



Family Bereavement and the Impact on Children

By Keira Rees

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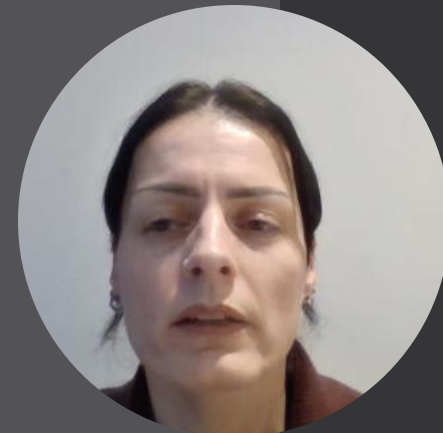
Introduction

- Statistics estimate that per year 46,300 children aged between 0-17 years old experience bereavement of a parent.
- Bereavement can be a confusing time for a child, sometimes even frightening, as they may not understand the concept of a person dying.
- Difficulties in understanding the concept of death, and disruptions in their daily routines. Both can lead to feeling of uncertainty.



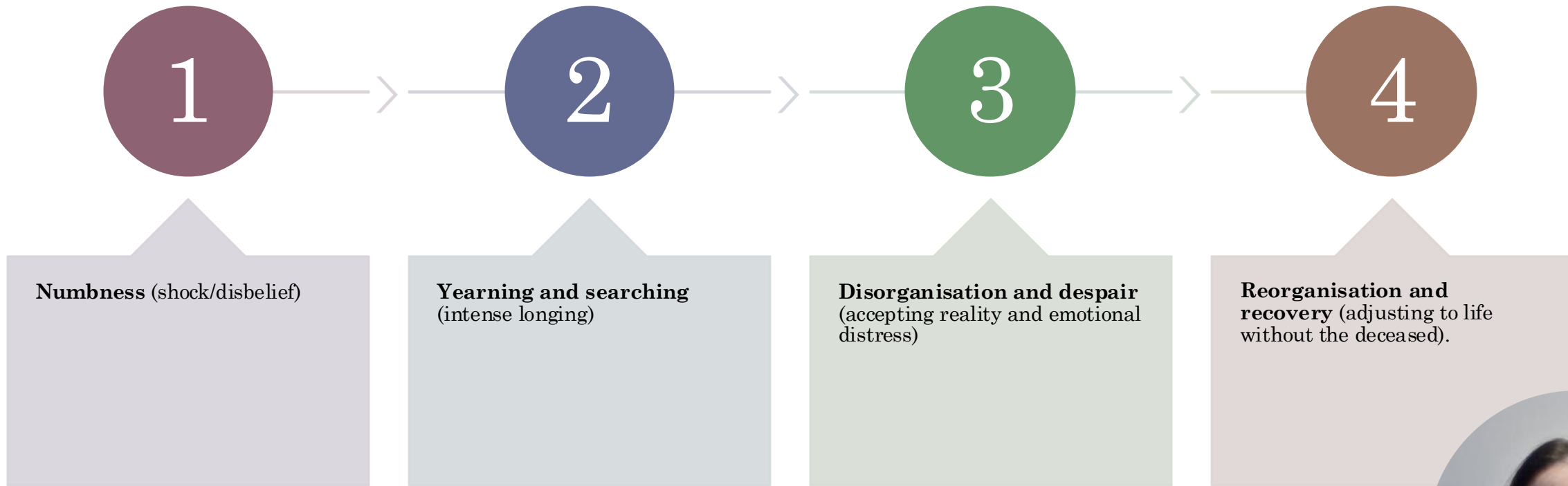
- It is important that children are allowed to grieve for a loved one that has passed away.
- Colin Murray Parke's theory of grief is shaped by beliefs and habits, which are disturbed when a person experiences the loss of a loved.
- The individual can develop a feeling of uncertainty, which makes adapting the experience difficult.

