



Bereaved Military Children from the UK Armed Forces:

An analysis of families seeking support from Scotty's Little Soldiers



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Introduction

Scotty's Little Soldiers is a British charity, founded in 2010, with the aim of supporting children who have experienced the death of a parent who served in the UK Armed Forces. It was founded by Nikki Scott, following the death of her husband Corporal Lee Scott in Afghanistan, and the bereavement of their two young children. Months after the death, family members persuaded Nikki to accompany them on a holiday. Watching her son laughing for the first time since his father died, inspired Nikki to found the charity, beginning with purchasing a lodge at a holiday resort for the exclusive use of bereaved military families.

In the proceeding fifteen years, Scotty's Little Soldiers has grown to support nearly 800 children and young people each year. Scotty's has developed a holistic programme designed to address known risks for bereaved children;

- Social isolation and loneliness (Holmes et al., 2013)(McLaughlin et al., 2019).
- Education and employment (Parsons, 2011).
- Emotional and mental health (Holmes et al., 2013)(McLaughlin et al., 2019).

Scotty's owns six holiday lodges across five holiday resorts in England, sending over a hundred families every year on respite breaks. They offer a range of educational grants including the Scotty Allowance, an annual contribution towards extracurricular activities, school trips and other educational needs. They also provide 1:1 bereavement support, a talk based therapeutic space for children who are struggling to cope. Scotty's also provides opportunities for bereaved children to meet each other through social events, send gifts and cards at difficult times of the year, provides advocacy for families across a range of issues including school, housing, and finance, and develops training and resources for schools and colleges.

When a serving person dies, the military assigns the family a Visiting Officer (VO) and families receive the 'Purple Pack' – a book with guidance and support produced on behalf of the Ministry of Defence. Both Visiting Officers and the Purple Pack direct families with children to Scotty's. When a veteran dies, there is no equivalent of the VO and the 'Grey Pack' (the Purple Pack for the Veteran community) is yet to be developed. So, Scotty's relies on word of mouth, marketing and professional referrals to reach the veteran community. The children of veterans who have died, or serving personnel who have died, are eligible to join regardless of cause of death or length of service.

Scotty's utilises a free membership model; once a child joins Scotty's they are a 'member' and can access any of the services until their 25th birthday. This provides a unique opportunity for longitudinal data analysis of

bereaved military children (and their families) from the point they join Scotty's through to age 25 and provides valuable insight into the needs of the bereaved military community. This report, utilising descriptive data and analytic data seeks to:



1. **Understand who the charity is reaching, and which bereaved military families seek out support from the charity following a death.** Section 1 will provide descriptive data of the families who have selected to join Scotty's, including child based variables such as the age of children at time of parental death, time between the death and joining Scotty's, and the SEND needs and gender of the children being supported by the charity, along with parent related (military) variables including the branch of military service (Army, RNRM, RAF), the rank of the parent at time of death, and cause of death.
2. **Understand how families engage with different services provided by the charity and to identify any trends or commonalities amongst families.** Section 2 will explore whether there any risk factors which may indicate a family is more or less likely to request specific help from the charity. It will provide both descriptive and analytic data on three of the services offered by the charity; respite breaks, educational grants and 1:1 bereavement support.

Executive Summary

This report draws on a dataset of 753 children who experienced the death of a parent who served in the UK Armed Forces, and whose families approached Scotty's Little Soldiers for support following the bereavement. The findings indicate that:

The charity quickly and equitably reaches bereaved military families following a death.

- Bereaved military families are finding the charity very quickly following a death, with nearly half of all members (47%) joining in the first year following parental death and 65% of newer members (who joined between 2022 and 2024) joining within one year of death.
- The charity, despite the veteran community being less visible and therefore harder to reach, is also reaching veteran families quickly following a death, with only a slight lag compared to in-service deaths. Both families bereaved in-service and veteran families are requesting help from Scotty's. Families joining in recent years (2022-2024) are broadly equally split between in-service deaths and veteran deaths.
- Families approaching Scotty's for help are broadly representational of the UK Armed Forces in terms of branch of service, and the charity's services are utilised equitably by families from across different military ranks.
- The children represented by the charity are equally split by gender and the charity has an equitable representation of children with SEND compared to national averages.

Military families bereaved by suicide are most likely to seek help from the charity.

- Families bereaved by suicide are more likely to join the charity than other causes of death, and in particular veteran Army families bereaved by suicide. This finding is important as children bereaved by parental suicide are at greater risk of suicidal ideation than children bereaved by other causes of death and so it is particularly important to have readily



accessible, long-term support available. As a cohort, families bereaved by suicide also are at greater risk of stigmatisation than other causes of death and within the military space families report feeling a 'hierarchy of death' where killed in action is at the 'top' and those who die by suicide are at the 'bottom'.

- Amongst the minority of children with more acute needs who require to access specialist 1:1 support, children bereaved by suicide are notably over-represented. Children bereaved by suicide were substantially more likely than any other cause of death to access 1:1 support.

Bereaved military families need long term support.

- Respite breaks is one of the most highly utilised services offered by the charity, with 92% of children accessing at least one break and 88% of children accessing multiple respite breaks. This level of popularity could indicate how important it is for bereaved military families to be given the opportunity to rebuild as a family in a supported environment. The high demand for breaks is maintained across many years. This may indicate the non-linear nature of grief and the longevity of need for bereaved military families joining the charity. This is counter to assumptions that 'time heals all'. While it may be true for some families, the data suggests that many bereaved families find their bereavement impacting their family throughout childhood and adolescence. This has important implications for adequately resourcing for long term support.

Bereaved military children who struggle to cope with their grief need support to manage anger issues, self-harm and access to education.

- Amongst children accessing 1:1 support, the majority of children (59%) reported having problems with anger, with boys being even more likely to report the issue than girls (although over half of the girls in the programme reported struggling with anger).
- Over a quarter of children accessing 1:1 support said they were self-harming or had thoughts of suicide. Girls were more likely to report self-harm and suicidal thoughts than boys.
- The proportion of children accessing 1:1 support who raised the negative impact their grief was having on their education (50%) is important. Disengagement from school, school absenteeism, and inability to concentrate in lessons can lead to lower academic achievement and can have an impact on employment in later life.

The report also raises a number of areas that require further research. This includes research to:

- Understand the participation rate in extra-curricular activities amongst bereaved military children. This is important as extra-curricular activities is associated with improved educational and employment outcomes for all children, but for bereaved children it can also play an important role in grief support.
- Understand the emotional and mental health needs of bereaved military children under the age of 10 years old, who are underrepresented in accessing 1:1 support from the charity.



- Learn more about families accessing services by looking at additional variables (including the age, gender and ethnicity of the parent who died), and through multivariate analysis of the data to control for key factors.
- Understand the growing proportion of veteran Army families bereaved by suicide approaching the charity for support by having access to baseline national data. National data on the military branch and rank amongst veterans who die by suicide, and national data on the rank of in-service suicides would help the charity understand its own reach and the needs of bereaved military families.

About the dataset

Scotty's utilises a membership model; once a child joins Scotty's they are a 'member' and can access various services until their 25th birthday. This provides a unique opportunity for longitudinal data analysis of bereaved military children from the point they join Scotty's through to age 25. Relevant demographic data is collected on the child and family including; age of child, date of bereavement, cause of death, service branch and rank of the parent who died, and SEND status of child alongside operational data including the date of joining and services accessed by the child across the years including grants, 1:1 support and respite breaks. As a growing front-line charity rather than a purpose-built dataset at a research centre – over the years there have been changes to what information is collected that create some limits to analysis. New services are introduced (for example 1:1 support has only been operational in more recent years, whereas respite breaks date back to the beginning of the charity), and data management systems have been updated and improved as the organisation grew. Where these limits arise they have been noted in the text. Despite its limitations the dataset still represents perhaps the largest and most comprehensive dataset of bereaved military children in the UK (n=753 bereaved children and young people, and growing - at time of publishing it had risen to 843).

