experienced strong emotions but in between them she had better moments. For example, playing with her friends and looking at photos of her mum.

Young people often grieve in puddles, dipping in and out of their grief, experiencing strong feelings and then going off to do their usual things in between.

For most children and young people, as they come to understand the death of someone close to them and how they feel about it, the intensity and frequency of difficult emotions reduce and they learn to live with their loss.

In traumatic bereavement, children and young people experience very strong emotions because of the meaning they make of the death. Feelings such as fear, anxiety, guilt, anger or shame block their ability to grieve and adapt to their loss. This often comes with upsetting and overwhelming images, thoughts, and sensations which appear in their minds and bodies in a way that feels out of their control. This can result in difficulties in behaviour and relationships which impact everyday life persistently, in school as well as elsewhere.

Wesley found his responses to the death of his father overwhelming. It stopped him from concentrating at school, from keeping up with his previous interests like basketball and from talking with friends.



The grief becomes more like a well than a puddle and much harder to step out of.

These metaphors and descriptions can help to notice how a child or young person is responding after a death and to try and identify traumatic bereavement. However, these are not completely distinct categories and developing an understanding of the child or young person's individual response will take time.

4.2

Do the circumstances of the death lead to traumatic bereavement?

Circumstances such as a sudden or violent death or death by suicide can increase the likelihood of traumatic bereavement. Research¹ tells us that restrictions such as those imposed during the coronavirus pandemic can make a bereavement more likely to be traumatic, for example, not being able to say goodbye or attend a funeral.

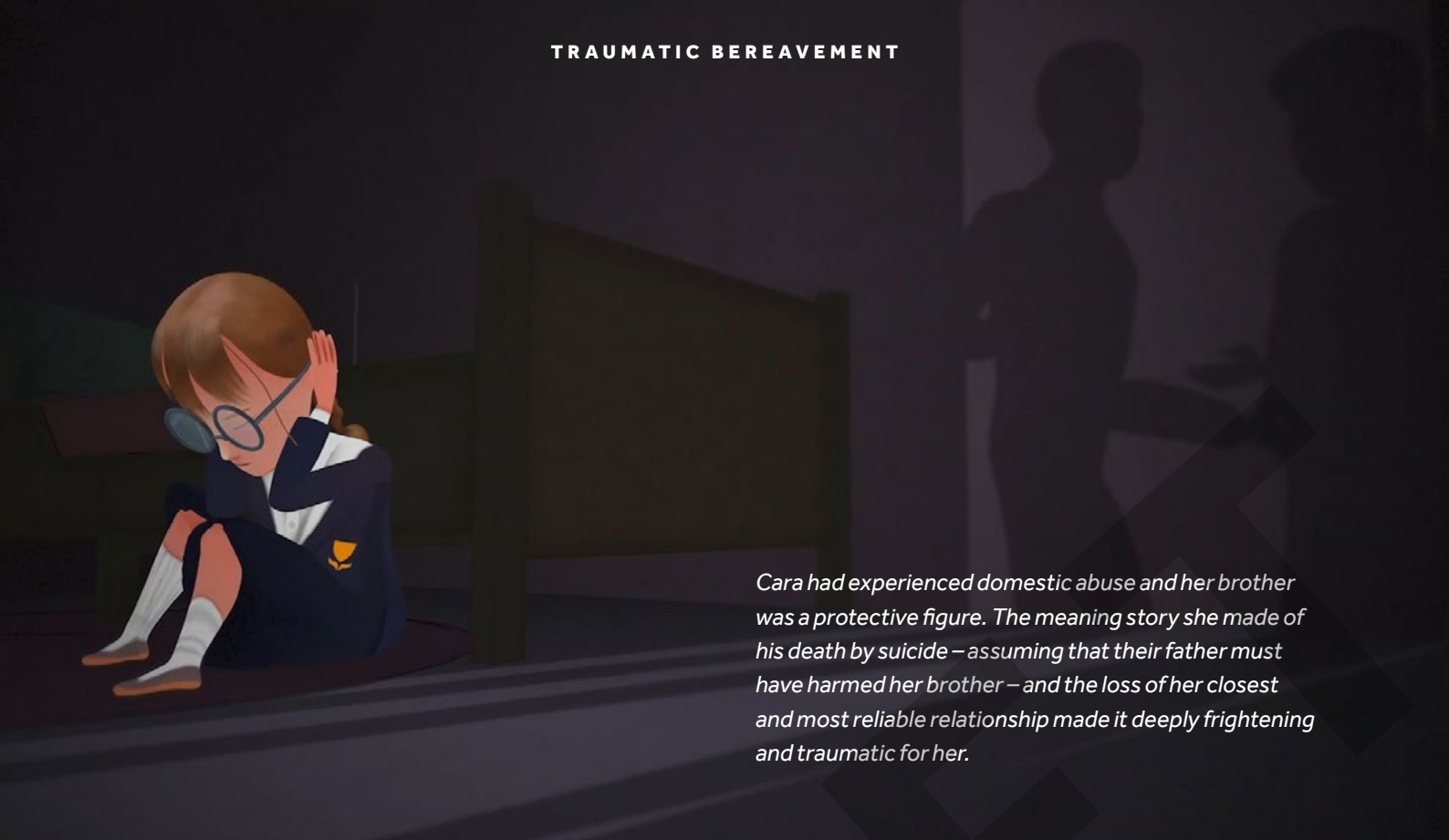
In situations like a pandemic, when much is unclear even to adults, it can be more difficult for a child or young person to make sense of a death or for the adults around them to give them accurate information. Research² tells us that if a child is not given the facts about a death, they may 'fill in' the missing information by imagining what happened. Without the facts it is more likely that the meaning the child or young person makes of the death will be overwhelmingly confusing or frightening and they are more likely to experience the death as traumatic.

