



**The Irish Childhood
Bereavement Network**

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Irish
Hospice
Foundation

Childhood Bereavement Services National Survey 2023

Introduction

The Irish Childhood Bereavement Network (ICBN) works with its members to promote the voice of bereaved children and young people. ICBN is hosted by Irish Hospice Foundation (IHF) and jointly funded by the Irish Child & Family Agency (Tusla) and IHF.

This report provides a detailed analysis of the findings of a national childhood bereavement services survey developed and circulated by ICBN in October 2022 and closed in February 2023. It sets out the survey aims and methodology and then provides an analysis of the results in both narrative and graphic form.

Survey Aims

The core aim of the survey was to gather information about the range of services/ supports that are available for bereaved children and their families in Ireland.

We know that there are limited numbers of dedicated childhood bereavement services so in order to gain a true reflection of the full range of supports available **both** of the following to were included;

1. Services and supports that have bereavement as their core functions (e.g., Anam Cara, Barnardos Children's Bereavement Service) &
2. Services and supports that are grief informed and/or offer bereavement support as part of a wider range of supports to families (e.g., Family Resource Centre, youth service, early years' service, school, sports club)

The service information gathered will also help generate a national resource of support services for bereaved children and their families. Services were asked to consent to this use of their data.

Methodology

The survey was developed by ICBN with input from the Children and Young People's Services Committees (CYPSC) representative on the ICBN advisory panel. Once finalised the survey was disseminated electronically using Survey Monkey. It was distributed by CYPSCs to children and family services in their areas. We also circulated the survey to ICBN members and friends and posted it widely on social media. We advised interested parties that the survey would take approximately 15 minutes to complete, and we left the survey open from October 2022 and closed it in February 2023.

The results of the survey have been analysed internally by ICBN. Analysis involved generating the frequencies and percentage responses to each question and category. Open-ended responses were read and categorised into themes.

Survey Findings

The survey findings are based on 103 respondents which represents an increase of 60% to the last time a childhood bereavement survey was issued in Ireland (Carroll, 2010)¹

Demographics

There were 103 respondents to the survey of which 22.3% (n.23) provide a **national service**; of these six organisations provided mainly bereavement supports to families (e.g., Rainbows Ireland, First Light, ADvic), five organisations operate a range of supports covering mental health and family support (e.g., ISPC, One Family, Domestic Violence refuge). The remainder of the national organisations covered a mix of supports for children with life limiting illnesses, individuals and one is a US based alliance for children’s grief.

The majority of the **area-based services** operate in Leinster (35%), 29% operate in Munster with 20% operating in Connacht and 5% operating in Ulster.

