

Literature Review on Support for Children and Families Experiencing Parental Bereavement

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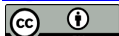
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Abstract

Purpose: This study aimed to understand the actual nursing support in a wide perspective by reviewing overseas literature on support for children who have experienced parental bereavement and their families. The goal was to identify future challenges in nursing support in clinical practice in Japan. **Method:** Literature searchable as of May 2023 was retrieved using PubMed, resulting in 11 relevant articles. **Result:** The results revealed the following: 1) For support provided to children, 13 codes were condensed into 5 subcategories and 4 categories. 2) For support provided to families, 36 codes were condensed into 11 subcategories and 4 categories. **Conclusion:** Open communication was found to be essential for supporting children and their families who have experienced parental bereavement. Moreover, involvement of multiple professions facilitated the provision of specialized support to address diverse needs of children and families, playing a crucial role in overcoming grief. Additionally, the effectiveness of support systems for bereaved families highlighted the need for nursing professionals in Japan to gain knowledge through learning opportunities and to establish a multi-disciplinary approach to support, thus indicating future challenges in nursing support.

Keywords

Terminal Care, Family Support, Child, Parental Death, Palliative Care

1. Introduction

In the United States, 92.5% of hospice care institutions provide bereavement support for families for up to one year after the patient's death. Bereavement support services are diverse and tailored to the needs of the bereaved, facilitating

access to support [1]. Among these services, there is the “Family Bereavement Program (FBP)”, which specifically addresses the grieving process of family members [2]. Similarly, in Japan, programs such as the “Butterfly Program” are implemented to provide bereavement care for families who have lost a parent, including children who have lost a parent [3]. According to a survey by the National Cancer Center in Japan, the estimated number of cancer patients who have children under 18 years old is 56,143 annually, with these children numbering 87,017. The average age of patients is 46.6 years for males, and 43.7 years for females, and the average age of children whose parents are diagnosed with cancer is 11.2 years [4]. From these data, it is evident that among approximately 87,000 children who experience parental bereavement annually, those whose parents did not explain their condition and experienced sudden bereavement may undergo a pathological grieving process [5], and children who experience parental bereavement tend to prolong their grief due to a lack of understanding of grief expression [6]. The child’s needs are not addressed, and the school-age child’s learning performance is affected by poor concentration, physical discomfort, and changes such as rebellious behavior, avoidance of interactions with others, and solitary behavior [7]. Also, looking at the grieving of the remaining partner, in the solitude of raising a child alone, he felt confused about how to deal with a child who had experienced bereavement [8], but surrounding adults may unintentionally remove children from discussions [9]. Because children who are not included in discussions may feel alienated, which can affect the trust between parent and child [10], families with children need to understand that children are recognized, respected, and supported as members of the family [9] [11]. International studies have also shown that family communication is affected by the sense of communication difficulties between children who have bereaved parents and their families and the family’s adaptation to the new situation, especially when remembering and talking about the bereaved parent, which helps children cope with their feelings of grief, also shown to influence the onset of subsequent physical or psychological problems [12]. This suggests that there is a high demand for support for families, including children who experience parental bereavement. Furthermore, nurses need to have the knowledge and skills to provide bereavement support, and learning communication skills in training has been shown to improve self-efficacy and high satisfaction in nursing care [13]. It is important for nurses to ensure that children can participate in their parents’ end-of-life care and can say a satisfying goodbye [8], and to encourage them to provide explanations about death that are appropriate for their age [14]. In addition, it is necessary to facilitate networking with local communities and professionals such as schools that support children [15], and to help children receive social support from their surroundings. While research on children with terminally ill parents has increased in recent years, studies on families left behind, including children, are still limited. In Japan, a survey on bereavement care services revealed that over 70% of facilities consider “establishing

a system for providing bereavement care as an organization” as a future task, and this situation has remained unchanged for 10 years [16]. Therefore, it is possible that care for families, including children, is inadequate in Japan and that the needs of children and families in need of support are not being met, and that the current situation lags behind that of care for bereaved families in other countries. In order to further develop support for families including children who have experienced parental bereavement in Japan, we believe that a review of overseas literature will provide new knowledge about support, and from this we can consider issues of nursing support in clinical practice in Japan, which will lead to practical efforts.

2. Method

2.1. Aim

The purpose of conducting a review of overseas literature on support for children who have experienced parental bereavement and their families is to gain an understanding of the actual nursing support and the required support from a broad perspective. This aims to clarify the future challenges of nursing support in clinical practice in Japan.

2.2. Literature Collection Method

The literature collection method involved searching for literature available as of May 2023 using PubMed. We used PubMed because it has more than 36 million entries in the biomedical and life science literature, is published through a peer-review process, is highly reliable, and has MeSH terms assigned to each of the included references, making it an efficient way to search the literature. To ensure a comprehensive search, the search spanned from the year 2000 to 2023, as narrowing it down to the years 2013 to 2023 resulted in a decrease in the number of relevant articles. Keywords are “terminal care”, “terminally ill”, and “family support”, “family nursing”, “child”, “parental death”, and “palliative care”. “Palliative care” was multiplied as shown in **Figure 1**, 158 references were retrieved, and the target literature was selected from the obtained references. The inclusion criteria were: 1) original articles, 2) availability of full text, 3) focus on parental end-of-life care, 4) inclusion of children or parents with dependent children as recipients of support during end-of-life care, and 5) relevance to nursing support during end-of-life care, including interdisciplinary collaboration. The reasons for these inclusion criteria were that we thought we could collect more literature on the topic and that we would be able to learn how nurses and multidisciplinary collaboration supported children who lose a parent and their families in end-of-life care. Exclusion criteria involved thorough reading of the texts to exclude literature on parental death by suicide or those not relevant to the theme (**Figure 1**). The reason for the exclusion criteria was that in this study, the process of bereavement of a parent who died by suicide was considered different from that of a parent who died of illness, and the support