Colin Murray Parke - Theory of Grief



Colin Murry Parkes

- Four Stages of Grief



These phases may recur around anniversaries



01

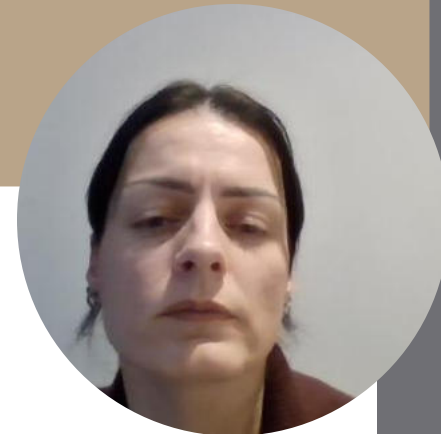
Risk factors which could predicted how children would adjust to grief were identified.

02

Early recognition of these factors enables adults to offer early intervention.

03

Early intervention can support early on and aid in more positive outcomes



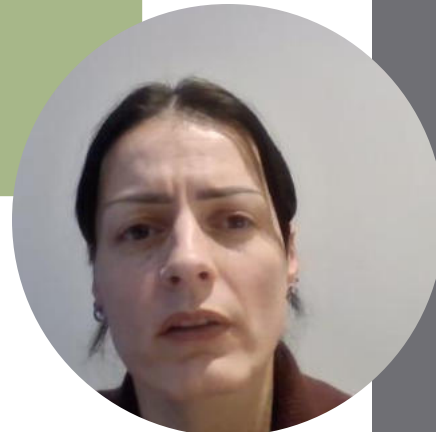
John Bowlby

- Attachment Theory



close emotional
bonds with
caregivers are
essential for healthy
development.

early separation or
loss can increase the
risk of later
psychological
problems.



John Bowlby

- Theory of Bereavement

Children have an attachment figure who they depend on.



Separation from their attachment figure can cause feeling of worry, tension, pain and anger.



These feelings can become persistent if there is no reunion between the child and their attachment figure.



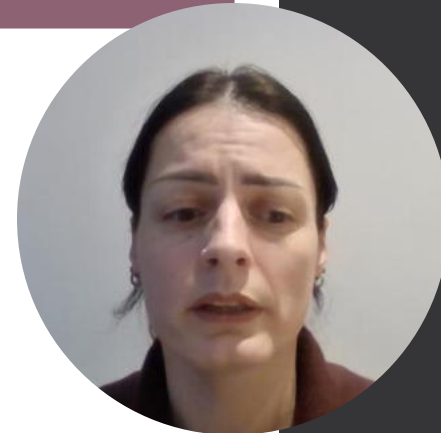
Impacts of Bereavement

Emotional distress.

Can be long lasting and last into adulthood if not adequately supported.

Parental bereavement can cause emotional turmoil, affecting their coping abilities and emotional regulation.

These impacts can lead to changes in a child's brain structures and functioning affecting decision making, working memory and emotional regulation.



Impacted Emotional Regulation



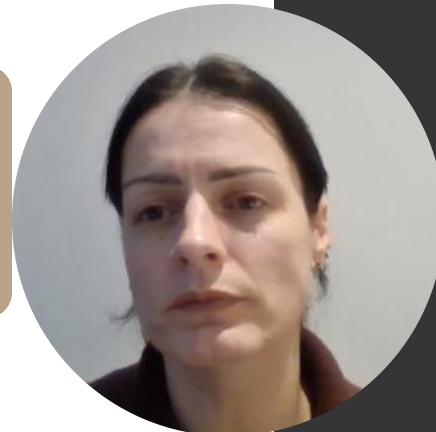
Children can develop negative or inappropriate responses to stimuli when emotional regulation is impacted.



Presents with changes in a child's moods, irritability, aggression, and outbursts.



