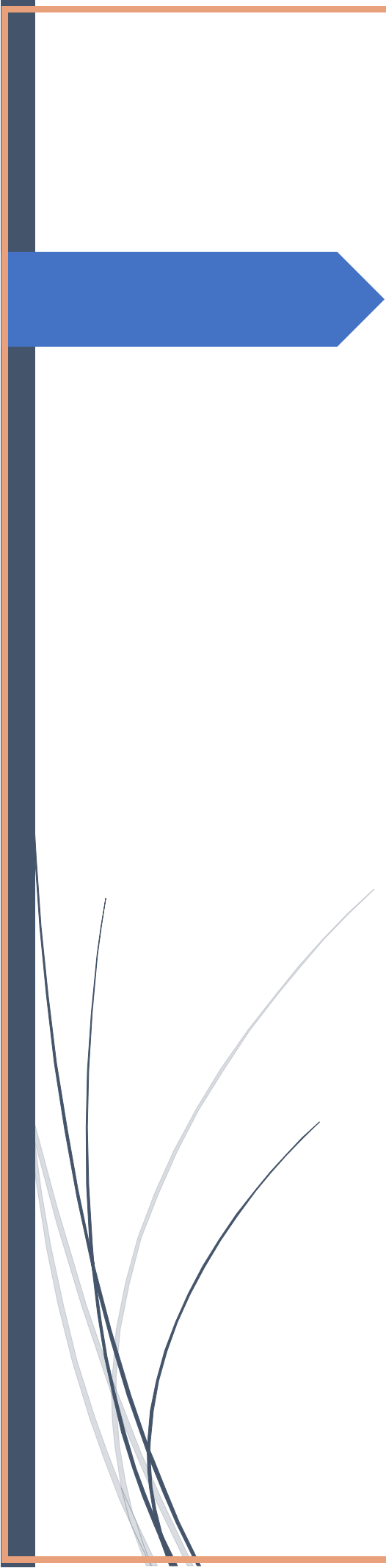




THE IMPACT OF FAMILY BEREAVEMENT ON CHILDREN AND YOUNG PEOPLE AGED 11 - 15

AC2 ECCY7007

Hello, my name is Sarah Dutton, and today, I would like to talk to you about family bereavement and its impact on children and young people (CYP). This presentation is intended to highlight some of the issues such a loss has on CYP aged 11 – 15.

Bereavement is what happens. Grief is what you feel in response to bereavement.

Mourning is what you do to express grief (Laver-Bradbury et al., 2021).

The death of a parent, sibling, loved one or close friend can be devastating for anyone, but it can be especially traumatic and potentially damaging for CYP. Recent studies have shown that it is among one of the most stressful life events a CYP may have to deal with (Berg et al., 2016; (Hollingshaus & Smith, 2015) and as a result, the consequences can lead to poor physical and mental health, social and relationship issues both in childhood and later life (Melhem, 2011). However, in contrast to the obvious negatives, bereavement can also be associated with personal growth, emotional strength, increased resilience, and a greater appreciation for life and those around you (Balk, 2014).

Hélène Romano (2017) wrote that *bereavement generates suffering, and that suffering is even more difficult to comprehend when it is that of a child* (Romano, 2017). The reactions children have to grief can be influenced by ongoing developmental processes; these can manifest in various ways, depending on the child's age and stage of development at the time of the loss (Alvis et al., 2022), as well as how the significant adults and caregivers in the child's environment help and support them to cope with the death of their loved one (Alvis et al., 2022). Children rely heavily on the care of the adults around them, and when they, too, are suffering, they cannot provide the usual care and support the child is accustomed to and so desperately needs in order to deal with their grief and loss (Revet et al., 2020).

Sigmond Freud (1917) draws parallels between mourning and melancholia, showing that melancholia differs from mourning by the presence of morbid self-depreciation. He also defines mourning as “the reaction to the loss of a loved one” (Freud et al., 1917/1957).

He took particular interest in the process of de-investment from the deceased following the realisation that they no longer physically exist, something he claimed the individual naturally resists. He also stated investment in another is again possible at the end of this adaptation period (Freud et al., 1917). It is thought that Freud did not include children in this field of research due to his beliefs that they were not yet mature enough in terms of development to be able to suffer the loss of their attachment figure (Revet et al., 2020).