¹ Alisic, E., Krishna, R., Groot, A., Frederick, J. (2015). Children's Mental Health and Well-Being After Parental Intimate Partner Homicide: A Systematic Review. *Clin Child Fam Psychol Rev*, 18, 328–345.

² Cohen, J., Mannarino, A., Greenberg, T., Padlo, S., Shipley, C. (2002). Childhood Traumatic Grief. *Trauma, Violence, & Abuse*, 3(4), 307–327.

Wesley's dad was ill and died suddenly. He really struggled with not being able to visit him in hospital and hated that his mother had been alone when he died and that he was not there to support her.





Cara had experienced domestic abuse and her brother was a protective figure. The meaning story she made of his death by suicide – assuming that their father must have harmed her brother – and the loss of her closest and most reliable relationship made it deeply frightening and traumatic for her.

4.3

Do previous experiences make it more likely that a bereavement will be traumatic?

Some prior experiences may make it more likely a child will experience a bereavement as traumatic. These include:

- Neglect or abuse
- Domestic or community violence
- Loss of birth family
- Poverty and deprivation
- War or displacement
- Mental health problems
- Neurodevelopmental or learning difficulties

However, it is important to remember that some children and young people in these circumstances or with these previous experiences will not experience a bereavement as traumatic. Similarly, some children and young people with none of these experiences, like Wesley, will experience a bereavement as traumatic.

4.4

What signs are there that a child or young person is experiencing traumatic bereavement?

