



Supporting babies and young children after the suicide of a parent or carer

A guide for early years practitioners



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Children are surprisingly resilient. A loving, supportive environment and careful attention to any emerging psychiatric symptoms can offset even such a major stressor as a parent's suicide.

Holly C. Wilcox, Johns Hopkins University, USA

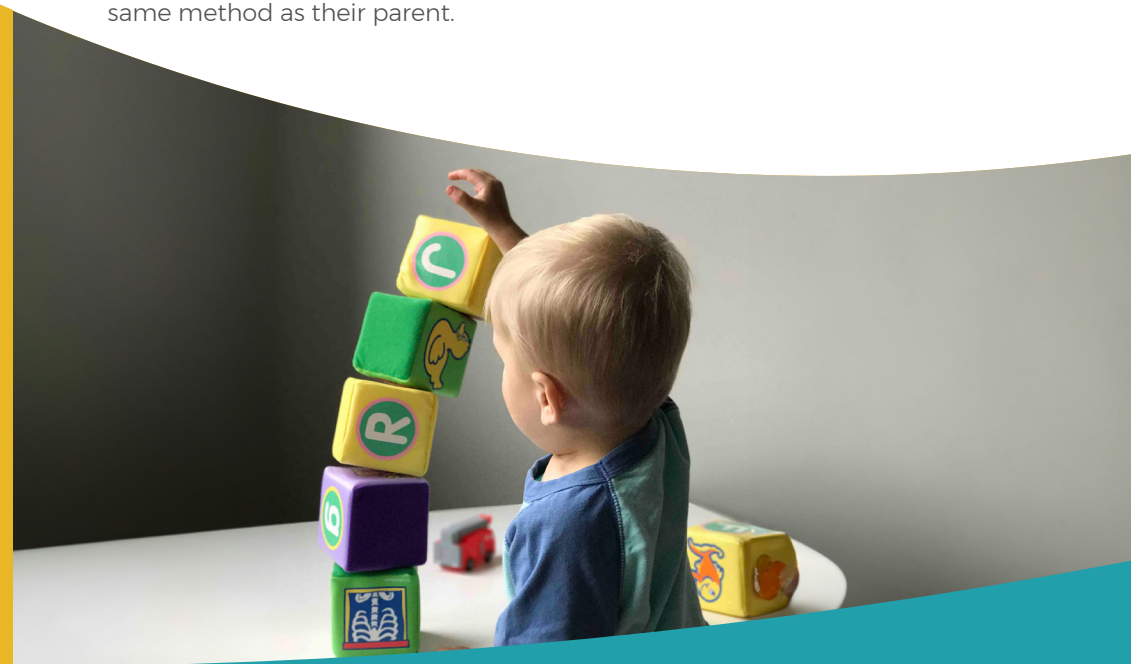
Impact of suicide bereavement on children aged up to 5

Bereavement by suicide is different to other types of death. The suicide or attempted suicide of a parent or carer can have a devastating and long-term impact on their child/ren.

Recent research¹ shows that suicide risk is most significantly increased for those who lose a parent between the ages of 2 and 5 years old. Children are more at risk if they lose their mother to suicide. Young people aged 15-19 are most likely to attempt suicide. Those who attempt suicide after experiencing parental suicide during early childhood often use the same method as their parent.

Why?

We don't know exactly why yet. More research is needed. Young children may grieve in ways parents don't understand or know how to respond to. Trauma responses in young children are often different to those seen in adults. This can lead to the misconception that younger children are not affected by grief and/or traumatic events as much as older children or adults.



When trauma such as a suicide bereavement impacts the surviving parent or caregiver, it can strongly affect the attachment relationship between that person and their child.

Secure attachments with primary caregivers can help protect against future mental health problems.

If a trusted parent or caregiver is not able to help children regulate strong emotions of loss and distress, children may be overwhelmed yet unable to communicate what they feel or need.

At this age, the brain is developing rapidly and is very vulnerable². Early childhood trauma has been associated with reduced size of brain cortex. These changes may affect the ability to regulate emotions and lead to the child feeling fearful, unsafe and unprotected.

The right support at the right time

The right support for children and their families can mitigate these risks. The chain of poor mental health and suicide risk can be broken, preventing future suicides from taking place.

Many factors can influence how children react and respond after suicide bereavement.

- Closeness to person who has died.
- Previous experience of loss.
- Reactions of the adults around a child (which may be influenced by cultural and religious factors).
- Ways the individual child usually reacts to stress and emotion.
- Support available to family.