References to the 'whole' membership in this report means all children and young people who joined Scotty's up to September 2024 when this analysis began (n=753).

The report also refers to the 'new cohort' which means those who have joined between 2022 and September 2024 (n=197). The purpose of the newer cohort is to provide a more current snapshot of need, noting that Scotty's was founded at the height of UK's involvement in the war in Afghanistan, whereas in more recent years the UK Armed Forces have seen less direct conflict.

In the analysis of respite breaks, to ensure that everyone had opportunity to book a break (which occurs early in the calendar year) and a full year of breaks to have been delivered, members who joined after 2022 (n=125) have been excluded, therefore the respite breaks draw on a dataset of n= 628. To be eligible to access a break members must be under eighteen therefore a further 35 older members were removed leaving a dataset of n=593 for respite break analysis.

For the analysis of 1:1 bereavement support, it was not practical to access all historical data. Therefore, this report draws on a dataset from November 2022 onwards (n=90).



SECTION 1:

Understanding the bereaved military families who seek out additional support from the charity following a death

Child based variables

Time from death

A key question for the charity is: how quickly are families finding the charity? This can be important in order to take an early intervention approach, supporting families before any issues can embed or worsen. Traditional assumptions about grief also suggest that the feelings may be most intense in the immediate year or two following a death. Research indicates that the mental health risk to bereaved children may be highest in the first two years, and for many (but not all) children will decline over time (McLaughlin et al., 2019)

The majority of children supported by Scotty's have joined within the first five years since the death (81%) (609/753) (Table 1).

Table 1: Years between death and joining Scotty's Little Soldiers (n=753)

Years between death and joining SLS	Count	%
Up to 1	n=354	47%
2	n= 90	12%
3	n=59	8%
4	n=45	6%
5	n=61	8%
6	n=21	3%
7	n=24	3%
8	n=14	2%
9	n=24	3%
10	n=18	2%
over 10	n=43	6%

However, it is possible over time the proportions will shift as there will have been a certain amount of 'catch up' for children joining the charity who were bereaved before Scotty's was founded, or as the charity becomes more widely known. There is some indication of this happening in the data. As we see in Table 1 across the charity (n=753), 67% (503/753) of children joined within the first three years and 47% (354/753) within the first year. As we can see in Table 2 and Figure 1, if we look at children who have joined the charity since 2022 (n=197), 85% (168/197) were within three years of death and 65% (128/197) within a year.

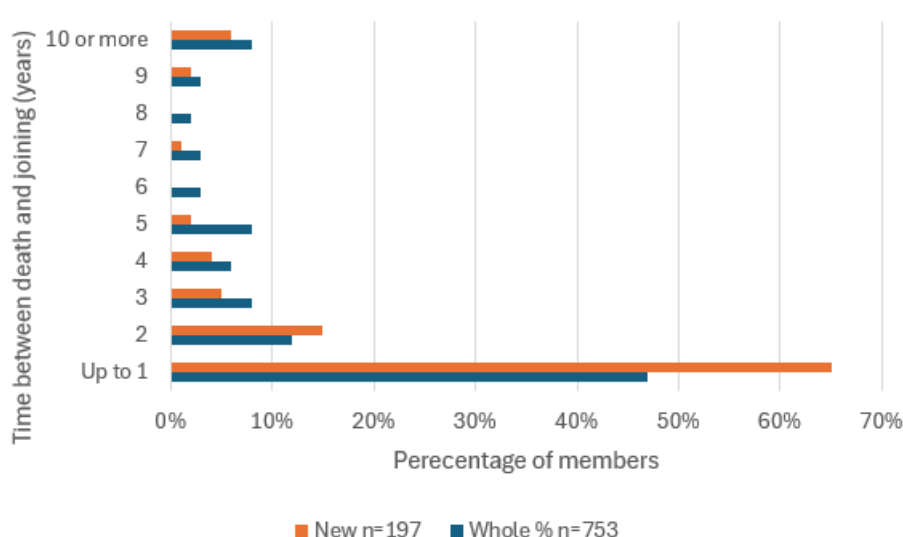


Overtime, the data suggests that bereaved military families are finding Scotty's more quickly.

Table 2: Years between death and joining Scotty's Little Soldiers amongst members who joined between 2022 and 2024 (n=197)

Years between death and joining SLS	Count	%
Up to 1	n= 128	65%
2	n=30	15%
3	n=10	5%
4	n=8	4%
5	n=4	2%
6	n=0	0%
7	n=1	1%
8	n=0	0%
9	n=4	2%
10 or more	n=12	6%

Figure 1: Comparing the overall cohort (n=753) with new cohort (n=197) on time since death and joining Scotty's (%)



Age of child at parental death and when joining Scotty's

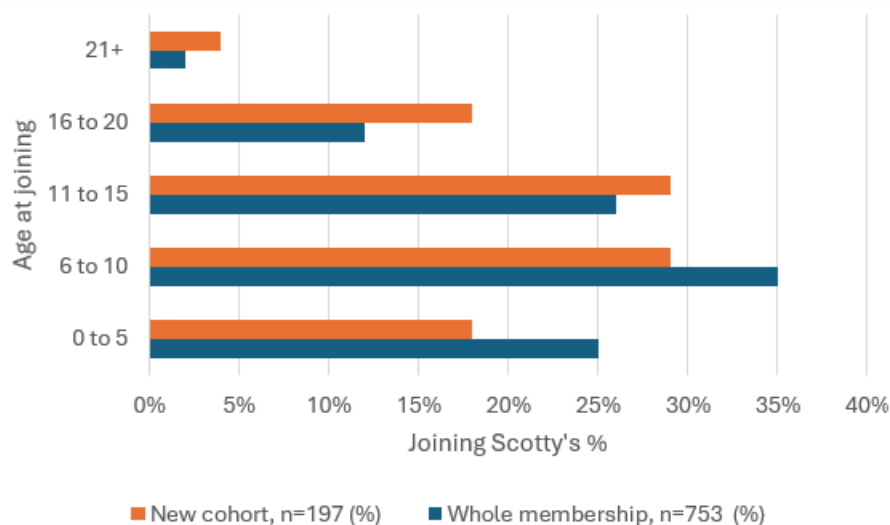
The age of a child joining Scotty's is also an important variable as this could impact the services accessed either because of criteria of Scotty's (at the time of writing respite breaks were only available for families with children under 18 years of age – a restriction which was lifted in 2025), or factors within the child's own life (for example the other challenges associated with adolescence



and puberty outside of bereavement may give rise to an increased need in 1:1 support). Age may also impact the child's initial experience and understanding of death.

As Figure 2 below illustrates, the age of child joining Scotty's has increased amongst the newer cohort. This could be because, in the early years of Scotty's, British Armed Forces were engaged in the war in Afghanistan, leading to younger parental death and younger bereaved children. According to data from the [Ministry of Defence](#) between 2010 and 2021, 178 serving people were killed by hostile action, and in 2022-2024 (aligned with the 'new' cohort) zero serving personnel were killed in hostile action.