Jean Piaget (1964) believed that children are active participants in their cognitive development and that exploring and interacting with their environment helps shape their cognitive development. He divided his highly influential theory into four stages. He claimed that all children go through the four stages from infancy to adulthood in the same order but not necessarily at the same rate (Piaget, 1964). At each stage, the child’s thinking is qualitatively different from the next and involves a different type of intelligence, and no stage can be missed (Mcleod, 2023). The stage of Piaget’s (1964) theory that is most relevant to the age group we are focused on is the *formal operational stage*, which occurs between ages 11 and 15. This stage involves the child applying logical thinking, understanding theories, and abstract thoughts like love and death (Malik & Marwaha, 2023). Many criticised Piaget’s theory, claiming it neglected to consider the individual differences in grief paths (Revet et al., 2020).

Adolescence is initiated by puberty and is, without doubt, a highly sensitive stage that can be characterised by significant neurological, cognitive and sociopsychological development changes (Weinstock et al., 2021), second only to infancy in the significance of the neural changes that occur (National Academies of Sciences et al., 2019).

It can also be a time when CYP are especially vulnerable to mental health issues due to the changes they are experiencing (Kessler et al., 2012). According to research (National Academies of Sciences et al., 2019), when grief disrupts the developmental processes of adolescence, it affects the individual's transition into adulthood, making it more complicated and stressful (National Academies of Sciences et al., 2019) and may also increase the chances of the individual's vulnerability of risky behaviour and psychopathology (Paus et al., 2008; Rudolph et al., 2017). It is also suggested that adolescents grieve in a different way to both children and adults and that this grief is often misunderstood (Burlton, 2018). Whilst children can and do cope with the death of a loved one, these experiences can negatively impact not only a child's psychological well-being but also academic achievement, not just in the short term but also in the long term (Akerman & Statham, 2011; Melcher et al., 2015). Research finds that adults who lost a parent during childhood found difficulties in intimacy, relationships, and parenting, as well as lower educational attainment when compared to non-bereaved counterparts (Marks et al., 2007). Poorer academic performance has a cumulative effect that indirectly indicates well-being over time and is also significant for future quality of life, income, and personal success (Abdelnoor * & Hollins, 2004).

Many theorists have presented their ideas and beliefs on how we grieve in the form of theoretical models. These early theoretical models were based on the concept of grief as a process that is limited in time and comprises multiple stages; unsurprisingly, these have varied dramatically over time (Revet et al., 2020). Arguably, one of the most commonly taught models for understanding the psychological reactions to dying and death is that of Dr Elizabeth Kubler-Ross (1969).

Her book titled *On Death and Dying* (1969) focused on the experiences of dying through intimate personal interviews with those dealing with dying it first-hand; it outlined five stages of dying and grief (Tyrrell et al., 2023).

These five stages are summarised as follows.

Denial: feelings of disbelief or confusion

Anger: rage, blaming yourself or other

Depression: feeling sad, helpless, and alone

Bargaining: feeling guilty about what you think you should have said or done

Acceptance: acknowledgement of the loss and readiness to move forward (Young Minds, 2024).

It also marked a significant change in the way in which conversations around death and dying were conducted (Ross Rothweiler & Ross, 2019). The five stages are widely thought of as being followed in order; however, Kubler-Ross (1969) noted that individuals manifest each stage differently, if at all, and the model should not be considered as natural law but rather as a way of seeing patterns of thoughts, emotions, and behaviours common to those going through the same thing but in their own way (Corr, 2018).

John Bowlby was the first to modify the previous models specifically for children (Bowlby, 1969). In his *Theory of Attachment* (1969), Bowlby states the bonds formed between children and primary caregivers in early childhood are essential for forming mental models of relationships (Bowlby, 1980).

Bowlby also thought that grief and bereavement had four phases, not five as thought by Kubler-Ross (1969).

First, the shock and numbness phase immediately follows the loss; numbness is a self-defence mechanism that allows for emotional survival following loss—yearning and searching, or longing for the deceased to return to fill the void left. A wealth of emotions, such as sobbing, anger, anxiety, and confusion, can all be felt at this time. Then comes despair and disorganisation. Withdrawal and disengagement are common whilst the person accepts the loss and change. Feelings of anger, despair, hopelessness, and questioning can be felt. Finally, there is Reorganisation and recovery. The person begins to return to everyday tasks and return to a new ‘normal’. Interest in past times returns, as do energy levels (Bowlby, 1981).

Research of attachment and coping has shown consistently that those with secure attachments have more flexible strategies for coping during times of loss and can adjust to the loss quicker (Jacobs et al., 1989; Mario Mikulincer, & Phillip R. Shaver, 2007). However, it is worth remembering that a wide variety of dysphoric states are typical during the bereavement process, such as distress, guilt, preoccupation, depression (Lindermann, 1944; Jewett, 1982), withdrawal (Bowlby, 1981), anxiety, alarm, panic (Bowlby, 1973), loss of concentration, apathy, insomnia, psychosomatic symptoms, and it can take up to two years before noticeable grief becomes apparent (Stroebe et al., 2001), so adults caring for CYP should remember that not all signs of grief are visible, and what the individual might be feeling should not be minimised or overlooked.