As an early years practitioner, you have a key role in supporting and advocating for this vulnerable group. Young children are not able to choose who helps them, and you may be a significant adult in their life.

Understanding and supporting grieving children (aged 0-2)

Although this information is focused on children aged 0-2, it may also be relevant to older children, depending on their development level and personality.

The lives of young children revolve around the relationships they have with their caregivers.

Babies and very young children may notice the absence of a regular caregiver and find this unsettling or upsetting. They may know something special is missing but not have the language to make sense of it or describe it to others.

They are likely to pick up on changes in the emotions and behaviours of their carers, and in their normal routines and environments.

They may show distress by being clingy and crying. You may see changes in their eating, sleeping and toileting habits.

Their experience is primarily physical so the most important mode of comfort is human touch in large doses.

Toddlers

Toddlers are egocentric and at this developmental stage they are most concerned with questions relating to themselves - for example 'Did I cause this to happen?', 'Who will take care of me?'

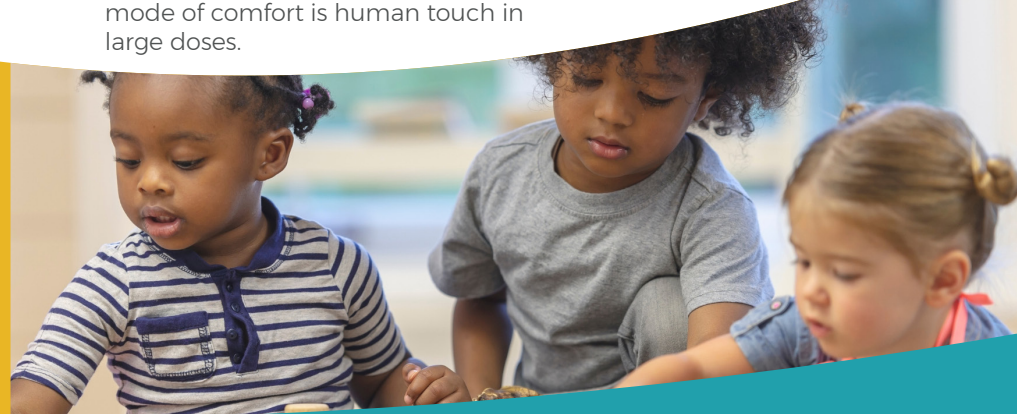
You may see searching behaviours, looking for an absent parent in familiar places or running up to the door when they hear a car.

Verbal toddlers may repeat phrases such as 'Where's mummy?' or 'Daddy home?' as they attempt to come to terms with the reality of their loss.

They may regress to old comfort behaviours such as sucking their thumb or baby talk, lose toileting skills and become agitated/anxious at night. You may see changes in eating and sleeping patterns plus resistance to other change, including separation anxiety and unwillingness to be parted with special blankets or toys.

Children bereaved by parental suicide are not only left trying to understand why a parent took his or her own life, but also have to cope with the impact on the surviving caregiver, who may not be able to provide the support they need.

Mitchell & Terhorst, 2017



Supporting grieving children (aged 0-2)

You and other caregivers can help babies and toddlers grieve by:

- Providing support and comfort through hugs, holding, cuddling, rocking, gentle words and soft singing.
- Giving consistent and reliable care including naps, baths, eating schedules and rituals associated with these routines.
- Minimising other changes by maintaining relationships with familiar people, sleeping in the same place, attending childcare as usual and, if possible, being dropped off and collected by a consistent caregiver.
- Avoiding big changes such as potty training, weaning or moving into a big bed.

The 'puddle jumping' phenomenon.

Young children often jump in and out of their grief – appearing sad one moment then seeming to forget their grief the next. This is sometimes called 'puddle-jumping'.

It's a natural way to protect themselves from becoming overwhelmed by powerful feelings. They will need time and understanding to help them process their grief.

Safeguarding: concerns after a suicide bereavement

It's possible you may have safeguarding concerns, for example around neglect, as a result of the impact of the bereavement on surviving parents/caregivers. There is no automatic referral for support for children after a parent is suspected to have died by suicide. You may not be informed of the manner of death. If safeguarding concerns are raised, it is important to share what information you have about the bereavement with those investigating at your local authority.

Understanding and supporting grieving children (aged 3-5)

Preschoolers and reception-age children are generally unable to conceptualise the permanence of death (although you may hear them use words like death and dying).

They have learnt that important people 'go' (to work, school, running, holiday etc) but that they always come back. It can be difficult for them to understand that a deceased person will not come back. A child may imagine they are somewhere like 'heaven' and want to visit, write or call.