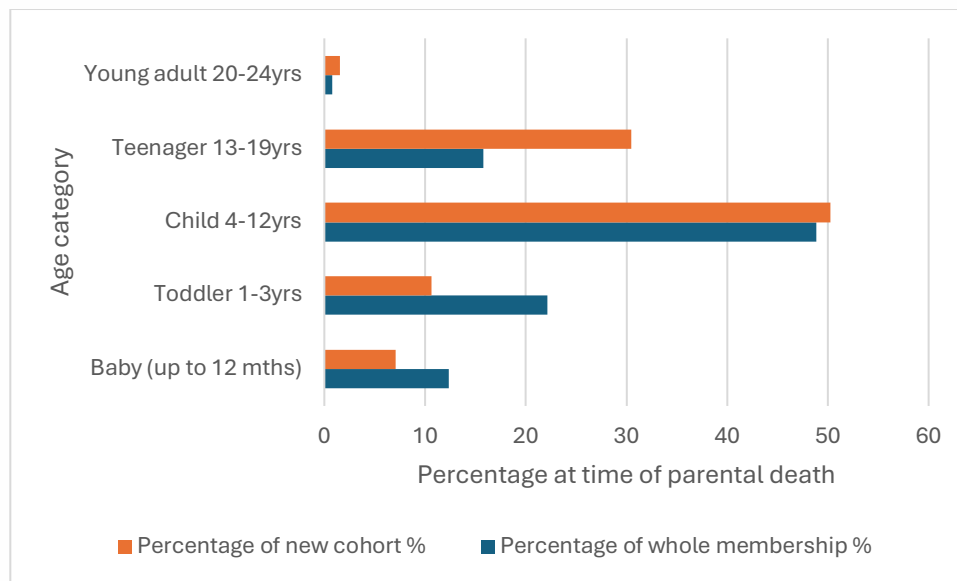
Figure 2: Age (in years) of a child when joining Scotty's, a comparison of the whole membership (n=753) and the newer cohort (n=197)



As illustrated in the figure below (Figure 3) children were most likely to join between the ages of 4 and 12 when their parent died (NHS categorisation of 'child'), both in the whole membership and within the new cohort. However, in recent years the newer cohort membership has overall been older at the time of the death, with a growing proportion being teenagers and less being toddlers or babies at time of death (when compared to the whole cohort). Again, this may be explained by the reduction of those killed in action.



Figure 3: Members age at the time of parental death whole cohort (n= 753) vs recent cohort (n=197)



Another commonly used category of age grouping is ‘young people’ which often refers to people aged 16 to 25 years old. Amongst Scotty’s whole membership this makes up 6% of the cohort, however amongst those who joined in 2022-2024, it doubles to representing 12% of the cohort.

Understanding the shift in age trends of the charity’s members is important for strategic planning of services. Following peacetime years, the data suggests that the members will be older adolescents, but during and following conflict years there may be more demand for services with younger children.

Gender and SEND status

The gender of the children supported by the charity are equitable, with 50% (383/753) identified as female, 49% (367/753) identified as male and 1% (3/753) identified as other. Gender data is collected at point of joining, and is provided by the surviving parent or carer, unless the young person is already over 18 years of age at the point of joining. Records are updated ad hoc if a young person reports a change in gender identity. This balance of gender also holds when we look at the new cohort where we see 49% (97/197) identified as female, 50% (98/197) identified as male and 1% (2/197) identified as Other.

Special Educational Needs or Disability (SEND) status in England is defined by the Government as follows:

“ A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.



A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions” ([SEND Code of Practice 2015](#))

Children supported by the charity have different potential intersections with SEND. A member of Scotty’s may have a SEND unrelated to their bereavement (for example dyslexia) but they also may have a SEND that may be associated with their bereavement (for example a child with social, emotional or mental health needs where that has been triggered by or increased by, their bereavement). Recent government figures ([DfE, 2025](#)) indicate that nearly 20% of pupils in schools in England have been identified in school census data as having a SEND. 14.2% of pupils will be receiving some kind of ‘SEN Support’ from the school, whilst 5.3% of pupils with more complex needs will be supported with an EHCP (Education and Health Care Plan). Beyond these figures, will be children who are in the process of being diagnosed, or where parents believe the child has SEND needs but have not yet pursued diagnosis (due to wait times, stigma or other barriers).

In Scotty’s membership 16% of children have been identified by parents as having SEND needs (121/753), however this rises to 22% when looking at the newer cohort (44/197). Children identified as having a SEND live with a range of issues from generalised learning delays to physical/mobility disabilities. Parents were most likely (24%) (29/121) to report their child as living with ASD (Autism Spectrum Disorder), followed by ADHD (Attention Deficit/Hyperactivity Disorder) at 17% (21/121) and dyslexia at 16% (19/121). 9% of children at the charity with identified SEND had social, emotional and mental health needs such as depression and severe anxiety.

Parent based variables

Branch of the military

Scotty’s members can be from any branch of the military. Currently in the UK Armed Forces, around 56% of the personnel are in Army, and the rest split evenly across the RAF (22%) and RNRM (23%) (Kirk-Wade, 2025). Overall, in Scotty’s membership (n=753) the charity skews more towards the Army (70%) (526/753) (with the rest split evenly across the RAF (14%) (104/753) and RNRM (16%) (123/753). However, in recent years those joining are much more in proportion with the UK Armed Forces.

Amongst members who joined in 2022-2024 (n=197), 51% (101/197) are from an Army family, 25% (49/197) from and RAF family and 24% (47/197) from an RNRM family. This difference may be due to the charities own history; the founder was an Army Widow, the charity was founded during conflict years, and indeed for some the name of the charity ‘little soldiers’ may have led families to mistakenly believe it was a single service (Army) charity. However, the data suggests any misconception has been resolved. Over time it will be important for the charity to monitor the



proportions joining from the three military branches to ensure the charity's established position as a tri-service organisation is maintained.

Rank

The military rank of the parent who died may be a relevant variable in analysis due to the associations between rank and salary, income, prestige and education. Rank itself being indicative of socio-economic status (Yoong et al., 1999). For the purposes of this report, rank was categorised into non-starred Commissioned Officer (CommOff), Senior Non-Commissioned Officer (SNCO) (equivalent to the sergeant rank and above), Junior Non-Commissioned Officer (JNCO) (such as lance corporal and corporal equivalents), and Other (privates, marines etc). Research has demonstrated, after adjustment, an association between rank and post-service mental health in veterans, with lower rank associated with PTSD and common mental health disorders (CMD) (Burdett et al., 2021). Higher ranks were less likely to suffer financial hardship after leaving the service (Burdett et al., 2021).

The table below (Table 3) shows a recent spread of rank category across the three branches of the military (Allison, 2023).

Table 3: The percentages of rank categories by military arm in 2023 (non-starred Commissioned Officers, SNCO, JNCO and Other) n=143,558

	CommOff		SNCO		JNCO		Other	
	n	%	n	%	n	%	n	%
Army n=78059	13052	17	17542	22	11630	15	35778	46
RNRM n=33009	6889	21	7704	23	6218	19	12160	37
RAF n=32490	7945	24	7528	23	5922	18	11059	34
Overall n=143,558	27886	19	32774	23	23770	17	58997	41

Amongst Scotty families there are no starred personnel (the highest-ranking Commissioned Officers) and non-starred Commissioned Officers make up the smallest percentage of Scotty members (16%) (122/753) (Table 4). The lowest ranks (Other) make up 22% (166/753) of Scotty's overall membership, notably lower than current Armed Forces personnel (41%). However, this may be because the lowest ranks are likely to be the youngest and have lower general morbidity rates. When we look at the newer cohort (Table 5), the proportion of members joining from the lowest ranks has increased to just over a third of new members (34%) (67/197).



Table 4: Scotty members by rank category and military branch (n=753). Red indicates over representation compared to the UK Armed Force, Green indicates underrepresentation.

	CommOf f		SNCO		JNCO		Other	
	n	%	n	%	n	%	n	%
Army n=526	57	11	168	32	189	36	112	21
RNRM n=123	35	28	39	32	17	14	32	26
RAF n= 104	30	29	36	35	16	15	22	21
Overall	122	16	243	32	222	29	166	22

Table 5: Scotty members who joined in 2022-2024 by rank category and military branch (n=197). Red indicates an increase in representation from the whole membership, Green indicates reduction in representation compared to the whole membership.

	CommOff		SNCO		JNCO		Other	
	n	%	n	%	n	%	n	%
Army n=101	15	15	23	23	26	26	37	37
RNRM n=47	11	23	18	38	4	9	14	30
RAF n= 49	10	20	20	41	3	6	16	33
Overall n=197	36	18	61	31	33	17	67	34

Overall, Scotty's representation broadly aligns with what would be expected given the rank category spread in the current armed forces. This suggests the charity has broad appeal and suitability. As a charity Scotty's is committed to equity between rank, which is counter to many families' experiences in the wider military sector where segregation by rank can be prevalent. The data suggests that Scotty's has been successful at providing equity to all ranks.