As we have learned, our understanding of the processes governing bereavement has undergone considerable changes and undoubtedly evolved over the years. Freud's initial concept of "working through" (Freud, 1957) was followed by several stage-based theories (Bowlby, 1980; Kubler-Ross, 1969), as well as trajectory-based (Bonnano, 2004), task-based (Worden and Winokuer, 2011) and learning based (Attig, 1996) theories (Békés et al., 2023).

COVID-19 reportedly left 10,450 CYP bereaved of a parent, grandparent or caregiver in England and Wales between March 2020 and April 2021. In addition, many of those CYP were unable to grieve with other family members due to restrictions in place because of the pandemic, according to research commissioned by Barnardo's, one of the UK's largest children's charities and Mental Health Foundation Scotland, in association with Strathclyde University (Barnardo's, 2024; Catch, 2023).

It is mainly due to the number of deaths due to COVID-19 that calls for childhood bereavement care to be placed in the public health domain. This would allow for better understanding and responses for bereaved CYP (Paul & Vaswani, 2020).

Research into COVID-19-related bereavements also found that many families reported that being unable to see and say goodbye to relatives caused added distress; equally, being unable to see friends following the death disrupted the CYP's usual coping ability (Harrop et al., 2022).

Despite these difficulties, surviving parents reported they felt their children were resilient and coped well with support from them and friends online.

Sadly, many said the waiting time for professional support was unacceptable and caused unnecessary harm (Harrop et al., 2022).

There are public health models in place for adult bereavement care (Aoun et al., 2012), and in recognising the adverse effect bereavement can have on CYP, there have been considerable changes to policies and services available to them (Monroe and Kraus, 2010).

A tiered system that can be differentiated to support bereaved CYP within their communities as and when required is a more favourable approach (Akerman & Statham, 2011; Aoun et al., 2018; Jones et al., 2015); undoubtedly, some will require more specialists help and support from those specialising in child bereavement or specialist mental health services (CBN, 2017).

This support, however well-meaning and vital to some, may not always be helpful or necessary to others (Currier et al., 2007), which is why schools can and should play an essential part in supporting CYP, known to have been bereaved (Harrop et al., 2022).

Many schools are ideally placed to provide a variety of support to pupils, such as emotional literacy support (ELSA) provided by specially trained teaching assistants, counselling, and access to specialist children's mental health support (Dyregrov et al., 2020). There are calls for teachers to receive mandatory bereavement training due to the staggeringly high number of deaths as a result of COVID-19.

This slide shows key statistics on childhood bereavement between 2019 and 2021 and was produced by the Childhood Bereavement Network (Childhood Bereavement Network, 2021).

According to widely recognised research from 2001 (Harrison & Harrington, 2001), 78 per cent of 11 – 16-year-olds in the United Kingdom (UK) had experienced the death of a close family member or friend. furthermore, it was also reported (Parsons, 2011) that 5 per cent of 16-year-olds had lost a parent or sibling (Parsons, 2011).

In conclusion, as we have learned the death of a loved one can affect a child's mental health and well-being both at the time of the bereavement but also in the future and well into adulthood. It can also be linked to lower cognitive development as well as being the cause of poor school attendance and low academic achievement, which leads to poor employment opportunities, attachment issues resulting in poor relationships, behavioural issues, as well as more serious issues like substance and alcohol misuse, criminality, and possible incarceration. Help and support to not only understand grief at the right stage appropriate level for all CYP but also how to process the overwhelming feelings and emotions that are felt by loss are vitally important in helping CYP build resilience and the knowledge needed to cope when the inevitable loss of someone there are close to occurs. Death is, after all, part of life.

To help CYP cope with the death of a family member, many organisations can provide help and support. I have listed a few recognised and highly respected websites that can provide additional information on not only childhood bereavement but also CYP mental health issues.

Children and Adolescent Mental Health Service (CAMHS) works with NHS Wales to bring together services that can help and support CYP experiencing mental health issues and difficult feelings or experiences. They work with schools, charities, and local authorities (MIND, 2022).

<https://www.mind.org.uk/for-young-people/camhs/understanding-camhs/>

Winston's Wish was the first UK childhood bereavement charity. Set up to support bereaved CYP, their families and professionals who support them (Winston's Wish, 2017).