Associated with other comorbid conditions: anxiety, personality disorder and PTSD



Post-Traumatic Stress Disorder



Unsupported trauma can
develop into PTSD

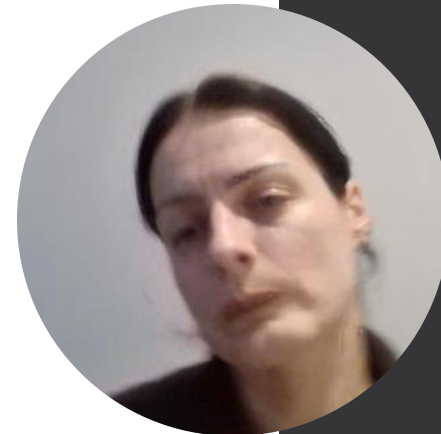


PTSD can cause
nightmares and flashbacks



It can lead to a heightened
senses of alertness

Not all children with trauma will develop PTSD,
it depends on the circumstances



Impacts of PTSD

01

Research shows PTSD impacts a child's cognitive function affecting their verbal and working memory, executive function, attention and their language skills

02

Developmental progression can be impacted affecting a child's long-term health

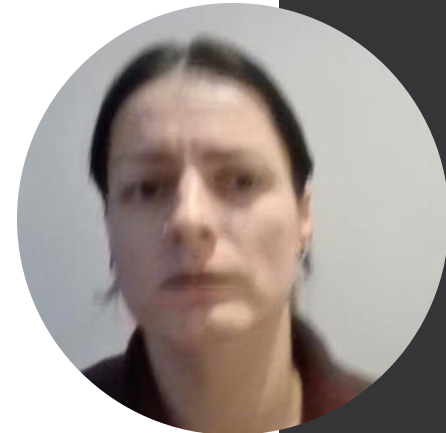
03

Children can experience development regression resulting in a loss of skills



Prevent and Support for PTSD

- Early intervention reduces long-term effects on development
- Reduce negative trauma-related thoughts
- Interventions range from basic support to more personalised strategies which involve the child's family



Family Support

Resilience aids individuals in coping and recovering from difficulties during bereavement



Supportive parents with good mental health and resilience is key to helping children become resilient



Support for the whole family is beneficial if parents are lacking in their own resilience and mental health



The Family Intervention Team (FIT) is an early intervention run by Action for Children which supports the child and their families

Theraplay

Theraplay is based around Bowlby's attachment theory

Positive outcomes for children with regulation and attachment difficulties, developmental disorder and for those who have experienced trauma

Sessions are personalised to meet the needs of each individual child

Offers support for regulation, connection and engagement between adult and child which strengthens emotional regulation and resilience



Implementing Theraplay in Schools

Children can be grouped based on their individual needs – reducing workloads

20 – 30 minute sessions

Sessions can be provided once or twice per week for effectiveness

Lunchtime sessions and allowing children to leave class early or return late can lessen barriers



Finishing Thoughts

Bereavement can have a profound and lasting impact on a child



Affects emotional, cognitive and social development and disrupts attachment



Balanced grieving is key to recovery and more positive outcomes for the future



Risks of long-term mental health conditions, including PTSD



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- **AI Deceleration**

- I confirm that I have not presented any AI generated text as my own work. I confirm I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

Hello, my name is Keira Rees, and today I will be discussing family bereavement and the impact it has on a child's life, with a focus of the loss of a parent. Currently statistics estimate that per year 46,300 children aged between 0-17 years old experience bereavement of a parent (Child Bereavement UK, 2026)

This presentation will explore how early interventions can lead to positive outcomes and reduce the risk of children developing mental health difficulties later in life. I will also discuss interventions and consider how these can be effectively implemented within a school setting. This presentation will focus on children aged 6 to 12 years old.

When there is a bereavement in a child's family it can be a confusing time for the child, sometimes even frightening, as they may not understand the concept of a person dying. They will also witness distress within the family along with experiencing disruptions with their daily routines, which can add to their feelings of uncertainty (Naish et al., 2023).

When a child goes through bereavement it is important that they are allowed to grieve for the person that has passed away. Colin Murray Parke's theory of grief states that people develop a view of their world, which is shaped by beliefs and habits. When a person experiences the loss of a loved one it disturbs this view, resulting in confusion between their expectations and their reality. Which Parke's identifies as psychosocial transition. This can result in the individual having a feeling of uncertainty, which makes adapting the experience difficult (Sola, Santos, and Oliveira-Cardoso, 2024).