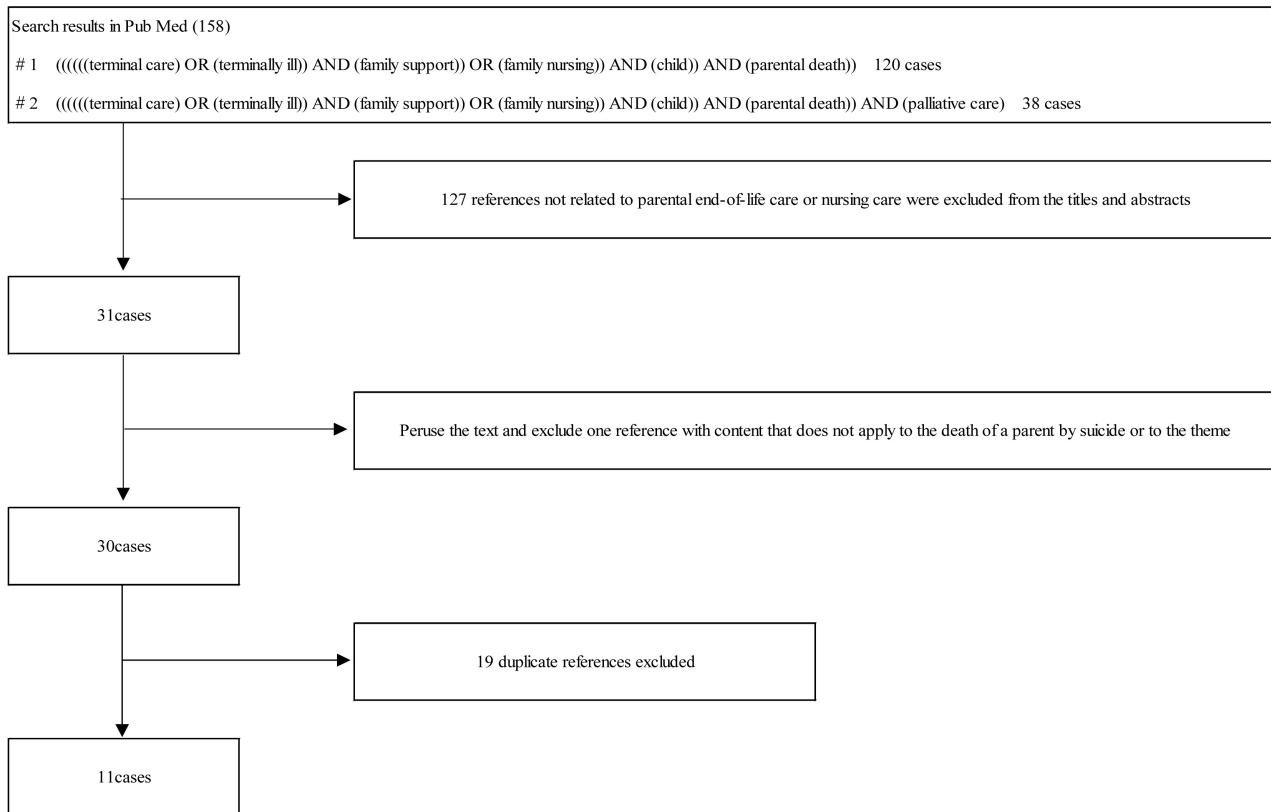


Figure 1. Literature search process for this study.

after bereavement was also considered different.

2.3. Analysis Method

From the 11 target literatures, we extracted the author's name, literature title, year of publication, purpose, methods, and target audience, and furthermore, we extracted support for children and families from each literature according to the theme and created a summary sheet (**Table 1**). From the 11 targeted literatures, a close reading was conducted focusing on 1) children who have lost a parent and their families. 2) Support for children and families was extracted and coded. 3) Similar codes were merged to generate subcategories. 4) Similar subcategories were merged to generate categories (**Table 2**). 5) In order to obtain reliability and clarity in each process, the data analyzed independently were cross-checked with nursing researchers specializing in pediatric and family nursing to ensure that the interpretations were consistent.

3. Result

In this study, there were 11 target literature items, all of which were observational studies, as summarized in **Table 1**. The distribution of literature by year was as follows: one item from 2000 to 2010, and ten items from 2011 to 2023, with nine out of the ten items published after 2015. Based on the information in **Table 1**, we categorized the content related to support for children and their families

Table 1. List of international literature on support for children who have experienced parental bereavement and their families.

No.	author	literature	year of issue	Objective	Type of article	subject	Support
1	Zaider TI, Salley CG, Terry R, Davidovits M.	Parenting challenges in the setting of terminal illness: a family-focused perspective.	2015	Summarize research findings on parenting challenges and family systems in advanced cancer.	factual investigation	None stated	<p>An important part of the process for children and their parents is to make time to spend together.</p> <p>Increased knowledge of parenting at the end of life is important to provide effective support to the child.</p> <p>Legacy work (e.g., letters, photographs, tangible objects, future plans) are some ways to maintain the parent-child bond after the parent's death.</p> <p>Open communication with the child is conducive to smooth adjustment to family and daily life after the parent's death.</p>
2	Cockle-Hearne J, Reed E, Todd J, Ream E.	The dying parent and dependent children: a nationwide survey of hospice and community palliative care support services.	2022	Identify bereavement support provided to families with children.	factual investigation	197 Hospice	<p>Provision of written materials as the type of support provided was reported most frequently before and after the death of a parent. Guidance to outside agencies was also reported at a high rate of over 90%. Individual in-person consultations were reported in the high 80s to low 90s, and web-based support guidance was reported in the low 80s. The number of types of support offered in the entire sample was significantly higher after the death of a parent than before.</p> <p>In the support delivery system, professional counselors typically provided support before and after a parent's death. Nurses, social workers, and pastors also provided support on a regular basis, but were more involved before death than after.</p> <p>More than 80% of hospices as support targets supported partners and their children together before and after the parent's death.</p> <p>Opportunity and time to build trust with the family is important in helping the child prepare for the parent's death, and post-death support is more difficult when support is not provided prior to bereavement.</p>
3	Park EM, Deal AM, Yopp JM, Edwards TP, Wilson DJ, Hanson LC, Rosenstein DL.	End-of-life experiences of mothers with advanced cancer: perspectives of widowed fathers.	2016	Gain a better understanding of the best EOL care for parents with advanced cancer and their families.	factual investigation	344 fathers who have lost a spouse to cancer and are raising children	<p>Fathers who reported clearer prognostic communication between their wives and physicians were associated with lower CES-D and TRIG scores and with having said goodbye to their spouse and children.</p> <p>Only half of the fathers reported saying goodbye to their wives in the last weeks of life, and fathers whose wives were receiving hospice services were more likely to say goodbye to each other before their wives died.</p>