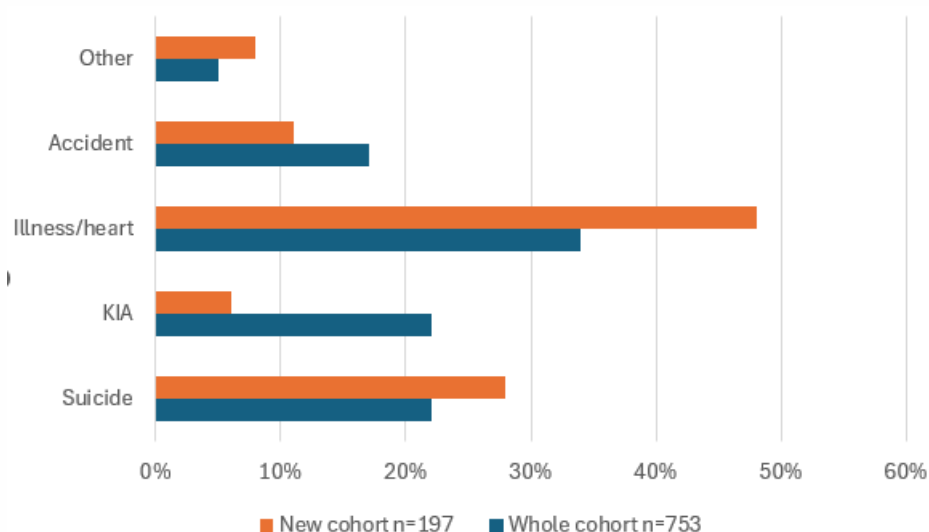
Cause of death

Cause of death is another potentially relevant variable for this analysis as it is plausible there may be associations between particular causes of death and the need to access services.

Illness, suicide, accidents and 'killed in action' are the leading causes of parental death for Scotty members (Figure 4).



Figure 4: Cause of parental death for all members (n=753) and new cohort (n=197)



In recent years, illness and suicide are the most common causes of death (Figure 4). The reduction of in killed in action is to be expected, as Scotty's was founded during the height of the conflict in Afghanistan, whereas the British Armed Forces participation in conflicts has reduced in recent years.

There does appear to be variation in cause of death by military branch for families choosing to join Scotty's in both the whole membership and in the newer cohort (Table 6 and 7).

Table 6: Cause of death by military branch, whole membership (n=753)

	All branches n=753		Army n=526		RAF n=104		RNRM n=123	
	N	%	N	%	N	%	N	%
Suicide	169	22	131	25	16	15	22	18
KIA	167	22	143	27	3	3	21	17
Illness/heart	254	34	145	28	61	59	48	39
Accident	126	17	89	17	22	21	15	12

Table 7: Cause of death by military branch, new cohort (2022-2024) (n=197)

New cohort	All branches n=197		Army n=101		RAF n=49		RNRM n=47	
	N	%	N	%	N	%	N	%
Suicide	55	28	39	39	4	8	12	26
KIA	11	6	6	6	3	6	2	4
Illness/heart	94	48	44	44	27	55	23	49
Accident	22	11	7	7	13	27	2	4



In both the overall membership (n=753) and the new cohort (n=197), when looking at the top four causes of death, Army families are more likely to have been bereaved by suicide than families from the other military branches. As can be seen with the yellow highlighted percentages, across the whole membership 25% (131/526) of Army families were bereaved by suicide, rising to 39% (39/101) of Army families in the recent cohort. RAF families are the least likely to have been bereaved by suicide. Across the whole membership 15% (16/104) of RAF families were bereaved by suicide and 8% (4/49) in the recent cohort. Without further research it is not possible to know why Army families joining Scotty's are substantially more likely to be bereaved by suicide than the other branches of the military.

The stark rise in Army families bereaved by suicide approaching Scotty's for help is important. Bereavement by suicide can be stigmatised, and families have spoken about feeling that there is a hierarchy of death in the military with killed in action at the top and suicide at the bottom. It is important to Scotty's that all families are equal in the charity and that there is no stigma for families bereaved by suicide. In that way, having a disproportionate number of families bereaved by suicide joining Scotty's is positive – families bereaved by suicide feel welcome and safe at the charity. However, it may also indicate a higher level need not being addressed outside of the charity. And why the rates are so much higher amongst new cohort Army families warrants further research, especially if the trend is maintained over the coming years.

When we look at cause of death by rank category, there is an association between rank and bereavement by suicide. Amongst families joining Scotty's the lowest rank is associated with higher rates of bereavement by suicide. Amongst the lowest rank ('Other'), 32% of families were bereaved by suicide, next JNCO (27%) followed by SNCO (18%) and Commissioned Officers at 11% (Table 8).

Table 8 Cause of death by rank category (n=753)

	Suicide		Killed in Action		Illness/heart		Accident	
	N	%	N	%	N	%	N	%
Other n=166	53	32	26	16	49	30	25	15
JNCO n=222	59	27	74	33	42	19	42	19
SNCO n=243	43	18	52	21	95	39	45	19
CommOff n=122	14	11	15	12	68	56	14	11

This mirrors findings amongst the UK veteran community, where lower ranks are associated with higher rates of mental health need (Burdett et al., 2021). Scotty's data indicates that rank may also be associated with suicide. Again, further national research is needed, and it would be important to know about suicide rates by rank category across the wider military community (both in service and veteran).

In wider literature on military branch, the prevalence of suicide amongst serving personnel in the Army is borne out by UK military statistics on recent suicide rates. In service suicide rates from



2000-2020 were lowest in the RAF at 5.0 per 100,000, followed by the Navy at 7.2 per 100,000 and highest in the Army at 10.1 per 100,000 (Roberts et al., 2022). The research suggests this may be due to difference in patterns of recruitment and socioeconomic status across the three services, differences in duties and management style and variation in access to means of suicide and programmes to support wellbeing and mental health (Roberts et al., 2022).

Suicide rates amongst veterans are published by ONS, however it would be useful to see this broken down by service branch and rank.

As shown earlier in Table 6 and Table 7, Scotty's data shows that children were most likely to be bereaved by suicide if they are from Army families in comparison to the RNRM or RAF. Scotty's data also allow us to separate the analysis of children's bereavement by veteran or in-service status. Due to missing data, we have restricted our analysis to the newer cohort (n=197), with 55 deaths by suicide. Excluding nine missing cases, children bereaved by suicide are more than twice as likely to have come from veteran families (n=32) than serving families (n=14). Whereas across our new cohort from any cause of death (n=197), excluding 41 missing cases, the new members are broadly equally split between veterans (n=77) and serving (n=79).

It would be useful if Scotty's data on suicide by veteran or in-service status could be benchmarked by national data. National data on the military branch and rank amongst veterans who die by suicide, and national data on the rank of in-service suicides would help the charity understand its own reach and the needs of bereaved military families.

SECTION 2:

Understanding how families engage with different services provided by the charity, trends and commonalities.

Respite Breaks

Whilst holidays or time away with one's family can be important for all children, within a bereaved family, they play a very specific role: creating an opportunity for the family to communicate and rebuild following a death. Research has shown that family cohesion and communication following a death has a significant impact on longer terms outcomes ([Holmes et.al., 2013](#)) ([Parsons, 2011](#)). Studies have noted that communication between the surviving parent and child or children is a protective factor for the child's psychological health following bereavement ([Kaplow et al., 2015](#)) ([Shapiro et al., 2014](#)) ([Weber et al., 2019](#)). According to research from the University of Cambridge, it is 'considered one of the most important factors' in adjusting to the death within a family ([McLaughlin, 2019](#)).

