

Supplementary table 3 Study characteristics of included studies

Author Year Country	Aims/objectives	Participant demographics Time since death Cause of death	Recruitment	Research design Methodology Methods Analysis method Creative methods Interview details	Relevant findings Key findings/themes	Methodological criticisms
Studies with child participants only						
Asgari et al ²¹ 2020 Iran	To explore the experience of post-traumatic growth among 14 Iranian adolescents who have experienced a sudden loss of their fathers.	Bereaved Children (n=14, F-9, and M-5) aged 14 to 17, all Iranian. Interviewed 4-9 years after the death of father Cause of death heart attack (7), stroke (1), fire (1), suicide (1), accident (4)	Purposive sampling, no further details.	Phenomenology. In-depth, semi-structured interviews. Descriptive phenomenology using the 7 step Colaizzi method. None. Unclear if parents present for children's interviews.	Role of time in experiencing Post Traumatic Growth. All participants needed some time to feel positive changes in their life, and they experienced growth through having a positive vision of life, social support and networks, school activities, psychological wellbeing, and to find meaning for their existence.	No discussion on ethical considerations, consent, or recruitment process. Small homogenous sample. Possibility of interviewer's bias acknowledged. Good use of participant transcripts to support findings. No justification of age chosen for participants.
Cranwell ²² 2007 UK	To explore how decisions and assumptions by adults have a direct bearing on the progress of a child through grief before and following death.	Bereaved children (n=30, F-17, M-13) 6-12 years old, unknown ethnicity. Unclear of time since parental death, for some it was 2 or 3 years. Unclear causes of death, 10 were very sudden,	Recruited from local education authorities, church schools and counselling organisations.	Grounded theory Semi-structured interviews. Unknown data analysis. None. Unclear if parents present for interviews; some interviewed in school.	Adults' interventions can affect Child's progress through grief. Children need truthful information about impending death, knowing the cause, reassurance the child is not to blame, and that everything possible had been done. Children should have the option to be involved in rites of passage. Recommend need for loss, death, and bereavement	Fairly large sample with younger children which is not normally seen in these studies, other than age no further demographics of children given. No information included about participant ethnicity. Included children who had and had not accessed formal support. Ethical considerations well described, including post-interview support. No information to describe data analysis process. Limited use of children narratives.

		bereavement by suicide, murder or human or natural disasters not included.			education in school and for parents and professionals.	
Harms et al ²³ 2010 Uganda	To describe the experiences of entering orphan hood from the perspectives of Ugandan youth orphaned by HIV/AIDS.	Bereaved children (n=13, F-8, and M-5), aged 12-18, all Ugandan. 7 lost both parents, 5 lost father and one mother interviewed between 2 months and 13 years after death of parent. Cause of death HIV/AIDS.	Recruited from 2 non-government organisations.	Fundamental qualitative description. In depth, semi-structured interviews. Qualitative content analysis. Family genogram to illustrate family relationships, organisation, and structure. Children interviewed alone.	Becoming an orphan is a dynamic process, marked by several difficulties and challenges. Orphan hood begins with parental illness, not death. The implications of parental death to HIV/AIDS starts the onset of several struggles including poverty, lost educational opportunities, living with extended family systems marked by difficulty, potential exploitation within their homes and culturally specific forms of stigma relating to their HIV/AIDS orphan status.	Small homogenous sample size. Narratives could have been influenced by NGO staff responses and monetary support received. Clear methods and methodology. Good ethical considerations including post-interview support. Data specific to Ugandan youths orphaned by HIV/AIDS.
Hsu et al ²⁴ 2002 Taiwan	To explore the lives of fatherless children in Taiwan	Bereaved children (n=30, F-18, and M-12) aged 9-18, ethnicity not documented. Unknown time since death. Cause of death, cancer (9), accident (6), non-cancerous	Unknown	Narrative. Open-ended questions in the form of narratives. Interpretive ethnographic techniques. None. Unclear who present for interviews.	The responses of adolescents and mothers to the deaths of their fathers and husbands are interwoven with Taiwanese cultural ideology, including concepts of one man in a lifetime, continuity wholeness, a harmonious household and taboos associated with death. The death of a father gives children a sense of incompleteness. They worry	Study aims not clearly stated. Small sample, limited data on participants. Unclear how participants recruited. No acknowledgement of ethical consideration or bias. Good use of children narratives to support discussion.