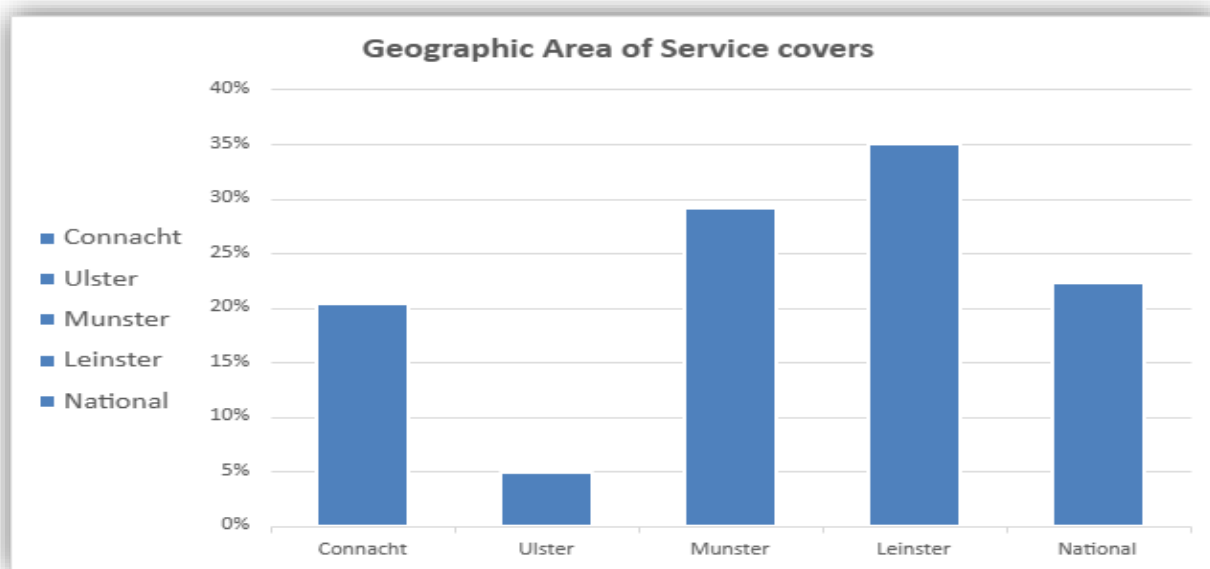


Figure 1. Geographical Area Organisation type (Q 2)

¹ Carroll, B. (2010). *Survey of Childhood Bereavement Services in Ireland*. MSc Bereavement Studies. IHF/RCSI. Ireland.

The services supporting bereaved children and their families are primarily voluntary/**NGO organisations** (56%, n.=58). This percentage could be higher based on the information provided in the 'other' category as 12 respondents did not tick the NGO box but named themselves as voluntary organisation under 'other'.

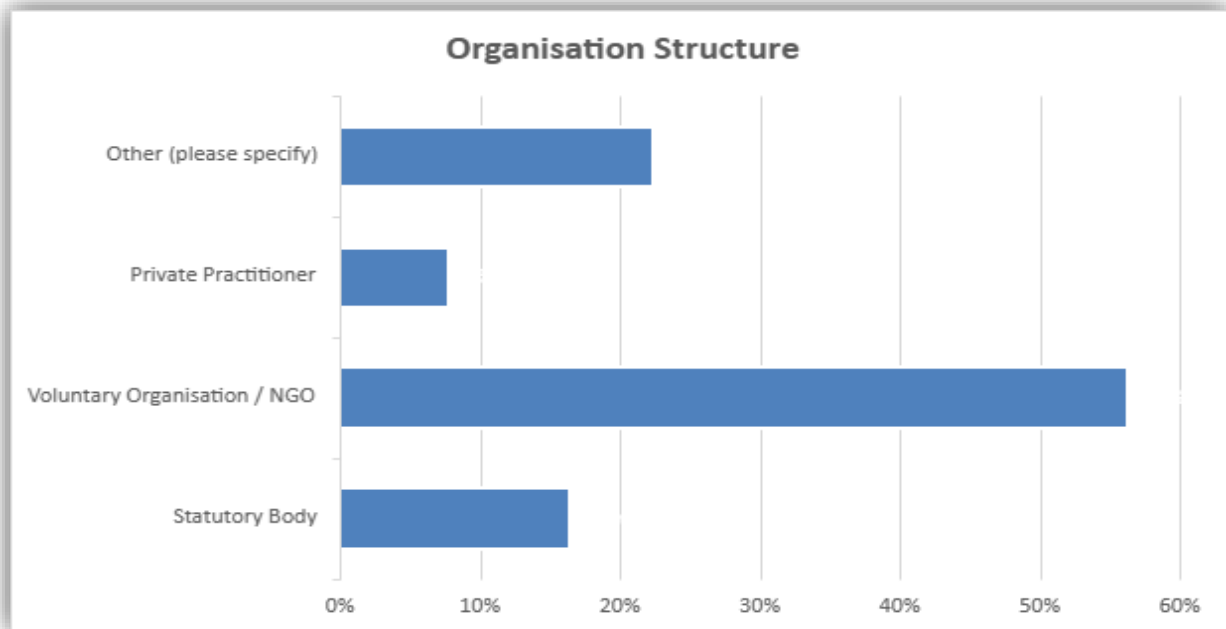


Figure 2: Organisational Structure

The remaining respondents fall into the category of **Statutory organisations** 16.5% (n.17) these include Tusla, HSE, CAMHs, schools and CYPSCs and there were a small number of **private** practitioners 7.7% (n.8). We also had 10 **schools** identify in the 'other' category and 4 schools ticking the Statutory box, 5 schools ticking the NGO and 4 ticking the private box.