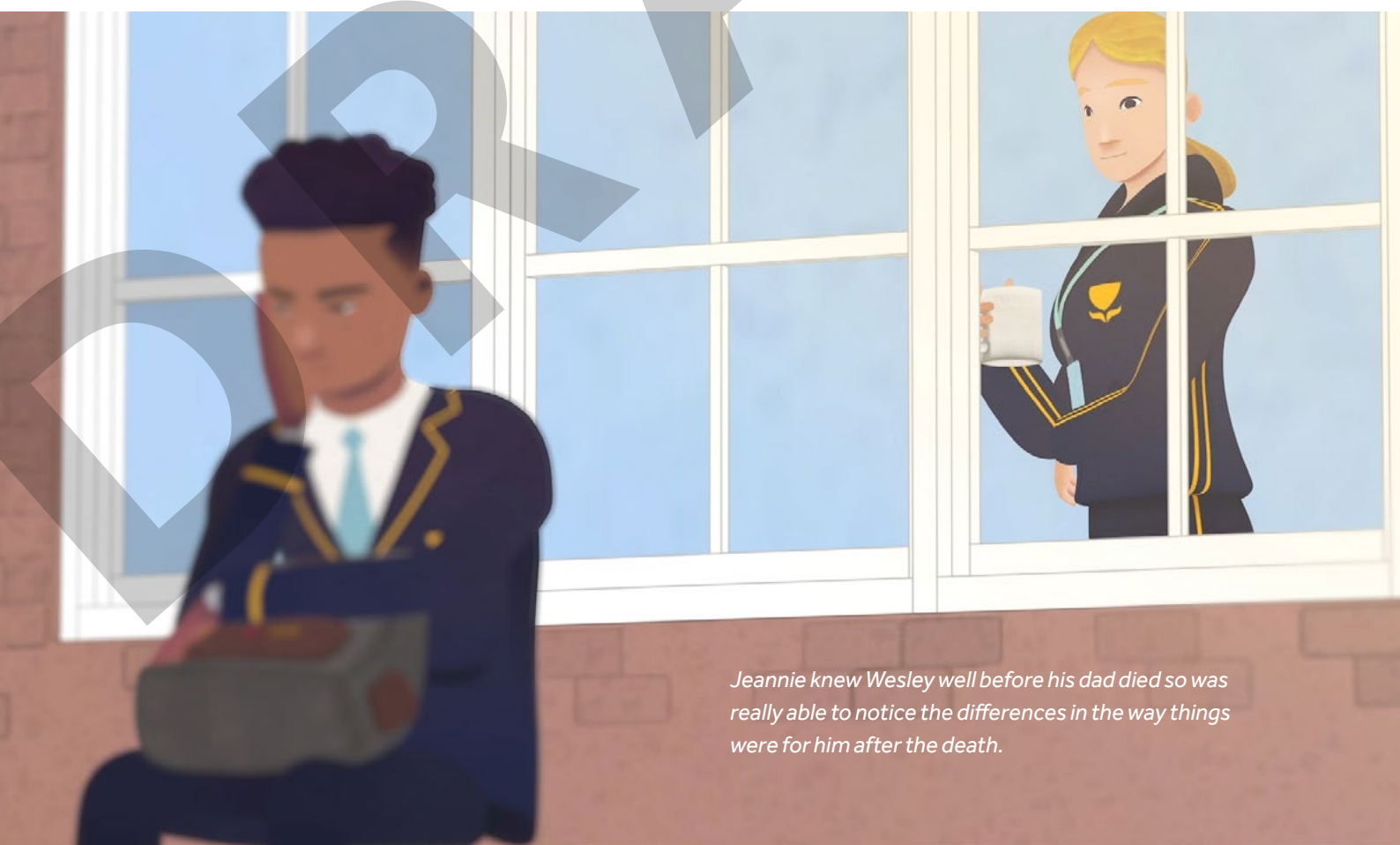
Difficulties that may indicate a young person is experiencing traumatic bereavement include:

Low in mood or energ	<ul style="list-style-type: none"> • crying often • slow to respond or engage • neglecting their appearance 	Tired or cut-off	<ul style="list-style-type: none"> • staring into space • looking blank or absent • struggling to concentrate
Low in confidence	<ul style="list-style-type: none"> • not speaking up in class • saying negative things about themselves or their abilities 	Withdrawn	<ul style="list-style-type: none"> • not doing activities they used to enjoy • isolating themselves from friends or trusted adults • struggling to attend school
Angry	<ul style="list-style-type: none"> • crying often • slow to respond or engage • neglecting their appearance 	Hopeless	<ul style="list-style-type: none"> • not believing things can get better • losing hold of plans or ambitions
Low in confidence	<ul style="list-style-type: none"> • shouting • acting aggressively or destructively 	At risk	<ul style="list-style-type: none"> • using drugs or alcohol • spending time with risky/older people • self-harming or thinking about suicide
Fearful or worried	<ul style="list-style-type: none"> • being jumpy or very sensitive • seeming uncomfortable in their body • suddenly leaving the class or school • not managing things they used to be able to such as separating from carers 		

This does not include all difficulties that a traumatically bereaved child or young person might experience and should be thought about in conjunction with the 'domains' in the table below.

Difficulties could persist across a child or young person's day or may seem to come out of nowhere. Something in the school environment might have triggered a reminder of the loss or the trauma, leading to a strong reaction in the child or young person's body or mind. There is more about triggers in section 4 'Actively Monitor'.