		disease (4) and suicide (1).			about their mother, they hold their feelings tightly inside to protect the family; this can create distance between the children and peers, siblings, and other relatives. This can affect their normal development. Children maintained a connection with their father	
La Freniere et al ²⁵ 2015 USA	To investigate peer interaction and peer support for parental bereaved children and adolescents.	Bereaved children (n=35, F-20, M-15) aged 6-15. Caucasian (33), Native American/Mexican American (1), Asian American (1). Interviewed 8 to 36 months after death of parent. Cause of death anticipated (20), sudden (15).	Recruited from funeral homes, a hospice organisation, and a newspaper story about the project.	Ethnography. Semi-structured interviews. Grounded theory constant comparative method. None. Parents present in home but not interview area.	The study goes further than recognising types of social support and the distinction between received and perceived support and the framing of the transactional nature of support, it recognises support ambivalence, avoidance, and even active rejection of support, the bereaved Childs need for different types of support at different times or under different conditions and the importance of who is giving the support. It also shows negative support in the form of taunting and how peer support can hinder rather than help a complex situation.	A relatively homogenous study in terms of social-economic status and race. Self-selection bias. Only one child per family included in final sample to assure the statistical independence of each participant. No clear statement of aims of study. Discussion is presented with the corresponding theme rather than an overall discussion at the end of the study. No acknowledgement of ethical considerations or bias.
Lytje et al ²⁶ 2018 Denmark	To explore how children, experience their return to school and the support	Bereaved children (n=39, males, and females) aged 9-17. Unsure of ethnicity.	Recruited from 5 different grief groups across Denmark.	Pragmatic multi method design framework.	Bereaved children often struggle to return to school following loss, classmates uncertain how to welcome them back. Made them feel	Recruited from 5 different grief groups, so all had accessed support, recruited as they had experience of talking in a group about bereavement and had existing support mechanisms in place. Very good

	received following bereavement.	Participated 3 months to 6 years following death of parent. Unknown cause of parental death.		Thematic analysis, supported by document analysis. Focus groups. Video for recruitment. Focus groups with just children.	different, so they would pretend nothing had happened or try to overcome the new situation. Choosing the second sometimes they were avoided so left feeling isolated and in rare cases taunted. Teachers tried to actively support for most children, this could be overwhelming. In the initial period of return children need structure returning to school. As the months passed schools neglected to attend to the loss, everyone had forgot making it to be difficult to be in school.	ethical considerations, including consent process. Good use of children narratives. No acknowledgement of bias. Failed to provide any participant demographics in paper, including gender.
Parsons ²⁷ South Africa 2021	To describe how children experience losing a mother during middle childhood. The second aim is to identify coping strategies to help them come to terms with this traumatic loss.	Bereaved children (n=22) aged 10-12. Gender not documented. Sample was heterogenous in terms of race, culture, gender, religion, and language. All lost their mothers aged 6-12 but not within previous 12 months Unknown cause of death.	Convenience sampling to locate 10 schools, then purposive sampling.	A qualitative descriptive research design and methodology Semi-structured interview following interview schedule. Qualitative content analysis. None. Unclear who was present for interview.	Children's experiences of losing a mother during middle childhood, their concept of death and various responses to losing their mother, and the coping strategies they employed to cope with the loss of a mother.	Although the participants were from the same school district, they were fairly heterogenous in terms of race, culture, gender, religion, and language.