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4	Park EM, Deal AM, Yopp JM, Edwards T, Stephenson EM, Hailey CE, Nakamura ZM, Rosenstein DL.	End-of-life parental communication priorities among bereaved fathers due to cancer.	2017	Investigate what is important for dying parents in end-of-life communication.	factual investigation	279 fathers with children bereaved of wives due to cancer	Fathers identified the most important communication in EOL as raising the child in a way that reflected the mother's wishes, whether/how to talk to the child about the mother's death, and how the mother wanted to be remembered. Health care providers may be able to promote family connectedness by supporting single parent communication in EOL.
5	Angelhoff C, Sveen J, Alvariza A, Weber-Falk M, Kreichbergs U.	Communication, self-esteem and prolonged grief in parent-adolescent dyads, 1 - 4 years following the death of a parent to cancer.	2021	Examine children who have lost a parent to cancer and their parents' communication, self-esteem, and prolonged grief.	factual investigation	Adolescents (12 - 19 years old) who lost a parent to cancer 1 - 4 years ago, their parents	For some families, simply encouraging continued communication is sufficient, while for others, more specialized support is needed to strengthen communication between parents and adolescents. Open family communication reduces the risk of long-term grief symptoms.
6	Semple CJ, McCaughan E, Smith R, Hanna JR.	Parent's with incurable cancer: "Nuts and bolts" of how professionals can support parents to communicate with their dependent children.	2022	Develop a communication framework of "speak, communicate, and share".	factual investigation	HSCP (:health and social care professionals) (n = 32), bereaved parents (n = 21), funeral directors (n = 23)	Regarding when is the best time to tell the child, it is important that the parents themselves need time to understand and accept the illness, and that the parents tell the child when they are physically able to do so. Regarding the place and time to tell the story, we encourage parents to choose a time and place where the parent's story will not be interrupted, to take their time to talk with the child and express their feelings, and to plan an event within the family that is not too burdensome, such as going for a walk after the story is told. As for who should tell the child, parents should tell the child because they know the child best. Provide children with honest information about their parent's prognosis and inevitable death, as well as forward planning for realistic and financial issues for the future. And maintain routines as much as possible and use social networks to create memories as needed. As for what language is appropriate to use, there is a need for clear, factual language that is age appropriate, avoiding euphemisms. Children also want to know, and being informed will increase their options, reshape the family in response to changes in parental status, and promote empowerment.

Continued

7	Millar R, Bell M, Casey L.	The Struggle Between Protecting Children From and Preparing Them for the Death of Their Parent: A Qualitative Study.	2023	Understand the support needs of the remaining parents regarding communication with their children.	factual investigation	Parents (surviving spouses) of children under 18 years of age who are bereaved of their father/mother	Children's questions and concerns are expressed through ongoing communication and conversations with their parents. Some parents were reluctant to accept help from health professionals regarding support for their children, but it is helpful to communicate with them about death and dying. As the family's needs progress, so does the capacity (coordination) of the health care professional to respond.
8	Fearnley R.	Supporting children when a parent has a life-threatening illness: the role of the community practitioner.	2012	Explore children's experiences with their parents at the end of life.	factual investigation	Children and adolescents who have experienced parental bereavement	Including the child in conversations about the possibility of parental illness or bereavement demonstrates respect for the child's position and also helps the child to make some sense of what is happening. All professionals involved with the family have a role in ensuring that the child can participate in discussions and information sharing to the extent that he or she wishes. This role includes direct outreach to the child and indirect outreach through support to parents and other significant family members. Community practitioners have an important role here and need to nurture, develop, and labor them. They have a broad knowledge of how to communicate with families based on family functioning, which they can use to support patients, families, and children, and can inform the wider health care team about the support needed for the child and the holistic needs of the patient. Continued contact with the family after death can provide ongoing care and support for the child.
9	Semple CJ, McCaughan E, Beck ER, Hanna JR.	Living in parallel worlds' - bereaved parents' experience of family life when a parent with dependent children is at end of life from cancer: A qualitative study.	2021	Identify the experiences and needs of single parents with children when a parent is terminally ill.	factual investigation	21 parents (12 mothers and 9 fathers) raising children who were survivors	Immediately after the prognosis was declared poor, parents needed to be encouraged to prepare, which meant informing their children of their parents' poor prognosis and the inevitability of death, so that they could manage their future finances. To facilitate these preparations, health care professionals provide information surrounding the reality of a poor parental prognosis, as well as up-to-date information needed when death is imminent. Alongside this, it was necessary to explain to the child, in age-appropriate language, the death of his or her father or mother.