'Scotty Breaks' are intended to create opportunities for families to come together, bond, make new memories and talk to one another. The charity collects qualitative data from the family ahead of and following a break to help monitor impact. In 2024 the charity's impact data indicated that,



before the break, 17% of bereaved families considered themselves to be in ‘a good place’ as a family, following breaks this nearly doubled to 31%. Families doing ‘not at all well’ decreased from 13% to 5%.

Qualitative feedback from families collected by the charity frequently describes families under enormous strain; both emotional and often financial, with tension in the homes especially where the grieving children are teenagers. Breaks become a lifeline where the children can come out of their rooms and be together, and the parent can slow down and focus on their children instead of bills and work. For newly bereaved families it can often be the first-time family laugh, talk and feel like one day it will be possible to be ‘normal’ again.

Respite breaks have been offered by Scotty’s since the charity was founded. The data used in this report cover breaks taken between 2012 – 2023. As noted in the ‘about this dataset’ section, for break analysis the dataset is n=593. Breaks have proved to be an extremely popular service offered by the charity; 92% of members (544/593) have had at least one break. Of those who could have two breaks (joined in 2021 or earlier, and under 18years of age for at least two years n= 512), 88% (or n=450) had two or more years with breaks. Of those who could have three years with breaks (n=450), 80% members went on breaks for at least three years (n=361).

One hypothesis may be that the need for respite breaks should decline over time since death, however, the data does not bear this out.

The table below groups members by the number of years since the parent died and when they joined the charity (and therefore had access to respite breaks). These are grouped by those who joined in the first year after death, 1-3 years since the death and four or more years since the death. We then look at whether they took a respite break in the first three years they were a member, 4-6 years after they became a member, and 7-9 years after they became a member (Table 9).

Table 9: Three year ‘window’ of break access by joining time cohorts

Time between death and joining	Three years after joining			4-6 years after joining			7-9 after joining		
	No. with at least 3 years of break available (n=450)	Number who took break	% who took a break	No. with at least 6 years of Breaks available (n=280)	No. who took a break	% who took a break	No. with at least 9 years of Breaks available (n=121)	No. who took a break	% who took a break
One year or less (0-12mth)	n=180	n=166	92%	n=80	n=76	95%	n=39	n=35	90%

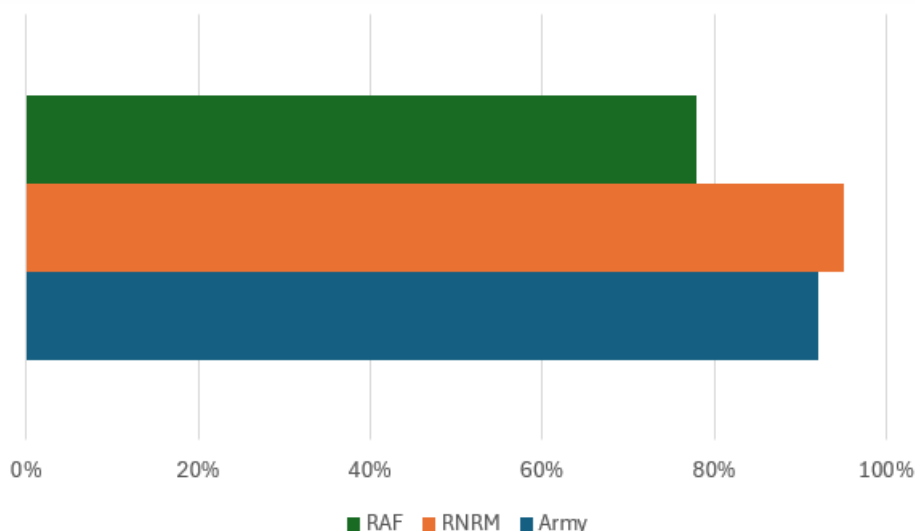


1-3 years (13-36mths)	n=94	n=80	89%	n=63	n=56	89%	n=36	n=30	83%
4 years or more (37mths or more)	n=176	n=161	91%	n=137	n=115	84%	n=46	n=34	74%

The data indicates that there is no substantial reduction in the need or demand for respite breaks over time. This may indicate that grief (or the reduction in need for families) is not linear. Time does not necessarily heal. The noticeable rise in break access when you look across three-year spans rather than single year snapshots may suggest more of a cyclical nature of family stress and grief, where the ups and downs of normal lives is compounded or complicated by their grief. This would suggest that organisations wishing to support the needs of a bereaved military family would need to consider long term availability of support.

When we look at break access by the military variables rank and service branch, some small associations emerge. Access to respite breaks is very high across the tri-service. Across the whole membership, 92% (404/440) of Army families have accessed at least one respite break, RNRM families at 95% (75/79) and RAF at 78% (58/74).

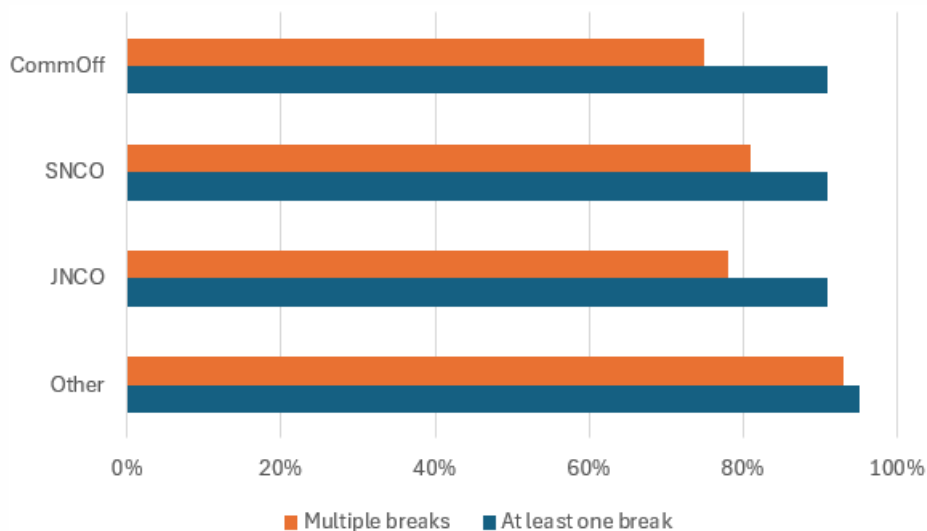
Figure 5 Respite break access by Military Branch (n= 593)



Rank has a slight association with break uptake, with 95% of the lowest rank (114/120) accessing at least one break (Figure 6). Across the other ranks 91% have accessed breaks (JNCO, 173/190) (SNCO 179/197) (CommOff 78 /86) (Figure6).

There is also an association between rank and number of breaks taken, with lower rank being associated with more breaks. 93% of the lowest rank families who had at least two years of breaks available had taken multiple breaks (89 /96), 78% of JNCO families took multiple breaks (141/181), 81% of SNCO families (133/164) and 75% of Commissioned Officers families (53 /71) took multiple breaks (Figure 6).

Figure 6 Respite break access by Rank comparing single (n=593) and multiple years (n=512)



When the number of breaks taken is divided by the number of years the member could have taken a break, we see a similar association between rank and breaks, with the lowest rank averaging 0.97/yr across their membership, JNCOs 0.82/yr, SNCOs 0.83/yr and Commissioned Officers taking an average of 0.77/yr across their membership.

The data indicates that nearly all grieving military families who access the charity have need of respite break. The high uptake even amongst the highest rank families is interesting. Higher rank families are less likely to have financial hardship than the lower ranks (Burdett et al., 2021). It is more likely that they could afford a holiday of their choosing than other non-Officer families. For some families the cash value of a break (estimated by the charity to be around £800) would be less of an incentive, and some families may prefer other destinations and accommodation types than lodges in British seaside resorts. It would be a disservice to the families to presume they are attending a break merely because it's free (and indeed the section below on educational grant uptake would further suggest that families do not take something just because it is free). This universal appeal of the Scotty Break across ranks suggests that there is something particular in attending a respite break that differs from a standard holiday. The charity suggests this may be the

symbolism of the break – that this is a respite break provided by the wider community (funders and supporters) in recognition of the family's sacrifice as a military family.