<https://www.winstonswish.org/supporting-you/>

Young Minds is one of the UK's leading charities that supports CYP with mental health issues (Young Minds, 2024).

<https://www.youngminds.org.uk/young-person/my-feelings/grief-and-loss/#Workingthroughyourgrief>

Child Bereavement UK is a charity with the Prince of Wales as its Patron. They are a specialist charity supporting CYP up to age 25. They also support families following the death of a child (Child Bereavement UK, 2024).

<https://www.childbereavementuk.org/>

Finally, HRH The Prince of Wales himself lost his mother at age 15 and once said,

“Anyone who has experienced the loss of a loved one will know only too well that you never stop grieving for those you have loved and how important it is to find a way to live with that loss”.

I hope you have found the information in my presentation informative and helpful.

Thank you for watching.

Sarah Dutton

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The impact of family bereavement on children and young people aged 11 - 15

ECCY7007 AC2

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Bereavement is what happens

*Grief is what you feel in
response to bereavement*

*Mourning is what you do to
express grief*



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sibling

loved one

parent

friend



Devastating

Traumatic

Damaging

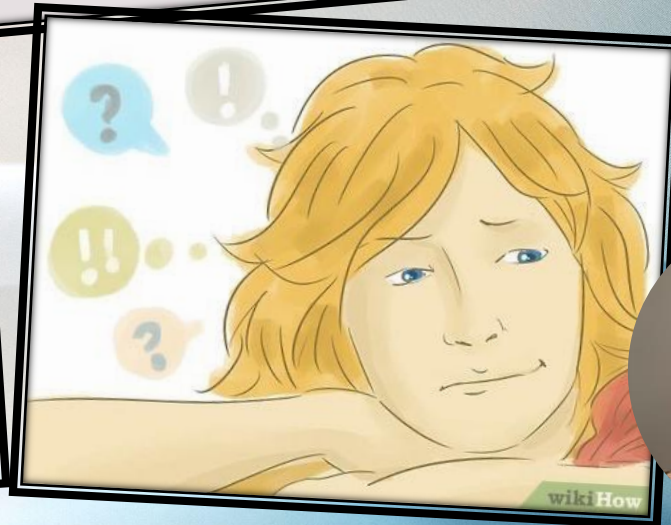
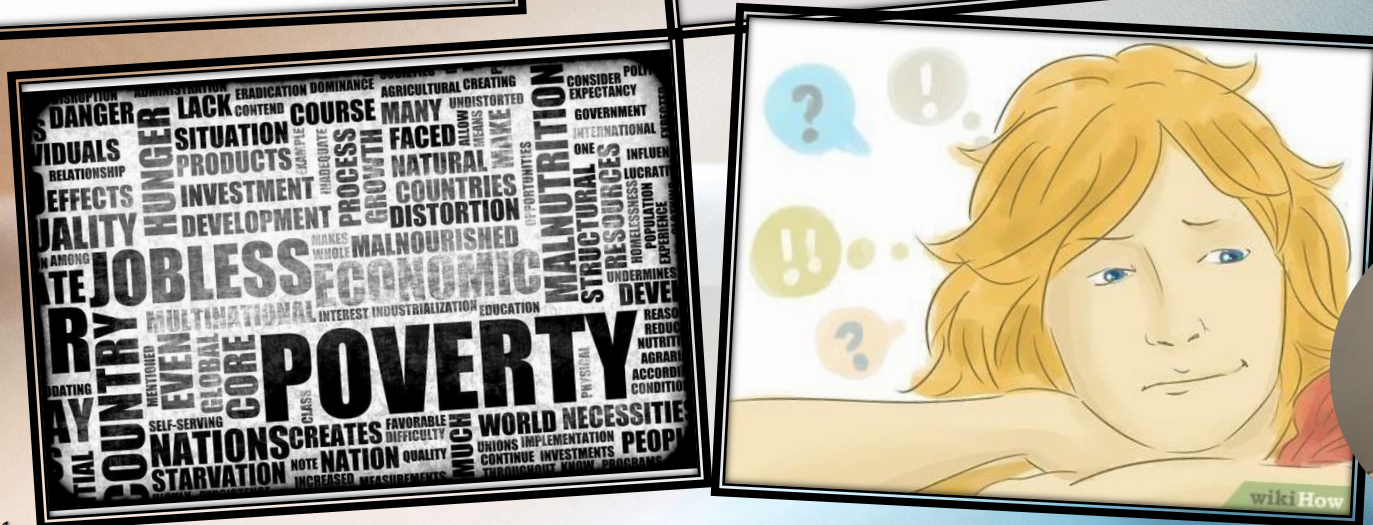


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2

Signs of Poor Physical Health

- Fatigue
- Poor concentration
- Difficulties breathing
- Aches and pains
- Nausea
- Coughing, sneezing
- Development of addictions



Sarah Dutton
Student ID 1903751

Bereavement generates suffering, and
that suffering is even more difficult to
comprehend when it is that of a child.