The child or young person's traumatic response to a death might be noticed straight away or might emerge later on. Difficulties can arise so long after the death that the connection between their behaviour and their bereavement is not at all obvious. This could be associated with a range of factors, including entering a new developmental stage, such as adolescence. The 6-point plan can be used whenever possible traumatic responses are noticed in a bereaved child or young person.



Jeannie knew Wesley well before his dad died so was really able to notice the differences in the way things were for him after the death.

To distinguish between more typical grief and traumatic bereavement and decide whether to seek specialist support it can be helpful to assess the difficulties in relation to the following 'domains'.

Domains	Description	How it might present
Severity	How much are the emotions and behaviours impacting everyday life?	Wesley is unable to get any enjoyment from socialising or playing basketball and struggles to concentrate on schoolwork
Frequency	How often does this happen?	Cara becomes distressed in class several times a week
Duration	How long does the episode last?	When Cara becomes overwhelmed, she can't settle for the rest of the day
Persistence	How long has the young person been struggling?	Wesley has been withdrawn for several months
Breadth	How many areas of life does it impact?	It is affecting Cara's learning, her time with friends and her home life
Risk	Is the impact of their loss putting them at risk?	When Cara becomes overwhelmed, she wants to run away
Comparison	How is the child or young person managing now compared to before the death? Are things generally getting better or deteriorating?	Wesley was doing very well academically and now his performance and attainment are much lower and he is often alone in the playground rather than joining the group of friends he used to play basketball with

Supporting a child or young person with traumatic bereavement: A 6-point plan

Children and young people experiencing a traumatic bereavement are more likely to develop mental health problems such as anxiety, depression or post-traumatic stress disorder (PTSD). It is critical they get the right support. Working collaboratively with specialist services and with the child or young person's family, school or college can play a very important role in providing this support.

Traumatic bereavement, like other traumatic experiences, changes the way the child

or young person sees the world, making everything seem more unsafe, unjust or hopeless.

This section outlines in more detail the 6-point plan that can be followed to provide effective support to help the child or young person regain a sense of safety and hope.

Please see tool x for a checklist that will help the adults in school or college agree a plan for the child or young person.

→ [Reference to accompanying video](#)



5.1

Build on relationship with a trusted adult

A relationship with a trusted adult is crucial to help the child or young person feel safe and supported after a bereavement.

This does not have to be a dedicated mental health lead, it is often more helpful if it is a class teacher or another adult in school with whom the child or young person has a trusted relationship or positive connection. In some cases, it may be more than one adult. It is important for key adult(s) to be available on a regular basis, prepared for difficult conversations and ready to provide support when the child or young person becomes upset or acts out.

Plan a regular time to meet with the child or young person. Work out with them what they can do if they need to leave class or the playground (a safe space they can go and a way of contacting the trusted adult if they need support). Talk to other teachers and ask that they respond to difficult behaviour in a way that helps the child or young person feel safe, rather than sticking rigidly to behaviour systems. Ask that they share information with the trusted adult when difficulties arise.

It is important for trusted adult(s) to model that they are comfortable talking about the death and things they notice about the child or



After Wesley's father died, Raffia asked Jeannie if she would be happy to take a lead role in supporting him, as she knew him quite well and coached the basketball team. Jeannie agreed with Wesley that they would meet every week and that he could come and find her if he was feeling worried or upset or had any difficulty in school.

young person. Naming difficult experiences and feelings is not going to make things worse.

Traumatically bereaved children and young people may find it very difficult to have conversations and are more likely to want to avoid reminders. Let them know their feelings are important, even if talking is difficult.

→ [Please see tool X for a guide to help trusted adults to have these conversations.](#)

▶ [\(Reference to accompanying video\)](#)

5.2

Support the trusted adult

The trusted adult(s) should have regular check-in meetings with the school's additional needs or mental health lead. Supporting a child or young person following a bereavement can be difficult and upsetting. This might be more difficult for adults who have had their own experiences of loss or bereavement, especially if this has been recent. These meetings should

support staff to look after themselves, notice any changes to their emotional wellbeing and provide practical support.

▶ [\(Reference to accompanying video\)](#)



When Jeannie noticed that Wesley's difficulties continued to impact many areas of his life, she became very worried for him. She spoke to Raffia, the additional needs lead, who suggested this might be a traumatic bereavement. Together they made a plan so that Jeannie could provide the best support. Raffia made sure to provide ongoing emotional and practical support for Jeannie.