A very slight association is indicated in cause of death. Across any cause of death 92% of families have accessed a respite break (544/593). Families bereaved by killed in action and suicide are the most likely to access respite breaks, at 94% (145/155) and 91% (117/129) respectively. Of the other main causes of death, 90% of families bereaved by illness or heart related issues (152/169) accessed breaks and 88% (103/117) of families bereaved by accidents.

Again, the high participation rates suggests that all death, regardless of cause, is highly traumatic to the family and that many families can benefit from dedicated space to rebuild family cohesion.

Educational Grants

Research has indicated that childhood bereavement may negatively impact the educational and employment outcomes for bereaved children. The 1970 cohort study, found that childhood bereavement is associated with lower aspirations at age 16, lower rates of employment for males by age 30 and lower rates of employment and qualifications for women by age 30 (Parsons, 2011). Extracurricular activities can provide an important support system for bereaved children. For example, bereaved children show an elevated level of trust in staff who are engaged in extracurricular clubs and research has shown that these often were the adults they would approach with sensitive topics (McLaughlin et al., 2019). Across the general population extracurricular activities is associated with educational achievement and social mobility (Donnelly et al., 2019). To help address the inequity in educational and employment outcomes, Scotty's offers educational grants to members including an annual 'allowance' towards educational activity such as extracurricular activities or school trips along with a number of one off grants such as one for higher education (including vocational study), one for driving lessons, and a one off grant for extraordinary self-development opportunities such as volunteering abroad or competing in national or international events or challenges. They also offer a grant towards new school uniforms for children moving school in recognition of the disruption to education that can come both from being a military child (moving bases) and a bereaved child (leaving base).

Overall, 54% (407/753) of the membership have received either the allowance or grant from the charity towards education and skill development. This is noticeably lower than the uptake of respite breaks (91% - see above).

The military variables have only a slight effect on allowance or grant uptake, with the lowest rank being slightly more likely than the rest of the ranks to utilise a grant or the allowance at 58% (96/166). Grant access amongst JNCO families is 51% (114/222), 53% amongst SNCO families (130/243) and 55% amongst Commissioned Officers (67/122)

Military branch also has a negligible association with 56% (292/596) of Army families accessing funding, but 50% (52/104) of RAF and 51% (63/123) of RNRM families accessing funding. Cause of death has a negligible association with families bereaved by suicide most likely to access funding



(59%) (99/169), with killed in action (54%) (90/167), illness/heart (53%) (134/254) and accident (53%) (67/126) broadly the same.

Across individual funding opportunities, the annual allowance was most utilised, having been accessed by 47% (354/753) of the membership (but only 35% accessing it in multiple years). Of the age/situation limited grants 26% of members who had reached driving age (17yrs) utilised the driving grant, 16% of members who had reached higher education (18yrs) utilised the HE grant, 16% of members had utilised the new school grant, and 6% of members who were at least 16yrs had utilised the extraordinary experience grant.

Further research would be needed to understand why the uptake of grants and in particular the annual allowance is not higher amongst families (not all young people will access higher education or learn to drive or change schools, but it is hard to imagine that most would not have expenses linked to education including extracurricular activities, school trips or special education equipment for children with SEND). Anecdotally, the charity has heard from some families that although they do struggle financially, they do not want to apply for a grant or the allowance in case it takes money away from a family more in need. Given the association between participation in extracurricular activities and social mobility, educational outcomes and the therapeutic role it can play in grief management, it would be worth further research to understand whether the 46% of children not accessing funding, and 53% not accessing the annual allowance are still participating in extracurricular activities or other educational opportunities.

1:1 Bereavement Support

Whilst the acute symptoms associated with grief in the short term following a childhood bereavement (e.g. fear, helplessness, anxiety, anger, regression in developmental milestones, increased helplessness and lower self-esteem, insomnia, intrusive thoughts, apathy and psychosomatic symptoms) are widely accepted, researchers vary on how long such symptoms may persist, and how many children will develop more significant mental health needs in the longer term (McLaughlin, 2019). But estimates typically range between 10% and 25% of bereaved children needing intervention (McLaughlin, 2019). Studies of bereaved military families in the United States indicates that providing practical and emotional support to surviving families both immediately and over time produces the best outcomes (Holmes et al., 2013).

Scotty's offers what is referred to as a 'Tier 2' service; 1:1 bereavement support with qualified 'childhood bereavement specialists'. However, in 2025 the charity extended its programme to offer formal counselling with accredited therapists following an increase in acute need amongst the children and an apparent (unofficial) raising of the threshold where CAMHS and the NHS would take action, leaving vulnerable children and young people without access to professional help.

The thematic analysis in this report pre-dates this change and is focused on bereavement support, a lower-level intervention (n=90). Scotty's does not put a limit on either the number of sessions offered, or the duration of support, instead support ends when the bereavement support worker or



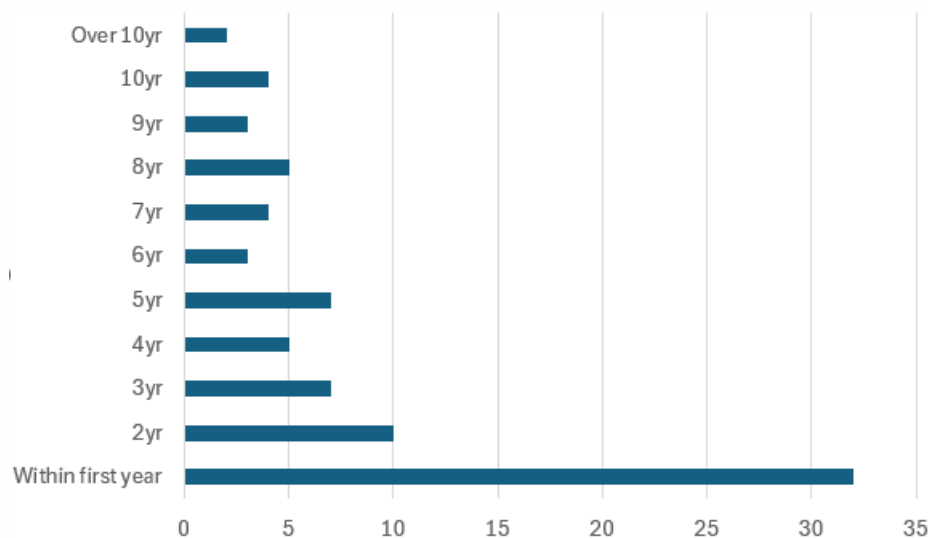
the family decides that the sessions are complete. On average, 6.5 sessions were delivered for each case. Cases were typically open for 7 months from time of first contact through to final assessment.

Military (parent) variables and non-military (child) variables and 1:1 bereavement support

Non-military (child) variables

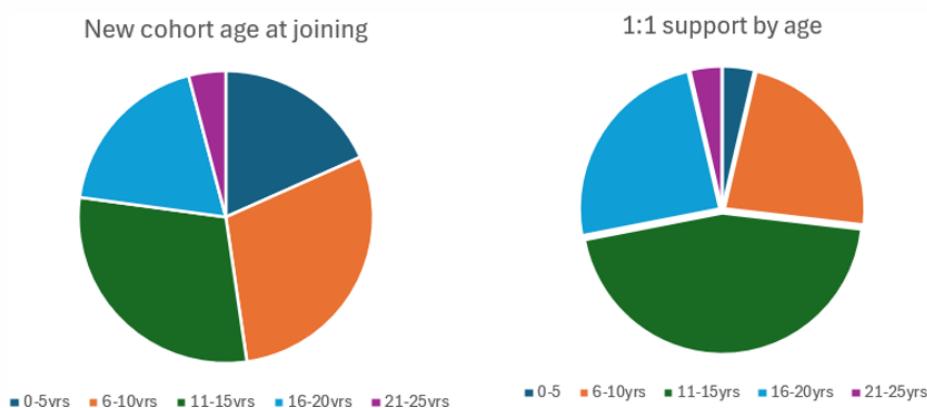
Bereaved children are most likely to access 1:1 support within the first year of joining Scotty's, with over a third of cases being 'new members', and over two thirds of 1:1 support happens within the first five years of membership (Figure 7).