They may respond with intense anger. For example, 'I wish you died instead of mummy'. This isn't personal.

They may repeat information and/or ask a lot of questions as they attempt to integrate information. They may also announce what has happened to strangers or in what may feel like inappropriate situations.

They may attempt to make sense of what has happened through play and creative activities.

Magical thinking

Children this age are prone to magical thinking – believing their thoughts and wishes can affect or change events in the physical world. Combined with the egocentric nature of a young child, this can lead to guilt and fear of causing or having caused a death by things they thought, did or said.

They may regress in their toileting, eating and sleeping or revert to old comfort behaviours.

Supporting grieving children (aged 3-5)

You and other caregivers can help grieving pre-schoolers and reception-age children by:

- Answering with age-appropriate honesty when they ask a direct question. Children need to trust the adults who care for them to feel secure. They are perceptive and can often tell if something isn't right.
- Providing opportunities to use play and art to explore their feelings and experiences (for example, drawing and painting options and small world play). Pay attention to their play and creative work, describe what you can see and ensure you have time and space to talk about it with them.
- Helping them understand and verbalise their emotions by sharing your own feelings, and those of people around you.
- Accepting the difficult feelings they may be experiencing (for example, anger) and supporting them to express these in a safe way.
- Understanding and supporting any regressions in sleeping, eating and toileting.



Research supports providing an honest, age-appropriate explanation about the death, rather than ambiguous half-truths. When children are given incorrect information it's like a jigsaw puzzle with missing pieces, and this can add to their confusion and distress.

Dr Diana Sands,
Director of Bereaved by Suicide, Sydney

Thinking about others in your setting

If the child is in a group setting, you may need to think about the impact on other children and families. The bereaved child's behaviour may change. They may need more of your time and attention. Other children may get a sense that something isn't right, leading to their own questions, worries and misunderstandings.

Provide the same consistent approach when talking about death – simple, truthful and age appropriate. Use stories and books to explore these issues. See page 14.

Communicate with other families while maintaining as much confidentiality as possible. Establish with the bereaved family what they are happy to share.

Talking about suicide bereavement with young children

Age-appropriate honesty is important. This does not mean sharing everything at once but giving a simple honest explanation, answering questions truthfully and giving more information as their understanding grows.

Non-disclosure of a suicide can:

- Deepen stigma and reinforce isolation.
- Mean children and young people can't clarify confusion, ask questions or access postvention services.
- Break down trust with surviving family members.
- Prevent kinship and peer support from other survivors.
- Damage family relationships when the truth inevitably does emerge, even if this is years later.

You may need to sensitively share this information with the family so they can make an informed decision. They might like your help in coming up with a clear, consistent and age-appropriate explanation.

I was told my dad died of a brain tumour. This made me think this was hereditary and that I might get one. It eroded my trust in what my mother tells me.

Simon – Luna Lived Experience Network

Useful tips

Use clear and consistent language. Convey sensitivity through tone.

Avoid euphemisms. Don't say someone is 'lost', 'gone' or 'asleep' – these terms are likely to confuse a child. Phrases like "Daddy has died which means his body has stopped working" are better.

It can be effective to talk about emotions in first person (the child's voice) when talking to young children. For example, "I'm feeling really sad because Mummy has died, which means I won't see her again." Followed by "Sam, Daddy and everyone else is here to give you cuddles and look after you."

Don't be afraid to repeat things. Repetition can help with a child's understanding.

Continue to have these conversations. As children grow, their understanding of the world and what has happened will change and they will need to ask more questions.

Finding the words

‘Mummy is dead which means her body has stopped working. I am sad and I will miss her very much. When people are sad, they often cry. That’s okay. We can give each other cuddles and help each other feel a bit better.’

‘I will always be here if you need a cuddle.’

‘We can’t see your daddy anymore because he is dead. This means his body has stopped working forever.’

‘I wish your mummy was still alive with us. Sometimes I feel cross that she has died as well as sad.’

‘Sometimes children whose parents have made themselves die feel it is their fault, but this is wrong, it is never the child’s fault.’

‘Your daddy has died which is really sad but mummy is not going to die, she will look after you now. Granny and James will help her. I will help her too. We all love you very much.’

‘Daddy loved you very very much. He did not die because of you. Something was wrong in his brain that made him think it was better if he was dead even though that isn’t true.’

‘Sometimes people’s brains don’t work in the way they should. It can make them very confused and make them think things would be better if they died, even though that is not true.’