Target group/s of service (Q 4)

Organisations who responded offer a very wide range of supports and services to many different target groups and **bereavement is only one element** of the supports offered for many of the respondents. Many of the **organisations work in a multi-generational way** with the majority working with children 89% (n.92) and 58% (n.60) supporting adults of which 29% (n.30) specifically target the elderly.

Of the services who indicated people experiencing bereavement as a target group two thirds 66%, (n.68) support children experiencing bereavement and 43% (n.44) support adults experiencing bereavement. In addition, many work with people from a range of **minority and vulnerable groups** like members of the Traveller Roma Community 38% (n.39), adults experiencing addiction 25% (n.26), homelessness 32% (n.33), refugees 33% (n.34) and people with Intellectual Disabilities 28% (n.29).

Over a quarter of respondents (27%, n.28) provide additional information about the nature of the service users they work with e.g., palliative care service, children experiencing loss through separation/divorce, children with special educational needs, domestic violence supports.



Figure 3: Target groups organisations

Access to Service (Q 5)

In the majority of cases service users have **open access to self-refer** (74%, n=76) to avail of the supports offered. In addition, n.22 answer 'other' and analysing those examples shows they largely fall into the self-referral category thus increasing this to be the main form of access by service users. Just under half of the organisations also operate a system of professional referrals in parallel to self-referral.

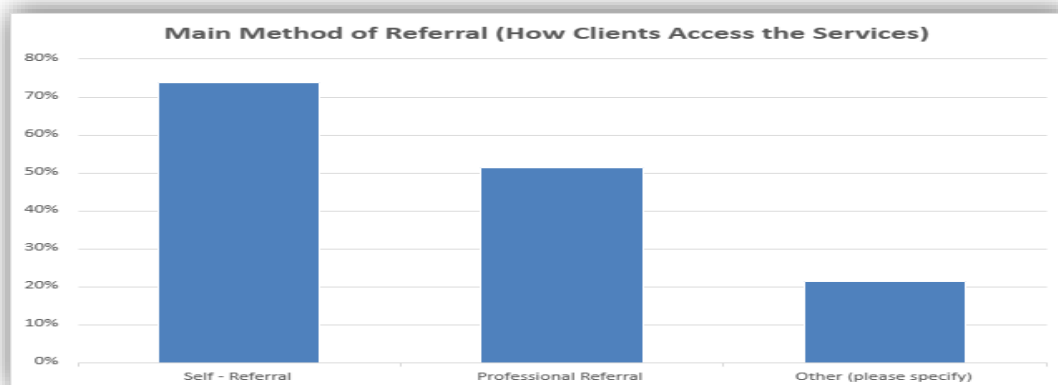


Figure 4: How Clients Access the Services (Referral Methods)

Age profile of service users (Q 7)

The majority of services (up to 68%) work with children aged **6-12 years**, traditionally the ages children attend primary school in Ireland.

Just over **half** of the services work with children and young people in the **13-16 age group** when they would traditionally be attending secondary school. Older teenagers and young adults represent the 3rd lowest cohort with preschool children being the lowest cohort represented.

Of the respondents (n.30) that provided other information many stated that they work across all age ranges and a few stated that when **the bereaved child is under 5 years support is offered to the parent/s of the child to empower** them to assist the young child at home.