Continued

10	Saldinger A, Cain A, Porterfield K.	Managing traumatic stress in children anticipating parental death.	2003	Investigate the traumatic stress of children whose parents are expected to die and the role played by the remaining single parent.	factual investigation	School-aged children who have lost a parent and their single parent	During the end-of-life phase, some single parents suppressed their own emotions for the sake of their children, while others were unable to cope with their own feelings about the impending death of their spouse and could not turn to their children. The traumatic stress of anticipated death affects the entire family, and children do not always understand or cope with the anxiety, anger, and depression of the parent in end-of-life care, and the coping behaviors of the single parent who is left behind can be similarly upsetting.
11	Hanna JR, Semple CJ.	"I didn't know what was in front of me"-Bereaved parents' experience of adapting to life when a co-parent of dependent children has died with cancer.	2022	Clarify the daily life of the surviving single parent after the parent with the child dies of cancer.	factual investigation	21 single parents (12 mothers and 9 fathers) with children under 18 years of age who have lost their partner to cancer	Encourage the bereaved parent to practice self-care and utilize support from social networks in the abyss of isolation and efforts to be the perfect parent. Family-based bereavement support groups should be utilized immediately following the death of a parent to provide support and practical guidance to both the bereaved parent and the child. Bereaved families who had received family support services stated that it was beneficial to meet with others who had experienced similar situations. It was important for the children to dialogue with each other, as they could gain insight into how they overcame the situation at milestones, such as listening to other bereaved families and spending their first vacation after the death of a parent. By recognizing that there were other children who had lost a parent, they heard about others' experiences and gained hope for the future. If one parent had concerns about the child, they were shared with the school and the teacher reported the situation to the school on how the child was doing. They believed it was important to talk about the deceased parent within the family. For many survivors, it is important to stay involved with the family so that the child does not forget the deceased parent.

from the end-of-life care of parents to support after their death into two categories: 1) for support provided to children and 2) for support provided to families. We then conducted category classification. For support for children, five subcategories and four categories were extracted from 13 codes. For support for families, eleven subcategories and four categories were extracted from 36 codes, as summarized in **Table 2**. In the text, categories will be denoted by [], subcategories by <>, and codes by "".

Table 2. Results of a close reading of the international literature on the content of support for children who have experienced parental bereavement and their families.

Support Targets	Support Contents			No.
	Category	Subcategory	Code	
1) For support provided to children	Effective Instruction of Communication Techniques with Surviving Family	Maintaining interactions between parent and child to uphold their bond	Legacy work (letters, photos, tangible objects, future plans) to maintain the parent-child bond after the parent's death	1
		Encourage open communication with the family	Open communication with their family will be reduces the risk of long-term grief symptoms in children	5
		Positive Provision of Information Regarding Parental End-of-Life Care	Positive information about parental end-of-life care	Providing information to children about their parent's inevitable death
	Making positive plans for the future, addressing realistic and financial matters			6
	Support Provided by Multidisciplinary Teams	Support provided by multidisciplinary teams	Maintaining everyday life as much as possible, creating memories while utilizing social networks as needed	
			Many families tend to be hesitant to discuss the illness with their children, children prefer to receive explanations about their parent's illness rather than being left out	
			All professionals involved with the family have a role to play in ensuring that they can participate in discussions and information sharing to the extent desired by the child	8
			Providing continuous care and maintaining contact with the family after bereavement can serve as a source of support for the child	
	Support for Overcoming Grief	Support for Overcoming Grief	Immediately after the death of a parent, it is crucial to utilize family-centered bereavement support groups, providing support and practical guidelines to both single parents and children. Peer support was deemed necessary to normalize the grieving experience and promote hope for the future	11
			Receiving family support services to meet others who had undergone similar experiences, as this provided opportunities to listen to others' stories, gain insight into how to overcome milestones after the parent's death, and facilitate dialogue among children	

Continued

2) For support provided to families	Encouraging Families on How to Communicate the Dying Process of a Parent to Children	Encouraging Families on How to Communicate the Dying Process of a Parent to Children	<p>Recognizing that other children had also lost parents provided hope for the future through shared experiences</p> <p>Sharing concerns about children's well-being with teachers at school when there are worries about the children proved to be beneficial for both the children's safety and the reassurance of the bereaved family</p> <p>Discussing the deceased parent within the family was important. For many bereaved families, it was crucial to continue family interactions to ensure that children did not forget about the deceased parent</p> <p>There is no "appropriate time" to tell children, but it is best to have such difficult conversations when children have time to understand the severity of the prognosis</p> <p>"When it is optimal to tell children", should regarding when parents have time to understand and accept the illness themselves, and to convey this information when they are physically capable</p> <p>"Location for the conversation", should choose a time and place where the parent's conversation will not be interrupted, to talk slowly with the child, and to create an environment where emotions can be expressed and after talking to the child, it was recommended for parents to plan family events that are not burdensome, such as going for a walk</p> <p>Regarding "who should convey the information to the children", parents, who know their children best, are the ones who should communicate with them</p> <p>Provide honest information to children about the parent's prognosis and inevitable death, as well as to make positive plans for the future, maintain daily life as much as possible, and create memories while utilizing social networks as needed</p> <p>Using age-appropriate, clear, and fact-based language, avoiding euphemistic expressions when discussing "what words are appropriate".</p>
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Continued

	Discuss explanations with the family according to the situation	Parents need to consider what children can and cannot handle, and that not informing children about the situation indicates the difficulty in expressing their grief	10
		Regarding the emotional expressions of the ill parent, it was stated that the remaining parent has a responsibility to explain their behavior to the child	
Facilitating Communication about the Deteriorating Condition of the Dying Parent to Children	Promoting communication to maintain the bond between parent and child after the parent's death	Deepening family knowledge about parenting in the terminal stage is crucial as effective support for the entire family in preparation for losing a significant family member	
		Methods such as legacy work (utilizing letters, photographs, tangible items, and future plans) were indicated as necessary to maintain the bond between parent and child after the parent's death	1
		In families with children who have a terminally ill parent, having open communication between children and family members enables smooth everyday life after the parent's death	
	The understanding of the prognosis by the remaining spouse and children	38% of mothers with illnesses did not inform their children about their imminent death, and 26% did not feel peaceful about dying, with 90% of fathers worrying about the burden on their children after the spouse's death	
		Clear communication between wives and doctors regarding prognosis	
		Only half of the fathers reported saying goodbye to their wives and children during the last few weeks of life, with spouses who received hospice services having a higher rate of saying goodbye to each other before the wife's death	3
		Fathers indicated that clear communication between doctors and wives regarding prognosis was also related to saying goodbye to spouses and children	
	Support to facilitate family bonding at EOL	Fathers considered raising children in a way that reflected the intentions of the sick mother, discussing whether and how to talk to children about the mother's death, and how the mother wanted to be remembered as the most crucial communication at the EOL	4