Helena Romano



Sarah Dutton
Student ID 1903751

Personality

Relationship

Age

Developmental Stage

Support

How to Tell If Your Child Is Grieving

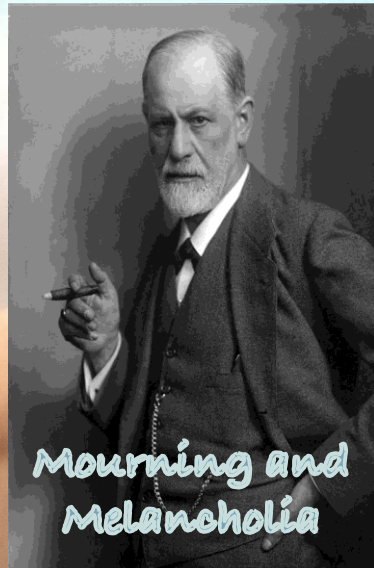
 Difficulty concentrating	 Sleeping problems	 Clinginess, anxiety, or feeling abandoned
 Developmental regression	 Changes in behavior or play	 Feelings of guilt

verywell

Is it because I told them to go away once?

6

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Mourning and
Melancholia

Sigmund Freud



SELF-DEPRECIATION



Lacking maturity

Mourning

In
loving
Memo



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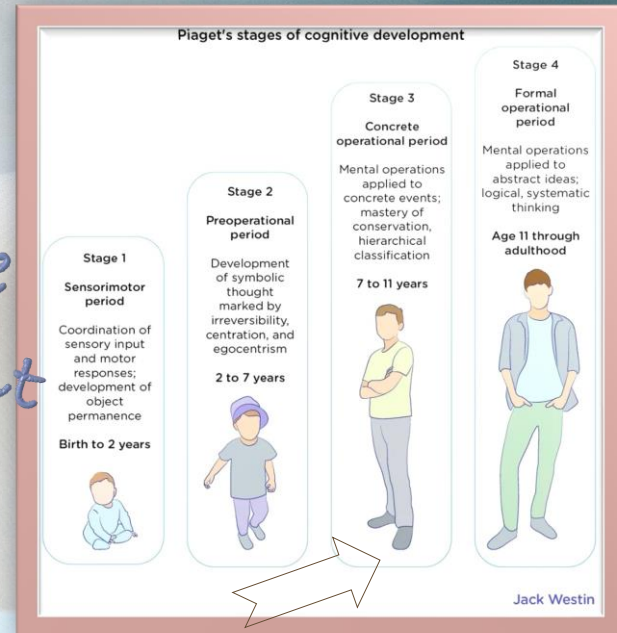
Piaget



Cognitive development

Active participant

- "The child is an active participant in this process rather than a passive recipient of biological development or externally imposed stimuli."
- Believes that the child should be viewed as an inquiring scientist who conducts experiments on the world to see what happens



Environ



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Adolescence



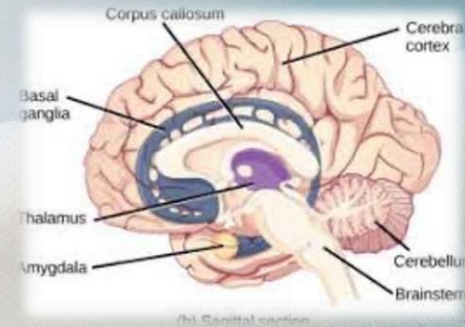
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Cognitive