Research shows that pushing grief away can be harmful and may cause problems later in life. However, focusing on grief all the time can also lead to long-term sadness and depression. The healthiest approach is to find a balance where the individual neither avoids grief nor being overwhelmed by it, the aim is to find a balance between the two that suits the individual. Parkes' theory on the natural process of grief states that grief typically begins with shock and numbness, followed by a period of intense longing and anxiety, with recurring 'pangs of grief'. This may progress into disorganisation and despair, marked by persistent thoughts of the person that passed away, which then lead to reorganisation and recovery where the individual adjusts to their new life. These phases may recur around anniversaries. Over time, the intensity of grief lessens, and most people recognise significant emotional recovery during the second year after the loss (Parkes, 1998).

During his studies, Parkes and his colleagues identified risk factors associated with bereavement which could predict how individuals would adjust to their grief. Early recognition of those who were less likely to adapt well meant that these individuals could be offered early intervention and be provided with mental health support.

Meaning that the more at-risk individuals would have help in mourning for their loved one with support managing thoughts and feelings surrounding the person who has passed away (Worden, Kosminsky, and Carverhill).

Additionally, earlier research and theories from John Bowlby explores how attachment theory developed and explains why close emotional bonds with caregivers are essential for healthy development. He argues that attachment is a natural, biological system that helps children feel safe and regulate emotions, and that early separation or loss can increase the risk of later psychological problems (Bowlby, 1982).

Bowlby's theory of attachment was extended on and he developed his theory of bereavement, which builds on his ideas on separation anxiety. He believed that anxiety is a natural reaction when a person is separated, or fears being separated, from someone who cares for them or who they have built an attachment with. With children and their attachment figure, they depend on them and separation from that person can cause feeling of worry, tension, pain and anger. If reunion does not happen, for example if the attachment figure has passed away it can also lead to these feelings being persistent (Holmes, 2014).

Therefore, when looking at interventions and support for children who are experiencing the loss of a loved one, especially their main caregiver, it is important to take attachment theory into account.

Furthermore, the loss of a loved one and grief for that person is a natural experience, although it will cause emotional distress. However, without adequate support it can cause long lasting harm to the individual. Individuals who experience loss during their childhood who experience disruptions in the mourning process and inadequate support can experience lasting effects that last into adulthood (Misirli, 2024).

For example, parental bereavement can be traumatic for the child, which results in emotional turmoil. Emotional turmoil can impact the child's ability to cope and their emotional regulation, resulting in the child feeling a loss of autonomy (Hoppe et al., 2025).

Furthermore, research has provided evidence that children who experience chronic stress and trauma during their childhood are at a great risk of their brain structure and functioning being altered. There has been links made between trauma and changes within the brain which affects decision-making, working memory and emotional regulation (Lawrence, 2019).

Children, compared to adults, find weighing out potential outcomes already challenging while making decisions due to them having less control over their impulses which is due to their brain development. Children are more likely to make decisions that are rewarded that is gained from the decision due to the dopamine they receive. However, when a child has experienced trauma, this can have a greater impact on their ability to make appropriate decisions due to the alterations in the brain which impairs the brain's development (Williams, 2020).

When a child's emotional regulation is impacted, they can develop negative or inappropriate responses to external and internal stimuli, which can present as changes in the child's moods, irritability, aggression, and instance outbursts. Emotional dysregulation has been often associated with other comorbid conditions, such as anxiety, personality disorder and even post-traumatic stress disorder (Paulus et al., 2021).

Research has shown that traumatic experiences can cause long-term psychological and physical effects, which if left unsupported can develop into post-traumatic stress disorder, known as PTSD. PTSD can cause flashbacks and nightmares and individuals often avoid reminders of the trauma they experienced, it can also lead to a heightened sense of alertness (Laver-Bradbury et al., 2021). 10mins

However, not all children who experience bereavement will develop PTSD, it depends on the circumstances around the death. For example, if the loss of a parent is sudden and results in great impacts on the child's life, or if the loss is through a violent nature such as suicide (Unterhitzenberger, Sachser, and Rosner, 2020).

PTSD has been evidenced in research to have an impact on a child's cognitive function, linked specifically with verbal and working memory, executive function, attention and language. These impairments can also continue into adulthood (Nakayama et al, 2020).