Figure 7: Support cases by time since joining Scotty's (n=90)



There is an association between the age of the child and the need to access 1:1 support (Figure 8).

Figure 8: Age accessing 1:1 support (n=90) compared to the ages of new members (n=197)



Children aged 11 to 15 years are disproportionately more likely to access 1:1 bereavement support, with 45% of cases being requested by children in this age group despite this age group only representing 29% of new members. Without further research it is not possible to know why this age group is so significantly overrepresented.

1:1 Support is least likely to be requested for children aged 0-5 years, who make up 18% of the new membership but only 4% of 1:1 support cases. Scotty's encourages parents with younger children to access the service themselves to 'train the parent' to support the (younger) child.

The difference is far less pronounced for the other age groups, with children aged 6-10 years representing 29% of the new members slightly underrepresented at 23% of the cases, 16-20 years representing 19% of the cohort and more likely to access support at 24%, and 21-25 year olds are on par at 4% of cases and 4% of the cohort.

Overall, those aged 10 and under are least likely to access 1:1 support through the charity. Combined they make up 48% of new members but only 27% of the 1:1 support cases. This could be because the service is online only and face to face support may be more suitable. It also may be because younger children have a different perception and experience of death which may not require 1:1 support to the same degree. The groups most likely to access support, children aged 11-20 years, represent 48% of the cohort but 70% of cases. This also covers some of the most challenging years of adolescence, where hormones and transition to adulthood may also factor in the need to access support.

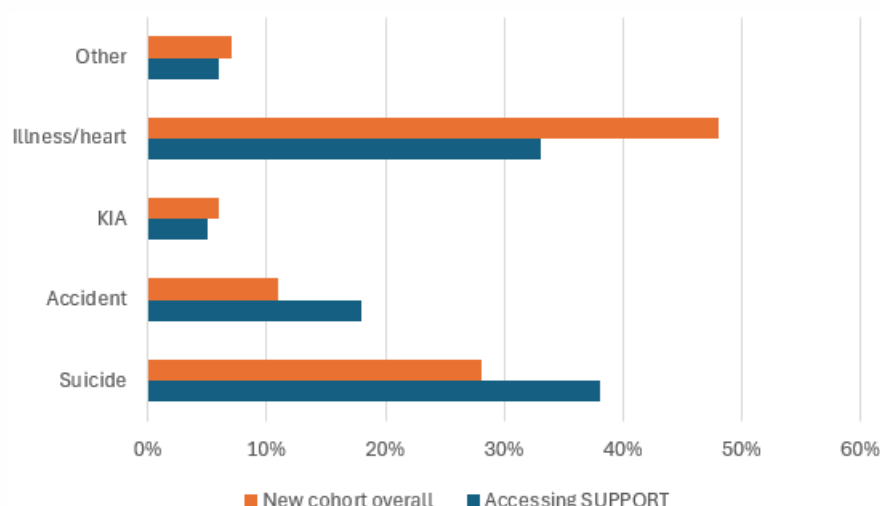
Across the sample of 1:1 cases, the gender split of children was equal (45/90 female) (45/90 male). This is important as it speaks to the success the charity has had at engaging with boys. A recent study of 13,150 counselling sessions in Scotland delivered to children between July and December 2022, found that 64% were supporting girls and 35% were supporting boys ([gov.scot, 2022](https://gov.scot/2022)). A report submitted to the UK Government by the [NSPCC](https://www.nspcc.org.uk) in 2019, raised concerns that boys, from a young age, were subjected to greater stigma about seeking mental health support, which may inhibit their ability to ask for help, leading to gender disparity. The NSPCC report goes on to note that in 2017/8, four times the number of their counselling sessions were delivered to children who identified as girls, as were delivered to boys ([NSPCC, 2019](https://www.nspcc.org.uk)). It is possible that the association of Scotty's Little Soldiers with the military – which historically was a male domain – may make boys more comfortable seeking mental health support from the charity.

Military (parent) variables

When we look at the relationship between cause of death and accessing 1:1 bereavement support, children who are bereaved by parental suicide are more likely to access 1:1 support than any other cause of death (Figure 9).



Figure 9: Access to 1:1 bereavement support by cause of death (n=90) compared to overall new cohort cause of death (n=197)



Children bereaved through an accident are also disproportionately likely to access support. Both of these hold true regardless of whether we compare to the overall membership or recently joined cohort (2022-2024). For children bereaved by accident, they represent 17% of the overall membership and 11% of the recent cohort, but they make up 18% of children accessing Scotty's 1:1 support programme. For children bereaved by suicide they make up 22% of the overall membership at time of analysis (and 28% of the 2022-2024 cohort). However, children bereaved by suicide represent 38% of those accessing 1:1 support. All other causes of death were underrepresented in 1:1 support.

Children whose parent was killed in action represented 5% of 1:1 support cases, but 22% of overall membership and 6% of recent cohorts.

The increased likelihood of accessing 1:1 support for particular causes of death does not explain the variation in access we see by age of child. Children aged between 11 and 20 years (who are overrepresented in support cases) were no more likely to be bereaved by suicide than younger or older children (who are underrepresented).

Amongst the military variables, there was no strong associations between rank or branch and the need to access 1:1 support from the charity. 55% of cases were from Army families, 28% from RNRM and 17% RAF families. This broadly aligns with the new cohort makeup of 51% Army, 24% RNRM 25% RAF (Section 1, above). Across the military ranks, 23% of cases came from the lowest rank, 22% from JNCO families, 35% SNCO families and 20% from the highest rank Commissioned Officer families. For comparison the new cohort makeup was 34% lowest rank 'Other', 17% JNCO, 31% SNCO and 18% highest rank Commissioned Officers. With the smaller sample size for 1:1 support (n=90) these differences are too slight to be noteworthy.



Themes in 1:1 bereavement support

Within bereavement support sessions the most common theme to arise was anger, with 59% of cases recording anger issues as a need to be addressed. Anger was most likely to be directed towards the surviving family members (typically the surviving parent but sometimes siblings) or towards the deceased parent. This was followed by 'school' which was raised as a concern in 50% of cases. Attendance and engagement were the most commonly cited areas of concern regarding school, followed by an ability to concentrate. Over a third of cases (39%) involved somatic indicators (physiological symptoms) associated with grief, typically this was difficulties sleeping with difficulties eating also frequently cited. A third of cases (33%) featured anxiety as a concern and 29% low self-esteem, with anxiety typically manifesting as a fear of something bad happening to either the child or their surviving parent. Over a third of cases (37%) also featured a secondary loss, which could be the death of other family members, friends, or pets. Across the sample 27% of children reported self-harming and/or suicidal ideation.

It is important to look at support through a gendered lens as social, emotional and mental health needs can present differently in the genders. Evidence suggest that girls are more likely to respond to mental health difficulties with internalising behaviours, and boys with externalising behaviours (Gutman et al., 2015). In the Scotty's sample, boys were more likely report having problems with anger (65%) compared to girls (53%). Girls were more likely to report self-harm or suicidal ideation (29%) than boys (24%). Girls were also more likely to raise school concerns (56%) than boys (43%). This aligns with the evidence base on internalising/externalising gendered differences. Whilst it is important the charity continues to strive to keep boys engaged with talk based therapeutic interventions, it is also important to maintain a gendered lens in order to appropriately meet any differing needs and presentations between the sexes.

Conclusion

This report sets out to understand **who the charity is reaching and which bereaved military families seek out additional support from the charity following a death.** Equity in access is a core part of the charity's identity.