Misunderstood

Neurological



Sociopsychological



Cope



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Negative impact

Academic achievement



Wellbeing



Parenting

int



10

The grief process

Models

Limited
in time

Multiple
stage



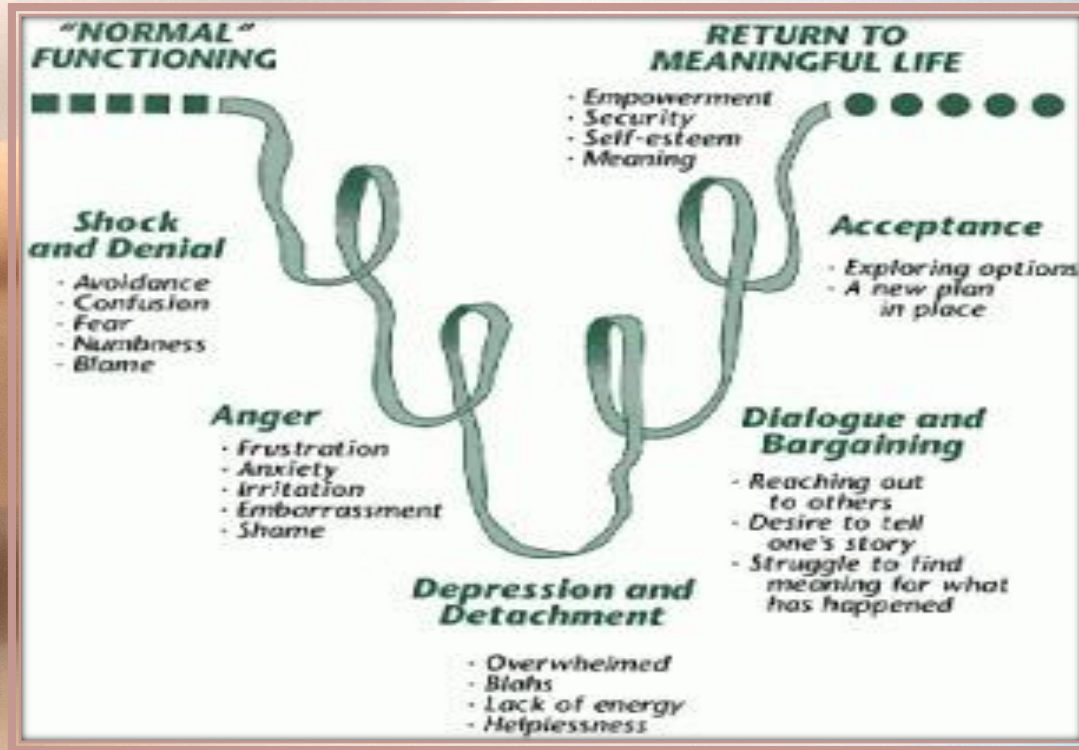
Dr Elizabeth Kubler-Ross



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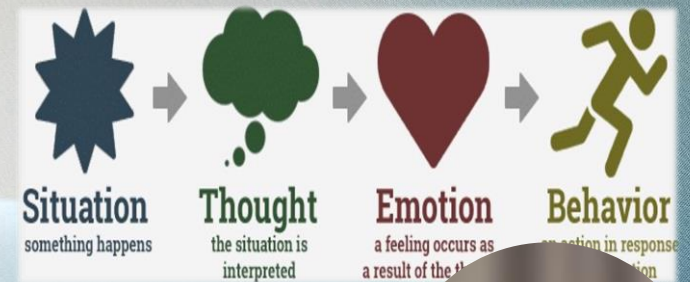
11

Dr Elizabeth Kubler-Ross



Conversations

In order



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John Bowlby

Shock & Numbness

Immediately follows the loss; numbness is a self-defence mechanism that allows for emotional survival following loss

Yearning and searching

Longing for the deceased to return to fill the void left.
A wealth of emotions, such as sobbing, anger, anxiety, and confusion, can all be felt at this time

Despair and disorganisation

Withdrawal and disengagement are common whilst the person accepts the loss and change. Feelings of anger, despair, hopelessness, and questioning can be felt

Reorganisation and recovery

The person begins to return to everyday tasks and return to a new 'normal'. Interest in past times returns as do energy levels