Furthermore, children who develop PTSD are at risk of their developmental progression becoming impacted, which can result in medical consequences and long-term mental health issues, if they are not supported through their trauma (Brown, 2019).

Additionally, children with PTSD are at a higher risk than that of their peers to experience development regression. This can manifest as loss of developmental skills that the child has recently gained, for example their language skills may be affected. Therefore, it is vital that children who have been through traumatic experiences are supported and screened continually to ensure their development and mental health is not being impacted by their traumatic experiences (Alameddine, 2025).

Studies which assessed children between the ages of 9 and 16 years old who have experienced traumatic events in their childhood were followed up in adulthood at ages 19, 21, 25, and 30 years. The follow up study suggests that children who experience trauma are more likely to become adults with lasting effects from that trauma, and that increased experiences of traumatic events will increase the outcomes for them as an adult (Copeland et al, 2018).

Early intervention can help prevent PTSD in young people after trauma and reduce long-term effects on development. Interventions range from basic support and education to more targeted coping strategies, often involving families. Improving access through schools, community services, and online tools is important (Brymer, Louie, and Berkowitz, 2019).

Research shows that psychological treatments for PTSD in children and adolescents reduce negative trauma-related thoughts. It has also been evidenced that these psychological treatments can not only maintain the symptoms of PTSD in children, they can also prevent them. However, it is still unclear which specific therapy components drive these improvements, which creates the uncertainty of which style of treatment is best for each individual (Smith et al, 2024).

Additionally, an individual's ability to cope with and recover from difficult experiences such as bereavement is resilience, which is supported when the surviving parent has good mental health and their own resilience to the loss. However, if this support is lacking it could pose a risk to the child's ability to cope. When this is the case interventions that the whole family and not only support the child would be beneficial as it would target the surviving parents' ability to cope and aid them in building their resilience along with their child. Which would mean that they will be in a better position mentally to support their child (Dimery and Templeton, 2021).

An intervention called The Family Intervention Team (FIT) is an early intervention service run by Action for Children that supports children with social, emotional, and behavioural difficulties. Developed by a clinical psychologist and a service manager, the project has been widely evaluated and shown to reduce problem behaviours and create positive social outcomes. The service uses a systemic approach informed by attachment theory, focusing on family relationships and helping families develop a secure and supportive base (Archer, 2015).

This intervention supports attachment theory as it focuses on building healthy relationships for the bereaved child.

Another intervention based around Bowlby's attachment theory is Theraplay. Theraplay is popular among many countries and services for children who are presenting with psychological difficulties such as difficulties with regulation, attachment difficulties, developmental disorders and for those who have experienced trauma. Research has shown that Therapy has positive outcomes for children under 12 years of age (Money, Wilde and Dawson, 2021).

Additionally, Theraplay sessions are personalised to meet the needs of each individual child and adult to safely support co-regulation, connection and engagement. Ensuring the sessions aim to strengthen emotional regulation and resilience for the child (France, McIntosh and Woods, 2023).

When implementing Therapy sessions in schools, practitioners may find it helpful to group children together based on their needs, this can help with the potential of high workloads and having to prioritise children. Grouping children and providing sessions once or twice per week for 20 to 30 minutes has shown to have positive outcomes for the children's regulation and their social development (Tucker, 2017).

A study ran group Theraplay sessions during lunchtime, which may be a useful time for intervention as it avoids children missing class time and helps those who find the lunchroom overwhelming. However, limited time to eat and participate can be challenging. Therefore, practitioners must be aware of these barriers when planning their sessions. Potentially by allowing children to leave class early or return late may help with this (Weaver et al, 2021).

In conclusion, bereavement, especially that of a parent or main carer, can have a profound and lasting impact on a child's emotional, cognitive, and social development. This loss can disrupt attachment, emotional regulation, and a child's sense of safety, which increases the risk of long-term mental health difficulties such as anxiety, depression, and PTSD if left unsupported. The theories of Parkes and Bowlby highlight how grief and attachment disruption are natural responses to loss, however they also state the importance of balanced grieving and supportive relationships in recovery. Research consistently demonstrates that early interventions are key in supporting children from negative outcomes.