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Studies with child and parent participants						
Berman et al ²⁸ 1988 Canada	To describe the experience of adolescents whose parents have died of cancer.	Bereaved Children (n=10, F-5 M-5) aged 11-17, 9- white, 1 black West Indian, adopted by white family. Unknown number of parent participants. Interviewed 6months to 2 years after death of parent Cause of death cancer.	Recruited from a cancer clinic or palliative care unit in one city.	Unknown. Semi-structured questionnaire used for interviews. No specific named data analysis method. None.	Communication after the death of a parent changed. Some adolescents felt isolated in their experience, wanting to protect surviving parent who was preoccupied with their illness or grieving. Peers who have experienced the death of a parent and siblings are the most helpful source of support. Nurses have a role to support these families, helping them identify and mobilise their existing support and identify any families who would benefit from support groups. Parents and adolescents had different perceptions within the themes, specific to changes in routines and responsibilities the support teenagers received.	Small sample size, recruited from 2 sites in one city. Sample not ethnically diverse. Appears that more than one child per family could have been interviewed. Limited information about recruitment. Limited data from parent's interviews, unclear how many parents participated. Limited examples of children narratives. Bias and ethics not addressed. Good explanation about implications for health care professionals. Good use of table to demonstrate what support was useful as identified differently by children and parents.
MacPherson et al ²⁹ 2007	To identify the psychosocial needs of children facing	Bereaved children (n=13, unknown gender but boys and fathers were	Recruited from a bereavement service.	Exploratory study. Semi-structured interviews.	Before a parental death there is a need activation of a network of support before it is required. Children had a desire to take	Literature review, rational and methods presented in a separate paper. Good ethical considerations. No gender/ethnicity demographics or cause

UK	the death and subsequent bereavement of a parent from cancer.	underrepresented), aged 6-14, unknown ethnicity Parents unknown number of participants Interviewed 6 months to 3 years after parental death. Cause of death cancer.		Thematic analysis. None. Unclear if parents present for children's interviews.	back control. Children and families need practical and emotional support during the terminal phase and afterwards need help to find a new normality which helps children make renewed and continuing sense of their experience, maintain memories, and feel held, heard, and understood.	of parental death provided. Good use of children narratives. Some parents spoken to but no data for number of parental participants or demographics. Did not include families who had not accessed support.
Weber et al ³⁰ 2019 Sweden	To explore communication in parentally bereaved families from the perspective of the children and surviving parent.	Bereaved children (n=4, F-3, M-1) aged 6-18. Bereaved parents (n=4, F-3, and M-1). Interviewed 4 to 14 months after parental death. Cause of death cancer.	Convenience sampling, participants identified using deceased medical records in 2 palliative care units.	Qualitative approach with a descriptive and interpretive design. Open interviews based on interview guide. Inductive content analysis. None. Parents present for interviews.	The relationship between family adjustment and communication may be circular whereby the family's ability to adjust to their new circumstances is affected by how the family communicates, similarly family communication may be affected by the family coping strategies and ability to adjust to their new circumstances. Parents needed to reach out to the social network for help with day-to-day tasks to prevent them feeling overwhelmed. They sometimes felt guilt and shame which hindered their adjustment to a new identity of single parent. If older children saw parents struggling, they would help.	Very small sample size, no information given about family ethnicity. Parents present during child interviews, unsure of how open children were, parents prompted the child if they were reluctant to share. Follow up interviews gave a deeper understanding of family experiences. Focus on early stages of bereavement. All families had received palliative care. Findings not transferable to other settings, cultural background. Gender and child age could have affected results. Study could have been biased to participants who were better able to cope with the bereavement.