5.3

Keep in contact with home

It is important that adults at school and at home are in contact with one another, to share information and agree plans to support the child or young person. This helps to establish whether patterns of difficulties are the same at school and home. It also helps children and young people to know that the adults around them are working together to support them.

Knowing what the child or young person has been told about the death and how the family talks about it can help the school to provide more sensitive support. If the parents or carers have given the child or young person incomplete or inaccurate information about the death, this can increase the likelihood of trauma as their imagination fills in the gaps.

Parents and carers may need support from the school and specialist support services to provide more complete and accurate information, particularly if they are struggling themselves.

It is important to understand how the family culture or belief systems shape the way death is understood and responded to. This will help make the support in school more sensitive and might provide important information about the child or young person's experience of the loss.

It is important to understand how the child or young person's home life may have changed in other ways – for example moving home, loss of income, more family arguments. If someone

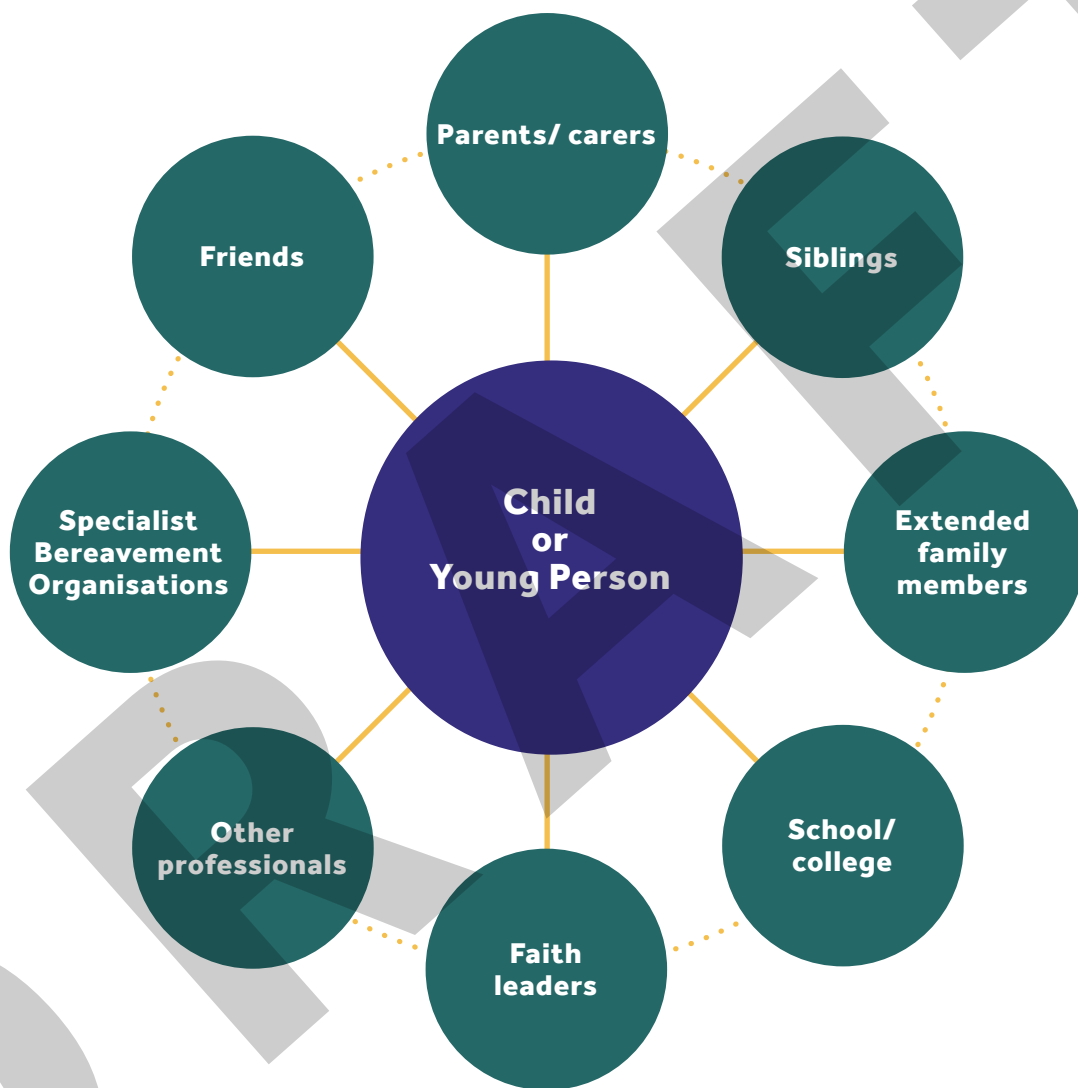


Following the death of Wesley's father, Jeannie called his mother and they talked about how he was coping and what could be done to support him. When Jeannie realised that Wesley's difficulties were persisting, she got in touch with his mother again and they agreed it would be helpful to speak at the end of each week to share information about how he was doing.