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13

depression

distress

insomnia

guilt

preoccupation

Secure Attachment



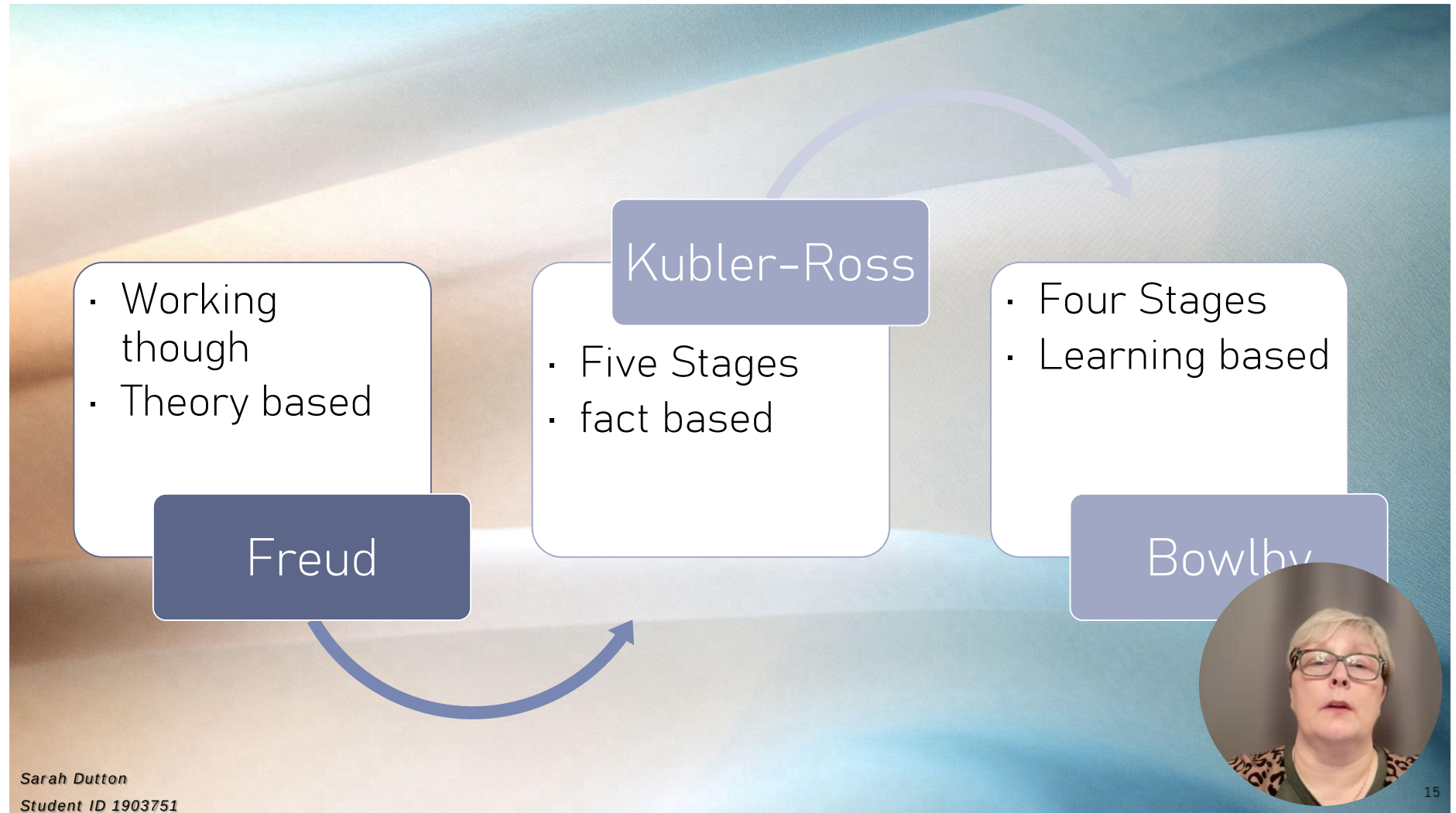
The diagram illustrates the characteristics of Secure Attachment. At the center is a woman in a white lab coat with her arms raised in a celebratory gesture. Surrounding her are six circular icons, each with a corresponding text label. Arrows point from the central figure to each icon. The icons and labels are: 1. A padlock icon labeled 'Comfortable with intimacy'. 2. A smiley face icon labeled 'Can regulate emotions and feelings'. 3. A heart icon labeled 'Trusting, empathetic, compassionate'. 4. An icon of three people labeled 'Communicates effectively'. 5. An icon of a person with a question mark labeled 'Good coping and problem solving skills'. 6. An icon of two people labeled 'Comfortable being close and being alone'.

anxiety

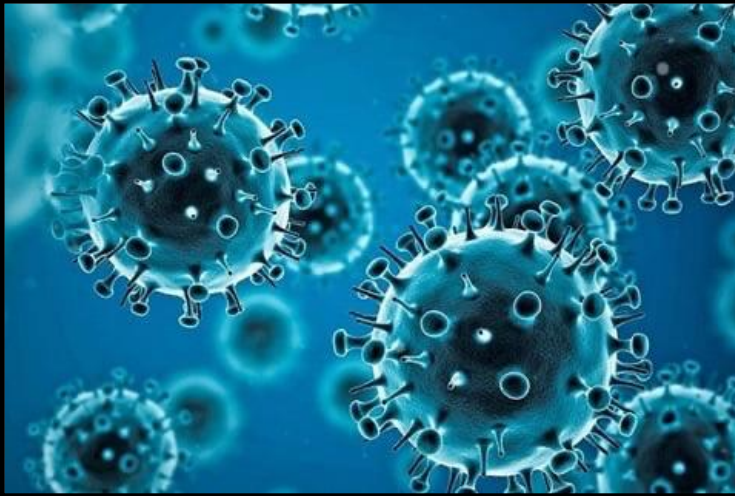
with

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COVID-19



2020 - 2021

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**10 thousand
4 hundred
50**