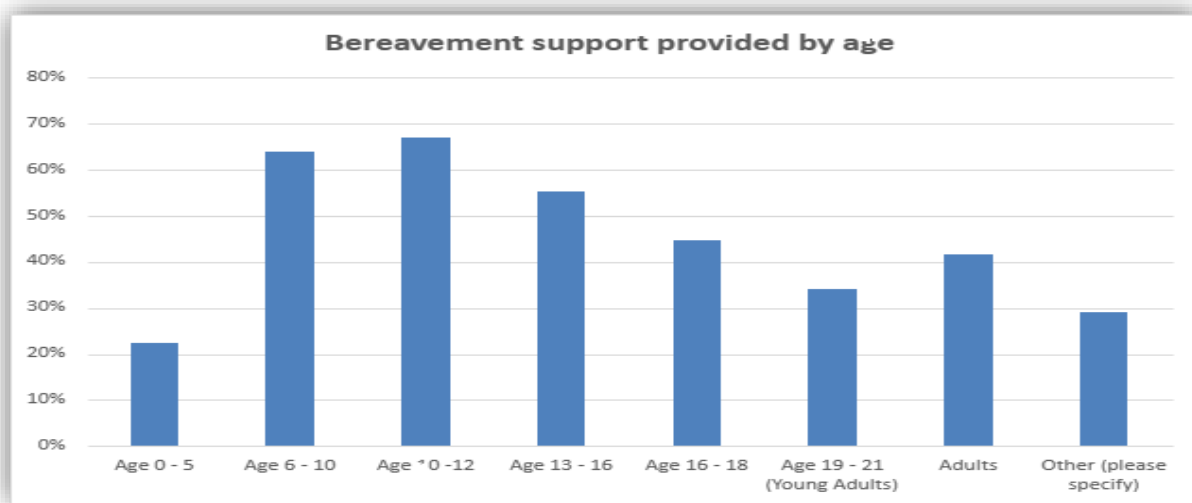


Figure 5: Bereavement Supports provided by age groups.

Nature of Bereavement supports provided (Q 8)

To gain some insights into the supports on offer for both adult and children service users, we asked the organisations to indicate the range of bereavement supports offered from a list provided. Most respondents offered at least one of the supports listed and **33% offered 4 or more of the supports listed** directly themselves for bereaved children and families.

Some additional supports offered were intensive family support, home visits after traumatic death, creative arts, music and drama therapy as well as online support groups.

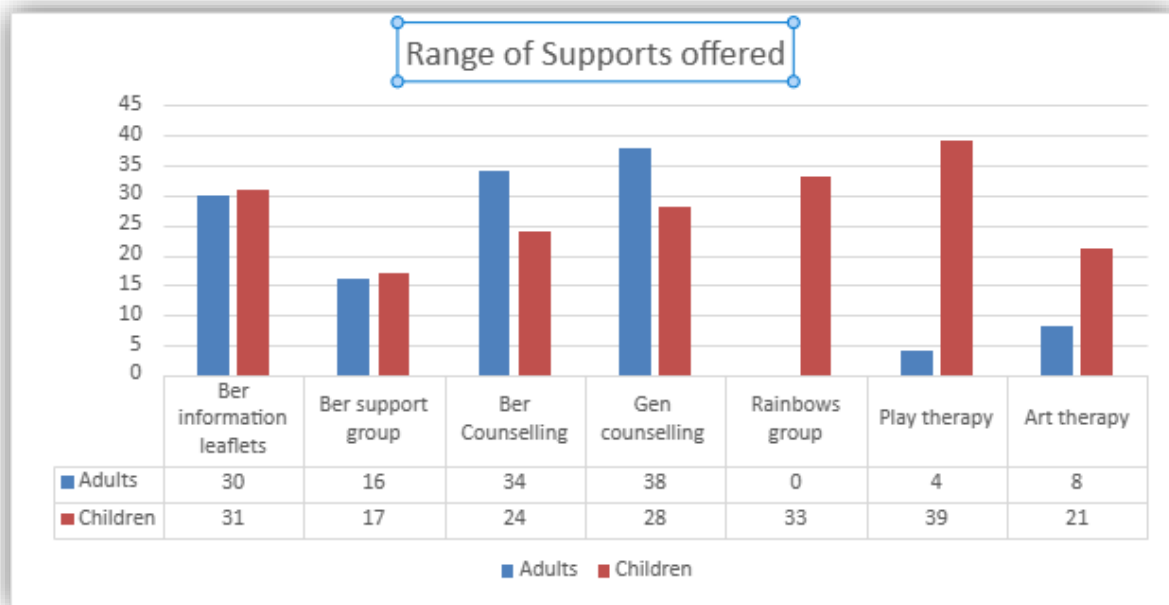


Figure 6: Range and Number of bereavement support

These direct bereavement supports range from the provision of bereavement information leaflets for children (n.31) bereavement support groups of which (n.16) offered adult bereavement groups and (n.17) offered bereavement groups for children and young people.