Continued

		Fathers who reported that the terminally ill mother worried about the children tended to prioritize parenting reflecting the mother's intentions	
		Supporting the communication of the single parent at EOL, medical professionals could promote bonding between family members	
	The anguish of single parents in conveying the parent's condition to children	Informational leaflets or educational lectures on communication with children	
		Support from healthcare professionals about death and dying was crucial in facilitating communication with children	7
		As family needs progressed, there was a need for medical professionals to enhance their ability to adjust	
Support Provided by Multidisciplinary Teams	Support provided to families with children who have lost a parent	The most common type of support provided to families was through written materials, with over 90% provided before and after the death of a parent. Individual face-to-face consultations were in the late 80s to early 90s percentile, and web-based support guidance was in the late 80s percentile, with significantly more support provided after the death of the parent than before	2
		They were more involved before the death than after, while psychologists and psychiatrists were the least involved professionals in providing support	
		Over 80% of hospices supported both partners and their children before and after the parent's death	
	Support for the continuation and enhancement of communication between parent and child	Needed more specialized support to enhance communication between the single parent and the child	5
	Support for children and families by community practitioners	Involving children in conversations about their parent's illness or bereavement not only respects the child's perspective but also helps them find meaning in what is happening	8

Continued

		Ensuring that children can participate in discussions and information-sharing to the extent they desire	
		Community practitioners have an important role here and need to nurture, develop, and labor them	
		The ability to maintain contact with the family even after the parent's death was highlighted, which contributes to providing ongoing care and becoming a source of support for children	
Support for Overcoming Grief	Support for parents or single parents to overcome the end-of-life experience	Encouragement should be given to both parents to prepare for the prognosis immediately after receiving a poor prognosis. This includes conveying to children the reality of their parent's poor prognosis, the inevitability of death, and managing realistic and economic matters for the future	9
		Healthcare providers were noted to play a crucial role in facilitating such preparation by providing information surrounding the reality of the parent's poor prognosis and simultaneously offering necessary information to children as death approaches, using age-appropriate language	
	Peer support for surviving families	Family-centered bereavement support groups and encouraging peer support, which helps normalize the grieving experience and foster hope for the future	
		Meeting others who had experienced similar situations and gained insights into how to overcome milestones after the parent's death by listening to others' stories	11
		Recognition of the presence of other children who had lost parents through dialogue among children	
		Sharing their concerns about their children with teachers at school	
		Continuing communication about the deceased parent within the family	

3.1. For Support Provided to Children

3.1.1. Effective Instruction of Communication Techniques with Surviving Family

In supporting children, it was necessary to encourage <maintaining interactions

between parent and child to uphold their bond> by engaging in “legacy work to maintain the parent-child bond after the parent’s death”. Additionally, support was needed to <encourage open communication with the family>, because “open communication with their family will be reduces the risk of long-term grief symptoms in children”. Legacy work involves communication methods utilizing letters, photographs, tangible items, future plans, etc. Teaching such methods to children facilitated effective communication with the family.

3.1.2. Positive Provision of Information Regarding Parental End-of-Life Care

“Providing information to children about their parent’s inevitable death” should be honest and open, creating an atmosphere where children feel comfortable asking anything they want to know. Additionally, support for children required “making positive plans for the future, addressing realistic and financial matters”. Furthermore, it was crucial to provide <positive information about parental end-of-life care>, such as “maintaining everyday life as much as possible, creating memories while utilizing social networks as needed”.

3.1.3. Support Provided by Multidisciplinary Teams

“All professionals involved with the family have a role to play in ensuring that they can participate in discussions and information sharing to the extent desired by the child. This role includes both direct interaction with the child and indirect support through working with parents and other family members”. Furthermore, it has been shown that “providing continuous care and maintaining contact with the family after bereavement can serve as a source of support for the child”. It became apparent that while “many families tend to be hesitant to discuss the illness with their children, children prefer to receive explanations about their parent’s illness rather than being left out”. This underscores the need for <support provided by multidisciplinary teams> as part of supporting children.

3.1.4. Support for Overcoming Grief

“Immediately after the death of a parent, it is crucial to utilize family-centered bereavement support groups, providing support and practical guidelines to both single parents and children. Peer support was deemed necessary to normalize the grieving experience and promote hope for the future”. Additionally, it was beneficial for bereaved families “receiving family support services to meet others who had undergone similar experiences, as this provided opportunities to listen to others’ stories, gain insight into how to overcome milestones after the parent’s death, and facilitate dialogue among children”. “Recognizing that other children had also lost parents provided hope for the future through shared experiences”, underscoring the importance of peer support.

Furthermore, “sharing concerns about children’s well-being with teachers at school when there are worries about the children proved to be beneficial for both the children’s safety and the reassurance of the bereaved family”. This sharing

served as a source of support within the family.

It was also emphasized that “discussing the deceased parent within the family was important. For many bereaved families, it was crucial to continue family interactions to ensure that children did not forget about the deceased parent”. This ongoing involvement with the family was highlighted as essential for children’s <support in overcoming grief>.