16



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Resilience

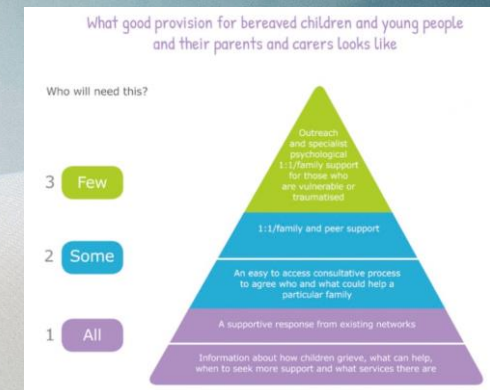


17

Adult Bereavement



CYP Bereavement



School support



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Key statistics on bereavement in childhood 2022

	UK	GB	England	Northern Ireland	Scotland	Wales
How many parents die each year, leaving dependent children? ¹	26,900	26,000	21,800	900	2,800	1,400
How often does a parent die, leaving dependent children?	Every 20 minutes	Every 21 minutes	Every 24 minutes	Every 10 hours	Every 3 hours	Every 7 hours
How many children under 18 are bereaved of a parent each year? ¹	46,300	44,700	37,600	1,600	4,700	2,300
How many children are bereaved of a parent each week? ²	890	860	720	30	90	50
How many children are bereaved of a parent each day?	127	122	103	4	13	6

¹ Rounded to the nearest 100

² Rounded to the nearest 10

Estimates calculated from annual (average 2019-2021) mortality statistics of adults aged 20-64 (i.e. likely age of parents with dependent children), combined with proportions of adults in each age band living with dependent children, from Office of National Statistics, Northern Ireland Statistics and Research Agency, National Records of Scotland. Details of full workings and assumptions available from cbn@ncb.org.uk

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UNITED FOR GRIEVING CHILDREN

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19



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CONCLUSION

Attendance



Behaviour

Attainment

Empl



21

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CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) WORKS WITH NHS WALES TO BRING TOGETHER SERVICES THAT CAN HELP AND SUPPORT CYP EXPERIENCING MENTAL HEALTH ISSUES AND DIFFICULT FEELINGS OR EXPERIENCES. THEY WORK WITH SCHOOLS, CHARITIES, AND LOCAL AUTHORITIES (MIND, 2022).

[HTTPS://WWW.MIND.ORG.UK/FOR-YOUNG-PEOPLE/CAMHS/UNDERSTANDING-CAMHS/](https://www.mind.org.uk/for-young-people/camhs/understanding-camhs/)

WINSTON'S WISH WAS THE FIRST UK CHILDHOOD BEREAVEMENT CHARITY. SET UP TO SUPPORT BEREAVED CYP, THEIR FAMILIES AND PROFESSIONALS WHO SUPPORT THEM (WINSTON'S WISH, 2017).

[HTTPS://WWW.WINSTONSWISH.ORG/SUPPORTING-YOU/](https://www.winstonswish.org/supporting-you/)



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22

YOUNG MINDS IS ONE OF THE UK'S LEADING CHARITIES THAT SUPPORTS CYP WITH MENTAL HEALTH ISSUES (YOUNG MINDS, 2024).

[HTTPS://WWW.YOUNGMINDS.ORG.UK/YOUNG-PERSON/MY-FEELINGS/GRIEF-AND-LOSS/#WORKINGTHROUGHYOURGRIEF](https://www.youngminds.org.uk/young-person/my-feelings/grief-and-loss/#workingthroughyourgrief)

CHILD BEREAVEMENT UK IS A CHARITY WITH THE PRINCE OF WALES AS ITS PATRON. THEY ARE A SPECIALIST CHARITY SUPPORTING CYP UP TO AGE 25. THEY ALSO SUPPORT FAMILIES FOLLOWING THE DEATH OF A CHILD (CHILD BEREAVEMENT UK, 2024).

[HTTPS://WWW.CHILDBEREAVEMENTUK.ORG/](https://www.childbereavementuk.org/)



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23

Finally, HRH The Prince of Wales himself lost his mother at age 15 and once said,
“Any one who has experienced the loss of a loved one will know only too well that you
never stop grieving for those you have loved and how important it is to find a way to live
with that loss”.

I hope you have found the information in my presentation informative and helpful.

Thank you for watching.

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24

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