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Holmgren ³¹ 2019 Denmark	To explore the experiences of men who are faced with raising their dependant-age children on their own following the death of their partner.	Bereaved fathers (n=4) Interviewed 1 to 2 years after death of parent. Unknown cause of death, 3 had illness before death	Recruited from a closed, online mutual support network for bereaved spouses, author part of the group and a widow with dependent children.	Elements of constructive grounded theory. Open ended interviews. Thematic analysis. None.	Men found it particularly challenging dealing with their own grief and at the same time supporting their grieving children. Those with younger children appeared to be coping with the various ramifications of death at the expense of coping with their own grief. There was a lack of adequate offers of help to bereaved families.	Good use of participant narratives. Limited information on participant demographics and no details of ethnicity. No documented cause of parental deaths. Small sample size. No acknowledgment of ethical considerations. Considered own risk of bias and measures taken to prevent this.
Lowe et al ³² 2010 Canada	To understand the lived experience of spousal bereavement from the perspective of young Canadian widows.	Bereaved mothers (n=5). All Caucasian Interviewed 15 months to 7 years after death. Cause of death, cancer (3), respiratory (1), heart attack (1).	Initially snowball recruiting, approached bereaved known to researcher within faith community.	Phenomenological approach, heuristic inquiry. In depth interviews. Moustakas approach. None.	Young widows need to give themselves permission to grieve their hopes and dreams if they desire to move on in their new lives. Women felt the need to continue bonds with the deceased. The support received was of significant benefit in learning to cope with their grief. Health care providers have a role in	Small homogenous sample, consisting of Caucasian middle-class women in an urban area, Researcher had first-hand experience of phenomenon and could have bias, not discussed. Limited discussion on ethical considerations.

					supporting and understanding rather than offering advice. and require education to do so.	
McClatchey ³³ 2018 USA	To present the experiences of widowed fathers, as they coped with their new parenting roles after the death of their wives	Bereaved fathers (n=10), aged 30's to 50's, ethnicity, black (4), white (5). Interviewed 1 to 2 years after parental death. Cause of death expected/non-sudden (3), unexpected/sudden (7).	Recruited from a bereavement camp.	Unknown. Open ended questions. Phenomenological approach, inductive analysis.	The men relied heavily on support from various sources to manage the care of the children. Fathers felt it was difficult, frightening, and lonely to make decisions. Fathers put their children's needs before their own even when caring became overwhelming. Fathers were concerned and worried about their own mortality. Fathers felt a newfound respect for their deceased wives, taking on the mother's tasks they realised the magnitude of childcare.	Relatively diverse background of participants regarding ethnicity, income, and age. Recruited from one specific area, children were receiving support, fathers had brought them to, so they had a child-focused attitude. Researcher was the founder of the grief camp so fathers may have wanted to please. Good use of father's narratives to support findings. Risk of bias and ethical considerations described well.
Silverman et al ³⁴ 1975 USA	To report the widow's view of her child's reaction to the death of their father, problems she had with children as a result; how she coped and what help was available and what help she did use in solving any problems she	Bereaved mothers (n=19), aged 23-50, ethnicity, white. Interviewed 3 years after parental death. Cause of death for most was sudden and some following extended illness.	Recruited from a widow's support programme.	Unknown. Interviews. Unknown. Unclear.	Widows did not see their child's behaviour as a response to loss, this could be accounted for in several ways, cultural evasion and confusion, the widows could not focus on the child's needs due to their own grief and the relationship with the child before the death. Widows used avoidance and denial to protect themselves and their children.	No systematic data analysis process. Participants recruited from a support programme. All participants were mothers. No acknowledgement of ethical considerations or bias. Unclear qualitative approach and methods. Limited discussion of findings.

	had with the children.					
Taylor et al ³⁵ 2016 USA	To understand the challenges faced by young widows and widowers.	Bereaved parents (n=12), F-9, M-3. All Caucasian Interviewed 1 to 8 years after parental death. Causes of death, cardiac problems (2), diabetes (1), unknown (2), cerebral haemorrhage (1), drug overdose (1), drowning (1), breast cancer (1), car accident (3)	Convenience sampling via a widower conference.	Phenomenology. Semi-structured focus group. Immersion/ crystallisation technique. None.	Young widowers shared similar experiences in the phenomenon of young widowhood. It is important to find meaning. The widowers expressed difficulty in accepting support and y did not discuss loss of social identity or lack of long-term support compared to the widows. New findings included humour as an important coping strategy and telling the children and other family was the most difficult experience for all.	No acknowledgement of ethical considerations or bias. All participants Caucasian, middle class. Focus group could limit the amount of data collected. Participants were able to provide feedback on themes.