3.2. For Support Provided to Families

3.2.1. Encouraging Families on How to Communicate the Dying Process of a Parent to Children

It was indicated that “there is no ‘appropriate time’ to tell children, but it is best to have such difficult conversations when children have time to understand the severity of the prognosis”. And it was crucial that “when it is optimal to tell children’ should regard when parents have time to understand and accept the illness themselves, and to convey this information when they are physically capable”. As for the suggesting that “‘location for the conversation’ should choose a time and place where the parent’s conversation will not be interrupted, to talk slowly with the child, and to create an environment where emotions can be expressed and after talking to the child, it was recommended for parents to plan family events that are not burdensome, such as going for a walk”. Furthermore, it was suggested that “regarding ‘who should convey the information to the children,’ parents, who know their children best, are the ones who should communicate with them”. It was also required to “provide honest information to children about the parent’s prognosis and inevitable death, as well as to make positive plans for the future, maintain daily life as much as possible, and create memories while utilizing social networks as needed”. Additionally, it was emphasized “using age-appropriate, clear, and fact-based language, avoiding euphemistic expressions when discussing ‘what words are appropriate.’” These supports for <encouraging families on how to communicate the dying process of a parent to children> were deemed important as support for families.

Moreover, it was reported that “parents need to consider what children can and cannot handle, and that not informing children about the situation indicates the difficulty in expressing their grief”. “Regarding the emotional expressions of the ill parent, it was stated that the remaining parent has a responsibility to explain their behavior to the child”. Therefore, it was required to <discuss explanations with the family according to the situation>.

3.2.2. Facilitating Communication about the Deteriorating Condition of the Dying Parent to Children

It was emphasized that “deepening family knowledge about parenting in the terminal stage is crucial as effective support for the entire family in preparation for losing a significant family member”. Additionally, “methods such as legacy work (utilizing letters, photographs, tangible items, and future plans) were indicated as necessary to maintain the bond between parent and child after the par-

ent's death". Furthermore, it was suggested that "in families with children who have a terminally ill parent, having open communication between children and family members enables smooth everyday life after the parent's death", highlighting the importance of <promoting communication to maintain the bond between parent and child after the parent's death>.

It was reported that "38% of mothers with illnesses did not inform their children about their imminent death, and 26% did not feel peaceful about dying, with 90% of fathers worrying about the burden on their children after the spouse's death". Moreover, "clear communication between wives and doctors regarding prognosis" was associated with lower scores on the Center for Epidemiologic Studies Depression Scale (CES-D) and the Texas Revised Inventory of Grief (TRIG) in fathers. Additionally, it was shown that "only half of the fathers reported saying goodbye to their wives and children during the last few weeks of life, with spouses who received hospice services having a higher rate of saying goodbye to each other before the wife's death". Furthermore, reports from "fathers indicated that clear communication between doctors and wives regarding prognosis was also related to saying goodbye to spouses and children", indicating the need for medical support for <the understanding of the prognosis by the remaining spouse and children>.

"Fathers considered raising children in a way that reflected the intentions of the sick mother, discussing whether and how to talk to children about the mother's death, and how the mother wanted to be remembered as the most crucial communication at the End of Life (EOL)". Moreover, "fathers who reported that the terminally ill mother worried about the children tended to prioritize parenting reflecting the mother's intentions". Furthermore, it was suggested that "supporting the communication of the single parent at EOL, medical professionals could promote bonding between family members", indicating the need for <support to facilitate family bonding at EOL>.

For single parents, there were several acceptable supports available, such as "informational leaflets or educational lectures on communication with children". Although some single parents were hesitant to accept support from healthcare professionals regarding support for children, "support from healthcare professionals about death and dying was crucial in facilitating communication with children". Additionally, "as family needs progressed, there was a need for medical professionals to enhance their ability to adjust", highlighting the importance of support in <the anguish of single parents in conveying the parent's condition to children>.

3.2.3. Support Provided by Multidisciplinary Teams

The category of [Support Provided by Multidisciplinary Teams] also emerged in support of children. It was indicated that "the most common type of support provided to families was through written materials, with over 90% provided before and after the death of a parent. Individual face-to-face consultations were in

the late 80s to early 90s percentile, and web-based support guidance was in the late 80s percentile, with significantly more support provided after the death of the parent than before”. Specialized counselors reported providing support before and after the death of a parent in 70% - 80% of cases, with nurses, social workers, and pastors regularly providing support, although “they were more involved before the death than after, while psychologists and psychiatrists were the least involved professionals in providing support”. Additionally, it was noted that “over 80% of hospices supported both partners and their children before and after the parent’s death”. From these findings, it was evident that <support provided to families with children who have lost a parent> was carried out by a multidisciplinary team.

Moreover, it was observed that while some families required only encouragement to continue communication between parent and child, others “needed more specialized support to enhance communication between the single parent and the child”. Hence, <support for the continuation and enhancement of communication between parent and child> was deemed necessary for families.

“Involving children in conversations about their parent’s illness or bereavement not only respects the child’s perspective but also helps them find meaning in what is happening”. It was shown that all professionals involved with families have a role in “ensuring that children can participate in discussions and information-sharing to the extent they desire”. This role includes both direct engagement with children and indirect engagement through supporting parents and other family members. Community practitioners have a broad knowledge of how to communicate based on family functioning, from family relationships, can be used to support patients, families, and children, and can inform the larger health care team about the holistic needs of the patient, including support needed for the child. That is why “community practitioners have an important role here and need to nurture, develop, and labor them”. Additionally, “the ability to maintain contact with the family even after the parent’s death was highlighted, which contributes to providing ongoing care and becoming a source of support for children”, emphasizing the importance of <support for children and families by community practitioners>.