else at home is really struggling, discuss making a referral for support for them.

Schools should work with other key adults in the child or young person's network. Explore who this might be with the child or young

person and their parent(s) or carer(s) and their preference about how much information is shared. Develop working relationships with social workers, youth workers, faith leaders, other family members and any siblings' nursery, school or college.



→ [Please see tool X for a guide to help trusted adults to have these conversations.](#)

▶ [\(Reference to accompanying video\)](#)

5.4

Actively Monitor

It is helpful to monitor how the child or young person is doing, using the domains listed in on page X. Keeping a written record will help track how they are doing, share information with key adults and have discussions with or make referrals to other agencies.

Monitoring the individual child or young person and comparing their needs and behaviours to how they were managing before their bereavement means that existing additional needs are taken into account.

Closely monitoring can help in spotting patterns in the child or young person's difficulties. If patterns are noticeable, explore

with the child or young person what might be causing this.

Monitoring can also help to identify things that trigger trauma responses (overwhelming feelings or difficult behaviours). These might be things that are more predictable, such as Father's or Mother's Day, poppy day, religious occasions, an anniversary of the death or a birthday. However, other triggers might be more difficult to understand if they are linked to the particular meaning the child or young person makes of their bereavement.

If the child or young person continues to have frequent, persistent difficulties that impact on



Jeannie noticed that Wesley found it more difficult to concentrate in the last lesson of the day. When she spoke to him about this, he said that towards the end of the day, he could feel the worry building up about going home and being reminded that his dad wasn't there.

When Cara's pencil case fell off the table at school, she slammed her fists down and left the classroom. The noise had reminded her of the sound of things being thrown and broken when her father was being violent. Her perception that he had caused her brother's death meant that the noise triggered overwhelming fear and a 'flight' response.



more than one area of their lives, this suggests it may be traumatic bereavement.

Differences in individual's responses make it difficult to provide an exact timeframe for the identification of traumatic bereavement or the need for referral for specialist support. Difficulties might arise immediately after a

death, have a delayed onset or be revisited at any time after a death, even years later. If the child or young person is at risk (for example from self-harm or suicidal thoughts) then school safeguarding procedures should be followed and a referral made immediately to NHS mental health services (sometimes known as CAMHS).



[\(Reference to accompanying video\)](#)

5.5

Refer for specialist support

Some children and young people experiencing a traumatic bereavement may be able to process their trauma, grieve and adapt to their loss with the support from school and home. However, in many cases the child or young person will need specialist support from a national or local bereavement service or NHS mental health service.

If the child or young person is at serious risk from themselves, it is important that the referral is made directly to NHS mental health services and that this is clear in the referral. The school's internal safeguarding process should also be followed.

The local bereavement service will be in the best position to advise whether they can support children and young people who are

showing signs of traumatic bereavement. If they cannot provide appropriate support (such as Trauma Focused Cognitive Behavioural Therapy) they may recommend a referral to the NHS mental health service.

It is very important to involve the child or young person and their parent(s) or carer(s) when you are planning to make a referral. They will need developmentally appropriate information about the service, the reasons for a referral and what they can expect.

If you feel you have enough information to strongly suggest that this is a traumatic bereavement, it can be helpful to discuss this with the child or young person and their parent(s) or carer(s).





Key adults at Cara's school, along with her foster carer, realised that her difficulties were persistently affecting many areas of her life and her functioning. Discussion with a local bereavement charity helped them to identify that this was a traumatic bereavement. The bereavement service advised that Cara would need trauma-focused therapy and a referral should be made to CAMHS

It is important to be sensitive to worries that a referral might result in prejudice and disadvantage, especially if the family is from a minority community and have experienced this before. Explore their experiences and reservations and work closely with the child or young person, their parents or carers and the onward service to help build confidence in the quality of care available.