Play therapy (n.39) and Rainbows groups (n.33) featured in over one third of services and Art therapy in one fifth. The main other direct support offered was in the form of counselling both bereavement specific and general counselling for adults and children.

Interestingly in addition to the Rainbows groups, 17 services indicated that they offer **bereavement support groups for children** and young people. Six of these were hospices, cancer support groups and hospitals. There was one private provider and an association for deaf children, a children’s bereavement service and an FRC that offered bereavement groups for children. The remaining seven consisted of four schools and three other NGOs who indicated that they offer bereavement groups (it is not clear if these are separate to Rainbows groups as they also indicated that they run these services as well).

Apart from the 33 Rainbows groups listed, the true figure for the number of other bereavement support groups for children in Ireland may be less than 17.

Bereavement signposting – referral pathways (Q 10)

We asked the organisations to indicate if they **referred service users to bereavement supports outside their organisation** and the vast majority said yes **82%** (n.84)

The organisations provided a wide range of information regarding the bereavement services that they signpost to. It showed that **Rainbows Ireland** was by far the organisation referred to the most with 44 mentions, followed by **Barnardos Children’s Bereavement Service** (n.22) and **Anam Cara** (n.20). **ICBN/IHF** was mentioned (n.20) by some of the organisations as a source of resources to signpost and refer to. **Private therapists** (n.25) and **community low cost/free therapists** (n.13) were referred to quite frequently as were suicide bereavement supports, **Pieta** (n.15) and **HUGG** (n.7).

Some **local and area-based services** (like Family Resource Centres, Cancer support services and local Hospices) and specific types of bereavement (maternity) were mentioned by less than 10 respondents.

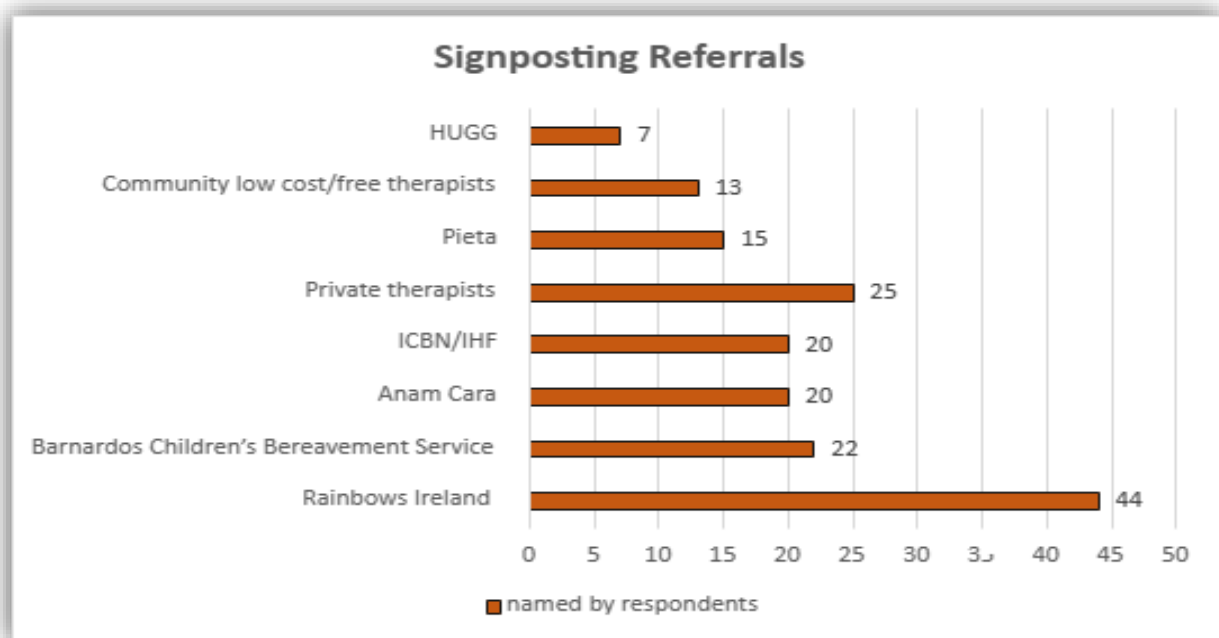


Figure 7: Frequency of groups mentioned.