Within the military sector there are three key variables where families report disparity; service branch, military rank and cause of death. The data suggests that Scotty's appeals to all three branches of the UK Armed Forces; the Army, Royal Navy Royal Marines, and the RAF. Families who have joined the charity in recent years are broadly proportional to the makeup of the UK Armed Forces. Amongst new Scotty families 51% are from Army (compared to 56% of the UK Armed Forces), 25% are RAF (compared to 22% in the Armed Forces) and 24% are RAF (compared to 23% in the Armed Forces). The charity also has broad appeal across the ranks. Across Scotty's membership 49% of families are from the top two ranks (Commissioned Officer and Senior Non-Commissioned Officers) compared to 42% of the UK Armed Forces. And 51% of the Scotty's membership is from the lowest two rank categories (Junior Non-Commissioned Officers and Other)



compared to 58% in the UK Armed Forces. The data indicates that the charity is accessible and inclusive to tri-service families of all ranks.

Although the data is too incomplete to draw conclusions about the wider membership and whether the charity is reaching the veteran and serving community equitably, the data from 2022-2024 (which is more complete) indicates that in recent years the charity has been successful in reaching both communities. Recent families joining are evenly split between veteran and serving families, which is interesting as the serving community is a 'captive audience' and much easier to reach. The veteran community, which is much larger than the serving community, is often hidden and hard to reach. Also for some of the veteran community, their families may no longer identify with the military and therefore bereaved veteran families may be less likely to join a military charity.

Though the charity has broad appeal across different causes of parental death, its inclusion of families bereaved through suicide is notable. In recent years the proportion of members joining the charity who were bereaved by suicide has grown to 28%, far above what would be proportional for rates of suicide in the serving and veteran communities. The charity's accessibility for families bereaved by suicide is important ensuring that families who may feel stigmatised elsewhere feel welcomed and not judged. Children bereaved by parental suicide are at greater risk of attempting suicide themselves than both the general population and children bereaved by others causes of death (Guldin et al, 2015) (Logeswaran et al., 2024). It is therefore crucial that children bereaved by suicide have access to long term support if needed.

In terms of the characteristics of the child, the charity achieves parity in both SEND, (where the membership trends slightly above national averages for children with SEND) and gender. The data also demonstrate that Scotty's is reaching families quickly after death. Across the membership, 47% of families join the charity within a year of death, and in recent years that has climbed to 65%. Amongst that new cohort, serving families find the charity slightly more quickly with 57% of those joining in the first year of death being from serving families compared to 43% of veteran families. However, although it may take veteran families a little longer to join, it quickly evens out. Looking at the families who have joined within three years of death amongst the new cohort, 51% are from veteran families and 49% serving families.

This report also set out to understand **how families engage with different services provided by the charity and to identify any trends or commonalities amongst families.**

Analysis of the charity's 1:1 bereavement support programme noted the high rates of children and adolescents struggling to manage their feelings of anger after their bereavement, with boys being even more likely to report the issue than girls (although over half of the girls in the programme reported struggling with anger). Over a quarter of children said they were self-harming or had thoughts of suicide – which is a worrying proportion for Tier 2 provision and is one of the reasons the charity has made the decision to increase the level of support offered by the charity. Girls were slightly more likely to report self-harm and suicidal thoughts than boys. The proportion of children raising the negative impact their grief was having on education (50%) is important. Disengagement



from school, school absenteeism, and inability to concentrate in lessons can lead to lower academic achievement and can have an impact on employment in later life.

Analysis of the charity's respite break data indicated the longevity of need for bereaved military families, and challenges assumptions that grief is linear. The overwhelming popularity of Scotty's respite breaks, and its maintenance over time, also suggests that it is very important to families that they be given the time and space to rebuild and reconnect as a family.

These findings have implications for other stakeholders for bereaved military families including other charitable providers, policymakers and funders. It is important to consider the provision of the different types of support a bereaved military family may need and also plan for the (long term) duration of support. This mirrors finding from research published by the Armed Forces Covenant Trust Fund in 2024 ([AFCFT, 2024](#)). It will also be important for stakeholders to consider the complexity of need, or heightened need, of particular demographics such as those from lower ranks, those who serve or served in the Army, and those who are bereaved by suicide.

Further research is needed to continue to understand the nuance of need across the bereaved military community. Within the charity's membership it would be worth further exploration to understand the participation rates of bereaved military children in extracurricular activities and any barriers. Further research is also needed to understand the age bias in access to Scotty's 1:1 bereavement support programme; do children under 10 years have less emotional and mental health need or are they getting help elsewhere? More could also be learned about the bereaved military community who seek support from Scotty's, through a multivariate analysis exploring for example, military branch, military rank and cause of death controlling for age of the parent, or analysing the data by household (or multiple households where a deceased parent may have multiple families). In the future additional analysis could be done introducing variables including gender of parent who died, and ethnicity of the parent who died (and the family).

It is also important for the sector to have further data from the ONS on the rank and branch of veteran suicides and from the Ministry of Defence on the rank of in-service suicides. Again, this will help stakeholders understand and plan for adequate and appropriate support.

Appendix

Glossary

1:1 bereavement support: a series of one to one online talk sessions between a bereaved young person or their surviving parent, and a qualified child bereavement specialist.

ADHD/ Attention Deficit/Hyperactivity Disorder: A condition where the brain works differently to most people. Children and young people with ADHD may have trouble with things like concentrating and sitting still.

AFCFT: The Armed Forces Covenant Fund Trust is a charity and a Non-Departmental Public Body which awards grants that support the Armed Forces community.



ASD/Autism Spectrum Disorder: a neurodevelopmental condition of variable severity with lifelong effects that can be recognized from early childhood, characterized by difficulties with social interaction and communication and by restricted or repetitive patterns of thought and behaviour.

Branch (military): The UK Armed Forces is comprised of three military branches; the Army, the Royal Air Force (RAF) and the Royal Navy and Royal Marines (RNRM).

CAMHS: Child and Adolescent Mental Health Services. An NHS service in the UK for children.

Commissioned Officer: Military leader who receives their authority through a formal commission from the monarch.

Dyslexia: A learning difficulty that primarily affects reading and spelling skills.

EHCP: Education and Health Care Plan is a legally binding document outlining the needs of a child or young person and the support they need to meet those needs.

Junior Non-Commissioned Officer: The first level of leadership roles in the military.

NSPCC: National Society for the Prevention of Cruelty to Children.

Other (as military rank). Category covering the entry level roles within the military.

ONS: Office for National Statistics, the executive office of the UK Statistics Authority

PTSD: Post Traumatic Stress Disorder, a mental health condition caused by traumatic experiences. Symptoms can include flashbacks, nightmares, anxiety and difficulty sleeping.

Purple Pack/Grey pack A pack of information provided by the UK Government to families when a person serving in the military dies (Purple Pack/Purple Book). The 'Grey Pack' is a proposed equivalent for the veteran community.

RAF Royal Air Force, the air and space force of the UK Armed Forces.

Rank (military): System of hierarchical responsibility and authority within the Armed Forces.

Respite break: A temporary break allowing rest and recharge.

RNRM: Royal Navy and Royal Marine. The services of the UK Armed Forces covering naval operations, the Royal Marines are a fighting force within the Royal Navy.

SEND Special Education Need or Disability identifies children who may need additional support in school.

SEN Support is a classification of children who may need low level support in school.

Senior Non-Commissioned Officer: The second level of leadership roles within the military, just below those commissioned by the monarch.

Serving/In-service : refers to someone still actively employed by the Armed Forces

Tier 2 provision: A lower to mid level service focusing on early intervention and prevention for children and young people with mild to moderate mental health needs.

Tri-service: encompasses all three branches of the UK Armed Forces (Army, Navy and RNRM)

Veteran: A person who previously, but no longer, served in the Armed Forces.

Visiting Officer (VO): A voluntary role within the Armed Forces acting as a conduit for the grieving family after the death of a person in-service, providing support and aftercare.



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