3.2.4. Support for Overcoming Grief

Support for overcoming grief was provided not only to children but also to the surviving family members. It was shown that “encouragement should be given to both parents to prepare for the prognosis immediately after receiving a poor prognosis. This includes conveying to children the reality of their parent’s poor prognosis, the inevitability of death, and managing realistic and economic matters for the future”. “Healthcare providers were noted to play a crucial role in facilitating such preparation by providing information surrounding the reality of the parent’s poor prognosis and simultaneously offering necessary information to children as death approaches, using age-appropriate language”. This was

deemed necessary as <support for parents or single parents to overcome the end-of-life experience>.

For single parents, it was important that they practice self-care and utilize support from social networks while feeling lonely and striving to be perfect parents. Immediate support after the parent's death involved providing practical support to both the surviving single parent and the child in "family-centered bereavement support groups and encouraging peer support, which helps normalize the grieving experience and foster hope for the future". It was noted that bereaved families who received family support services benefited from "meeting others who had experienced similar situations and gained insights into how to overcome milestones after the parent's death by listening to others' stories". Additionally, "recognition of the presence of other children who had lost parents through dialogue among children" allowed them to gain hope from others' experiences. Furthermore, some single parents found reassurance and support by "sharing their concerns about their children with teachers at school", ensuring their children's safety and the peace of mind of the bereaved family. The importance of "continuing communication about the deceased parent within the family" was emphasized for many bereaved families to ensure that children do not forget about the deceased parent, suggesting the encouragement of <peer support for surviving families>.

4. Discussion

4.1. For Support Provided to Children

4.1.1. Effective Instruction of Communication Techniques with Surviving Family

Engaging in legacy work, where bonds and connections with parents are felt, as well as having open communication within the family, was linked to reducing the risk of prolonged grieving symptoms in children. Legacy work provides a space for children to express difficult emotions and feelings, assuring them that such emotions are natural and providing a sense of comfort and shared time [9] [17]. Additionally, open communication within the family not only affects psychological adjustment but also has implications for health [17] [18]. Therefore, teaching effective communication skills is considered beneficial in supporting children.

4.1.2. Positive Provision of Information Regarding Parental End-of-Life Care

It was necessary to support children by honestly conveying positive information about the parent's situation to ensure that they do not worry about the future and that they can maintain as normal a daily routine as possible. Children are interested in knowing about their parent's situation [19], and it has been shown that confusion and anxiety can arise from not knowing the truth [19], so providing children with positive information about the parent's situation is believed

to contribute to their mental stability. Additionally, since there can be a fear of changes in the previous routine [20], maintaining a daily life similar to before is also considered to contribute to emotional stability in children. Therefore, it is considered necessary to provide support for children's adaptation to daily life while sharing information with them about the parent's situation.

4.1.3. Support Provided by Multidisciplinary Teams

In supporting children, it was necessary to involve professionals from various disciplines. Children are highly sensitive to changes in the home environment and can quickly sense the severity of their parent's condition or tension [21]. On the other hand, parents may fear upsetting their children and may be inhibited from discussing things with them due to feelings of wanting to protect them or thinking that they are too young to understand [22]. Additionally, it has been suggested that various professions provided support before and after parental bereavement [23]. Therefore, to minimize the gap between the feelings of parents and children, it is important to involve professionals from multiple disciplines, each utilizing their expertise to provide support while sharing information. This approach ensures continued support for children even after the loss of a parent.

4.1.4. Support for Overcoming Grief

After the loss of a parent, it has been shown to be important to provide support to children through bereavement support groups (where individuals who have experienced similar losses come together to share their grief) and family support services (where families supporting patients share their concerns with others and exchange information to address problems). Children may not spontaneously seek help without a prompt and may tend to prolong their grief [6]. It has also been reported that hearing the stories of other children in similar situations can provide children with an opportunity to express themselves and that counseling can be effective [6] [24]. Peer support is considered helpful in overcoming sadness, but efforts in Japan are still relatively passive compared to support abroad. This may be due to various barriers such as misconceptions among single parents who want to protect their children, the inadequacy of support systems for bereaved families, and a lack of understanding and knowledge among healthcare professionals about organizations supporting bereaved families. These are seen as challenges in providing support to families.

To ensure that children can safely navigate their lives at school, it is necessary for teachers to understand the parents' situation. Children may exhibit various maladaptive behaviors at school when they feel unsettled [21], so it is important for teachers to understand and be able to support children's grief. Additionally, it has been shown that children believed they shouldn't talk about the deceased parent because they didn't want to upset their family members [9]. Therefore, it is important for families to create an environment where children feel comfortable talking about their deceased parent whenever they want.

4.2. For Support Provided to Families

4.2.1. Encouraging Families on How to Communicate the Dying Process of a Parent to Children

Parents often struggle with not being emotionally prepared to face the harsh reality that death is inevitable and worry about selecting age-appropriate words and responding to potentially difficult questions from their children [19]. Therefore, it is first necessary to ensure that the care of the parent, who is the patient, is fully provided. Then, it is important to jointly consider and provide support to the child based on the parent's mental and physical condition. Young children tend to blame themselves, thinking they did something wrong, and even adolescents often blame themselves for causing stress [21]. Repeatedly telling children in conversations that "it's not anyone's fault" helps alleviate their feelings of guilt [21]. Therefore, it is important to discuss with parents about the characteristics of their child and jointly consider how to communicate with the child while providing support. Additionally, responding sincerely to children, even if they are young, is important in respecting them. Concealing the truth from children requires a lot of energy [21] and can have a significant impact on parent-child relationships and trust within the family. It is therefore important for healthcare professionals and families to understand these points and jointly consider how to inform children about the impending death of a parent as part of supporting the family.

Not informing children about the parent's illness leads to suppressing their emotional expression [25]. Furthermore, it was necessary for the surviving parent to explain the sick parent's emotional expressions to the children [25]. It has become clear that supporting children includes believing in their strength, responding sincerely to their questions, and providing opportunities for them to express their feelings throughout the period of illness to the time of separation [9]. It is necessary for healthcare professionals to provide information to reduce anxiety and stress and support each parent's role in a state where they can fulfill their responsibilities.