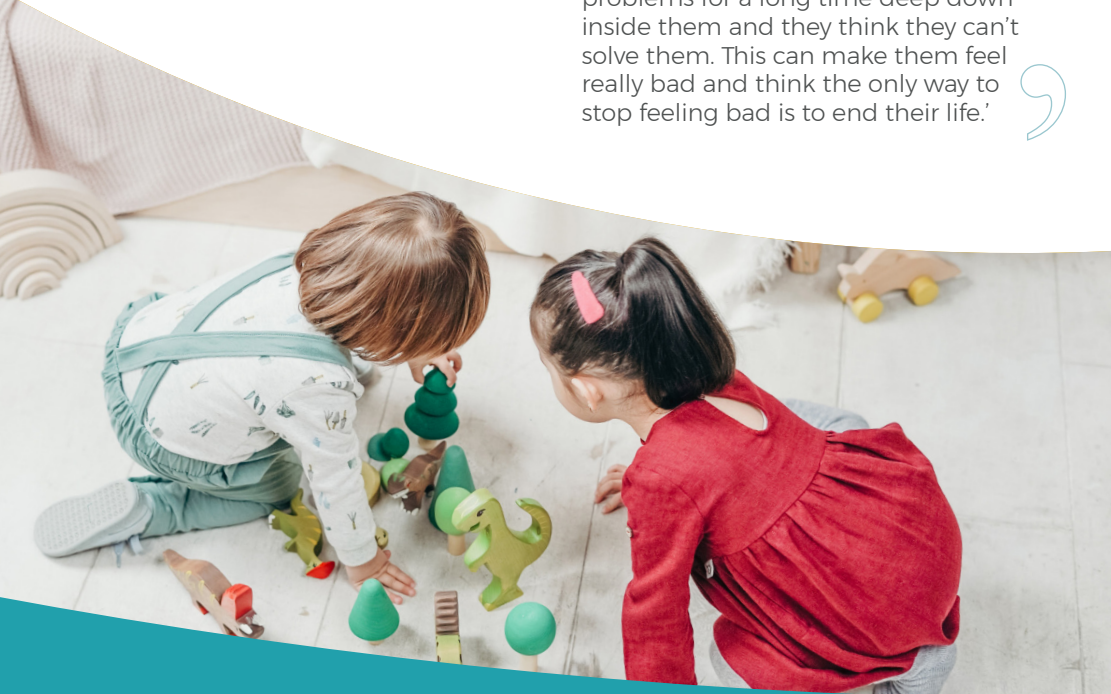
‘Sometimes people have a lot of problems for a long time deep down inside them and they think they can’t solve them. This can make them feel really bad and think the only way to stop feeling bad is to end their life.’

As children get older

- There are some additional things it’s worth being aware of when having conversations about suicide bereavement. See our Luna Guide for professionals working with children and young people for more detailed information.
- Avoid comments that encourage becoming an adult too soon, for example ‘You’ve got to look after your dad now’.
- Avoid saying anything that suggests the person was selfish or took the easy way out. Remember you are criticising someone who brought them into the world and who they love deeply.
- Avoid using the verb ‘commit’ when talking about suicide. It’s better to say that the person ‘died by suicide’ or ‘took their own life’.

‘Commit’ is usually associated with crimes and sins and can reinforce the stigma around suicide.

- Don’t describe suicide as a choice. This can reinforce feelings of rejection and abandonment, damaging a child’s mental health and self-worth. The ‘choice’ to die by suicide is not a choice in our normal understanding as for someone in a suicidal state it can feel like their only option.
- It’s never too late to tell the truth. Even if a different account of death was initially shared with a child, it is always in the child’s best interests to be given an honest account.



Supporting the family

One of the most important things you can do is support the family to understand their child's grief and what they can do to help them.

- Share basic information about how babies and young children might be affected – and what families can do to support their child/ren. This might include the importance of stability, comfort and physical contact. You may also want to suggest useful resources and stories.
- Share the importance of age-appropriate honesty and consistent information from adults in the

child's life and, if needed, help them find the words to talk to their child.

- Share age-appropriate resources, or information where to source them, to help the family support their child/ren (see opposite).
- Share any care plans your organisation has in place with the family.
- Continue to monitor the child and record, report and refer any concerns as per your usual processes.

Help is at Hand is a useful and supportive guide for families bereaved by suicide. It can be ordered for free or downloaded from the National Suicide Prevention Alliance website nspa.org.uk



Survivors of Bereavement by Suicide (SoBS)



may help surviving parents feel less alone. They offer support via email, information, support groups, a support line and an online forum for people over 18.