Just over half (55.4%) of the respondents had knowledge of ICBN and (51.4%) had used the website www.childhoodbereavement.ie

Bereavement knowledge and training

The survey asked respondents to consider the way their organisation addressed grief and bereavement in their work with children and families. To support a shared understanding, we provided the following definition of being a grief informed service.

.....Grief informed services would have a clear understanding that grief is expressed and felt in different ways. There is no right or wrong way to grieve and how we experience grief and loss depends on a range of factors. Together with an understanding that there is no time limit to grief, it takes the time it takes, that there are not five stages of grief, it ebbs and flows....

When asked if their organisation valued the importance of being grief informed 95% (n.98) considered it extremely or very important.

Self-reflected knowledge rating (Q 9)

While the information provided in Figure 8 below is based on the subjective views of the respondents, their **self-reflected rating** of the organisation's level of knowledge show that the majority rate themselves as knowledgeable (strong to moderate) in the areas of bereavement theories, impact of grief on children, and knowledge of bereavement specific services for adults and children.

Just under **15%** rate themselves to have **limited or no knowledge** of bereavement **theories, impact of grief on children**. Just under **30%** say they have **limited or no knowledge of bereavement specific services for adults** and around **18%** when it came to knowledge of **service for bereaved children**.

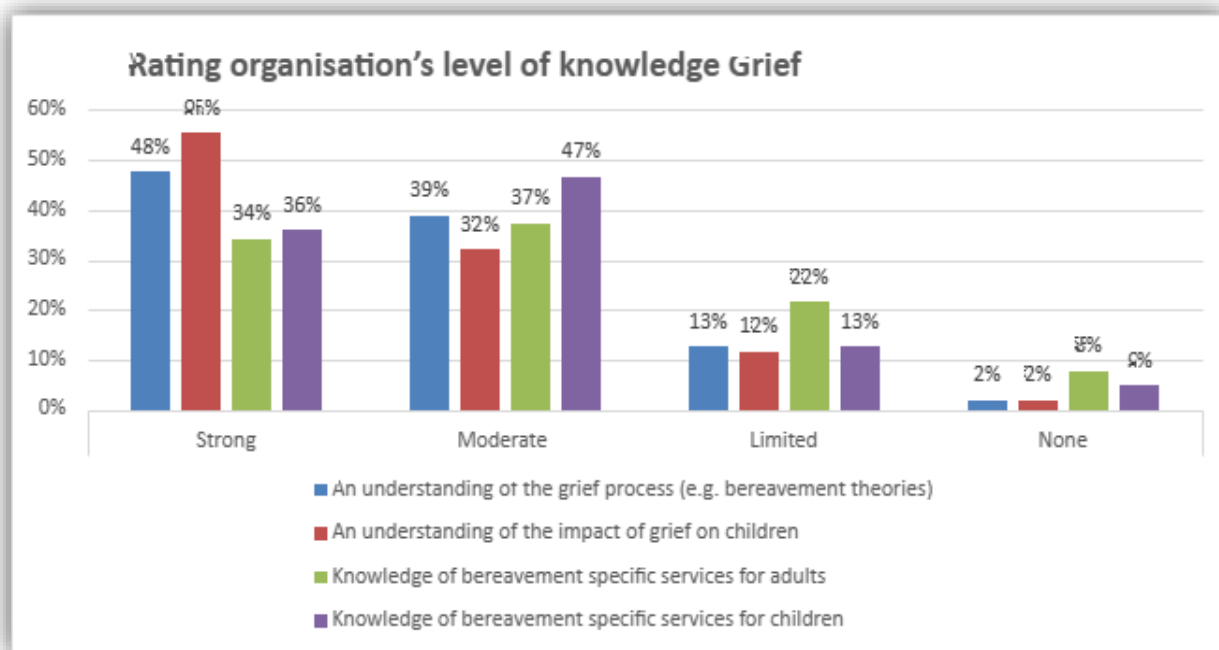


Figure 8: Rating of Organisations Grief Knowledge

Levels of bereavement training (Q14)

We asked the organisations to provide information about the level of bereavement training their staff and volunteers held.