4.2.2. Facilitating Communication about the Deteriorating Condition of the Dying Parent to Children

Supporting families involves deepening their knowledge about parenting, which is considered an effective form of support. Parents who openly accept their illness, share information within the family, express their feelings, share household responsibilities, and demonstrate their coping strategies provide opportunities for their children to learn [21]. Showing children both the role of being a parent and being a patient openly can lead to a transformation of roles within the family and increase family cohesion. Additionally, Legacy Work, while facilitating smooth family life, can also contribute to maintaining the bond between parents and children, making it an effective method for communication with children.

It is also necessary for healthcare professionals to have good communication skills, as they can affect how children spend time and understand the remaining spouse and children's lives, given the recognition of prognosis [26]. Further-

more, in end-of-life (EOL) communication, healthcare professionals were also expected to support communication between the surviving parent and the child. Maintaining communication with the child and emotional connection with the deceased parent is important for the surviving parent [27], and support from healthcare professionals to facilitate family connections during the EOL period is considered necessary support for the family.

Healthcare professionals can convey various beneficial information and knowledge to the surviving parent regarding support for the child. However, without possessing this information or knowledge, they cannot provide support. Therefore, healthcare professionals need to understand the conflict between the desire to protect the child from the harsh reality of death and the need to prepare for the death of a partner [28]. They should support the surviving parent by providing necessary information and support, enabling the child to face the parent's illness, and acquiring knowledge to meet the needs of the family.

4.2.3. Support Provided by Multidisciplinary Teams

Multi-disciplinary support overlaps with support for children, as children are sensitive to their surroundings and can perceive the situation of their parents, leading to increased anxiety when the truth is not communicated by the parent or single parent [21]. On the other hand, families also need to prepare themselves mentally for facing the harsh reality and may struggle with explaining the situation to their children [19], thus necessitating specialized support from multiple disciplines to alleviate the distress of both children and families.

Furthermore, with the diversification of family needs, various types of support are provided. For bereaved families, repeated discussions about the deceased, death-related matters, and their own feelings after the loss, as well as receiving empathy, are important [29]. Additionally, recognizing the importance of family grief processes in daily life, play therapists and family therapists have found comprehensive grief support through play therapy (using play to facilitate children's expression and exploration of their feelings, thoughts, and behaviors in a safe environment with a therapist) [30] and family therapy [31]. Therefore, collaboration with multiple disciplines, not limited to healthcare professionals such as doctors and nurses, is effective in addressing the diverse needs of families from specialized perspectives.

Moreover, the importance of continuous support for parent-child communication as support for families has been highlighted, underscoring the significance of support from community practitioners. They play a role in maintaining contact with families after parental bereavement, providing ongoing care [22]. They can respond promptly when families want to discuss matters related to their children or when families themselves seek support, contributing to a sense of reassurance for the families.

4.2.4. Support for Overcoming Grief

Support for overcoming grief overlaps with support for children. When children

experience emotional instability, they may exhibit maladaptive behaviors at school [21], highlighting the need for teachers to understand and support children's grief in the school environment. Additionally, since children tend to believe they shouldn't talk about the deceased parent [9], creating an environment where families can openly discuss the deceased parent is considered necessary support for overcoming children's grief. On the family side, single parents may be concerned about their child's school situation, while bereaved families may find solace in sharing their feelings with others and gaining insights from those in similar situations [23]. Therefore, consulting with school counselors for single parents and providing information about support organizations to bereaved families by healthcare professionals can contribute to support for the remaining family members.

A common form of support for both children and families is peer support. Children reported gaining opportunities to express themselves and benefited from counseling through hearing the narratives of peers in similar situations [6] [24]. Similarly, families benefited from practical support provided in bereavement support groups centered on families and from the normalization of grief experiences through peer support, which promotes hope for the future [24]. Thus, peer support is considered important for supporting both children and families in overcoming grief.

Furthermore, it has been indicated that preparing children to share in the prognosis is necessary [32]. Since parents or single parent themselves may be struggling with grief while managing daily life, receiving support from healthcare professionals can help stabilize their mental and physical state, enabling them to support their children and facilitate explanations about the illness. However, there has been a lack of supportive care for children [32], underscoring the importance for healthcare professionals to convey that they are available to address any concerns related to supporting children while simultaneously providing support to parents or single parents.

5. Limitations

The literature search engine used in this study was only Pub Med, so it cannot be considered a comprehensive review of all overseas journals. Additionally, it is necessary to understand the support for children and families, including papers by other healthcare professionals and non-healthcare professionals such as school counselors. By doing so, I believe we can examine nursing support for children and families from a broader perspective.

6. Implications

In this study, two overlapping categories were identified: "support involving multiple disciplines" and "support for overcoming grief". Both children and families required involvement from multiple disciplines for specialized support before and after bereavement. Additionally, for overcoming grief, the involve-

ment of peer support was deemed necessary. Therefore, even after parental bereavement, continued support such as peer support and support groups is suggested to be crucial for the subsequent adaptation of families to their daily lives. On the other hand, there is a need for promoting system development to enhance understanding and support systems for bereaved families in Japan. Furthermore, continuous communication involving multiple disciplines was deemed necessary for supporting children who have experienced parental bereavement and their families.

7. Conclusion

Support for children who have experienced parental bereavement and their families requires open communication, which influences their adaptation to daily life afterward. Furthermore, involvement from multiple disciplines plays a crucial role in providing specialized support to address the diverse needs of children and families, facilitating the process of overcoming grief. Additionally, it has been evident that support systems for bereaved families implemented overseas are effective in supporting children and families. In Japan, there is a need to establish support systems that include children as part of family support. To address this need, there is a challenge in nursing support to provide opportunities for learning about the necessity of such support and to establish systems that enable interdisciplinary collaboration in clinical practice.

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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