0300 111 5065
uksobs.org

Suicide&Co provides support for people over 18 bereaved by suicide. They have a helpline, resources online and a free counselling service.

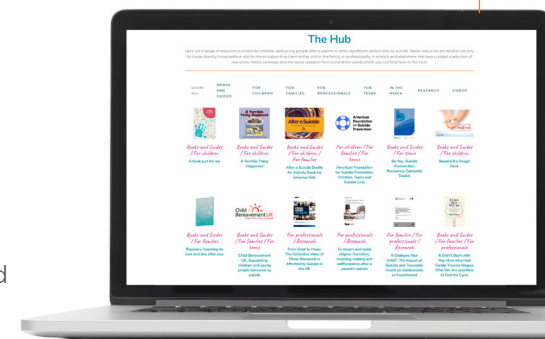


0800 054 0400
suicideandco.org

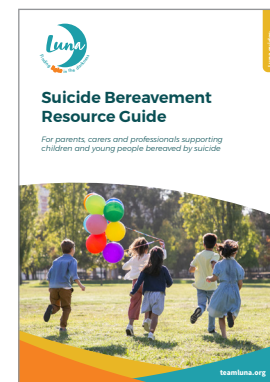
Useful resources and information

Luna's online resource library (The Hub) has links to a lot of useful resources that you might find helpful. This includes stories, workbooks and film/DVD resources that can help you talk to children and young people about suicide and help children understand and work through their grief. Some of them can be downloaded for free.

Find them here:
teamluna.org/the-hub



Luna's Suicide Bereavement Resource Guide is a curated selection of 24 books, including a range of illustrated stories about parental suicide to read with young children. Contact hello@teamluna.org for a digital copy.



Suicide impact and bereavement policy

A policy can ensure you have the right training and resources in place to provide to ensure you provide appropriate support to children and families bereaved by suicide. It gives you something to refer to in conversations with parents and clarifies what support you can offer.

Luna has developed a suicide bereavement policy template and implementation checklist for education settings. Webinars to support its implementation are held online.

Child Bereavement UK helps families to rebuild their lives when a child grieves or when a child dies. They support children and young people (up to the age of 25) when someone important to them has died. They can offer face-to-face and online parenting support for parents and carers of children aged under 5 bereaved by suicide. They also offer facilitated groups for bereaved families where children aged 4-12 and their adult carers can meet others and explore their feelings through creative activities over several sessions.



0800 02 888 40
childbereavementuk.org

Winston's Wish provides support for children and young people up to the age of 25 following the death of someone close to them, including by suicide. They offer a free helpline, online support, live chat, email, one-to-one and group support and training.



08088 020 021
winstonswish.org

Papyrus

To debrief with a suicide prevention adviser, call Papyrus' HOPELINE247 on 0800 068 4141, text 07860 039967 or email pat@papyrus-uk.org



Some children's bereavement charities only offer direct support to early years children in certain situations. They will focus on supporting the parents or carers to understand and support the child. It might be helpful to contact organisations first to find out exactly what they can offer the children and families you are supporting.

About Luna Foundation

Luna Foundation was founded in 2022 to transform the way children and young people are supported after suicide bereavement, particularly after the death of a parent or primary caregiver. Every child or young person who loses a parent to suicide needs timely and effective support to help them navigate their complicated grief and reduce the risks they face to their own mental health and wellbeing.

Luna offers evidence-informed suicide bereavement training for people who work with children and young people, sharing resources, best practice and guidance to help improve the way children left behind after suicide are cared for.

Visit teamluna.org for more information.

About the authors

The guidance provided in this leaflet is based on the international Churchill Fellowship research carried out by Luna Foundation CEO Anna Wardley, who published her report entitled *Time to count: Supporting children after a parent dies by suicide* in December 2021.

Further guidance and leaflet copy was developed by Clare Foster through focus groups and interviews with early years practitioners.



Anna Wardley,
founder and CEO,
Luna Foundation



Clare Foster, Content
and Communications,
Luna Foundation

Footnotes

¹ Ranning et al: Transgenerational concordance in parent-to-child transmission of suicidal behaviour: a retrospective, nationwide, register-based cohort study of 4,419,642 individuals in Denmark. 27.03.22. DOI [https://doi.org/10.1016/S2215-0366\(22\)00042-6](https://doi.org/10.1016/S2215-0366(22)00042-6)

² The National Child Traumatic Stress Network – <https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma/effects>

hello@teamluna.org
teamluna.org