Provide as much information as possible about the child or young person to the bereavement service or NHS mental health service. Details from monitoring records you have kept will help form the basis of the referral. It is helpful to use plain descriptive language about the child or young person's thoughts, feelings and behaviours, rather than suggesting labels or diagnoses.

When a specialist service provides support, the role of key adults in school or college continues to be very important. Partnership between school, home and bereavement or mental health services is key to supporting the child or young person to rebuild their lives after

traumatic bereavement.

The UK Trauma Council has written a clinical guide for therapeutic practitioners working with children and young people experiencing traumatic bereavement. It might be helpful for schools to refer to the clinical guide when contacting bereavement services.

→ [Tool X for information that is important to include in referrals to specialist services](#)

→ [Tool X for information about traumatic bereavement to share with children and young people](#)

→ [Tool X for information about traumatic bereavement to share with parents and carers](#)

▶ [\(Reference to accompanying video\)](#)

5.6

Hold the hope

Because traumatic bereavement changes the way children and young people see the world so significantly, it can be much more difficult for them to feel hopeful or optimistic about their lives and their future.

Trusted adults in school can 'hold' the hope for the child or young person.

Look ahead to important milestones in the

child or young person's life such as school transitions, exams or events relating to their interests. Find ways to remind them that there are things to look forward to and offer them images of themselves finding enjoyment and success in the future. Provide practical support, for example with college applications or helping them to find a local sports club. Help them to see that they will not always feel like this.



Jeannie gently encouraged Wesley to consider re-joining the basketball team. She reminded him about the tournament he and his team-mates had been training for. She and his mum worked together to make sure he had completed his schoolwork so that he would have time to play if he wanted to. Jeannie contacted local colleges to find out about basketball clubs Wesley might be able to join when he moved to sixth form.

6

Planning for traumatic bereavement

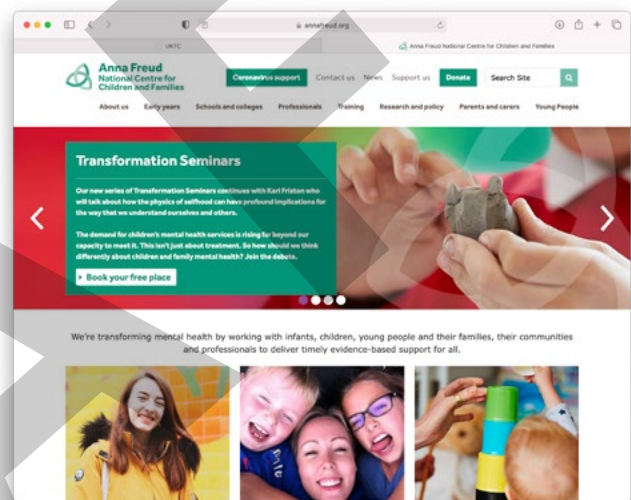
It is important that a school's responses to instances of traumatic bereavement are part of a wider bereavement policy and part of a whole school approach to mental health. This will ensure everyone knows what it is and how to offer appropriate support. In times of significant disruption such as pandemics or local potentially traumatic events, this is especially important.

Working in partnership with services is key to ensuring children, young people and their families get the right support when they need it. Bereavement services are keen to work with schools to advise and respond to local needs. Identify what is available in your local area and build working relationships with bereavement services so that you can call on these when you need them.

Relationships between school and local community and faith leaders can support children, young people and their families to access bereavement and mental health services and can help schools and services to provide culturally sensitive and appropriate help.

Information about a whole school approach to mental health can be found on the

→ [Anna Freud National Centre for Children and Families website.](https://www.annafreud.org/)



Further information on how to develop a school bereavement policy can be found from the bereavement charities below.

7

Additional bereavement and trauma resources



A wide range of bereavement resources for education settings, parents and carers and children and young people can be found on the websites of the UK Trauma Council's bereavement charity partners:

→ [Child Bereavement UK](#)

→ [Child Bereavement Network](#)

→ [Winston's Wish](#)

→ [Find your nearest local child bereavement service Supporting early years children and parents through bereavement](#)

A range of trauma resources to support individuals and organisations working to nurture and protect children and young people following trauma can be found on

→ [the UK Trauma Council website](#)