Of the 103 respondents, **58%** (n.60) indicated that they had received training on **understanding** of grief process based on **bereavement theories**.

The majority (**70%**, n.72) stated they had received training on **understanding** of the impact of **grief on children**. Most of those (n68) who provide support for bereaved children (see figure 3) have received training, however **13** of the services who indicated they offered support to bereaved children have not indicated that they received specific grief training.

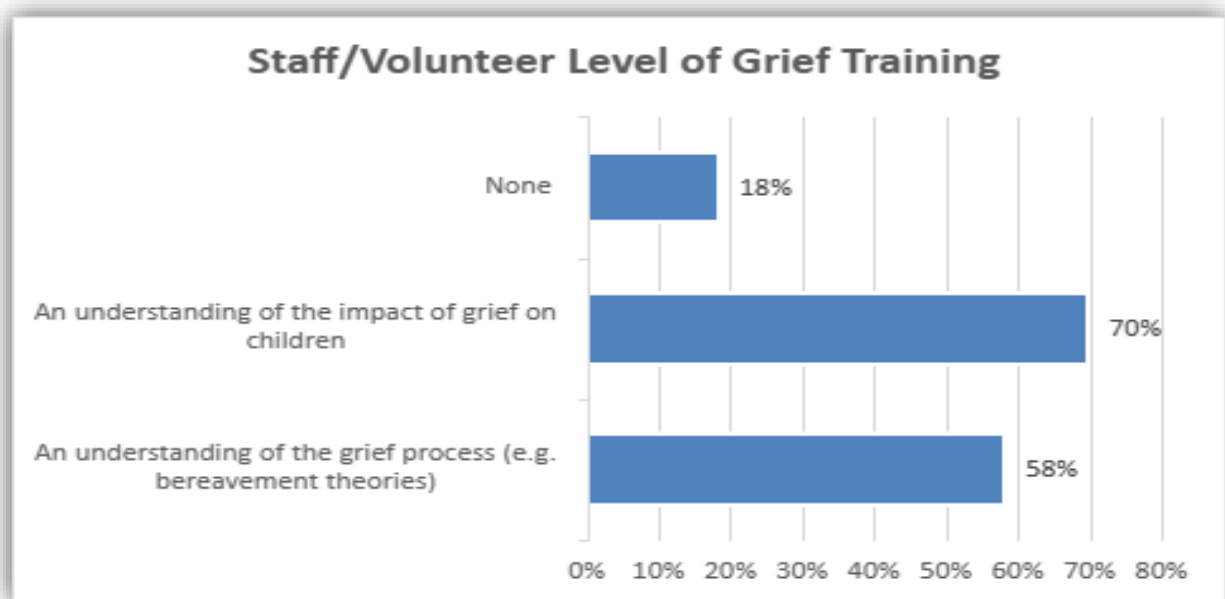


Figure 10: Levels of Grief Training

Almost one in five of the organisations stated they had **no level of training** in either of the two areas listed (**18%**, n.19).

When asked to give **examples of the nature and type of training** they have undertaken in the area of bereavement theory and childhood bereavement **64** respondents provided examples. The majority (**45%**) based their bereavement training levels on the **core professional qualification of staff members** (i.e., psychotherapists, play therapists, social workers, psychologists, and family support professionals)

Around **30%** indicated their level of training based on **the Rainbows Ireland programme** and a similar percentage based their level of training to **once off workshops/webinars** and **CPD sessions**. Just under **8%** had **completed the RCSI/IHF Level 9 Professional Certificate in Children and Loss** and the remainder cited internal staff training as their source.

Obstacles to providing grief supports (Q 13)

As stated above the vast majority of organisations confirmed that there is a **strong value in being grief informed**. We then asked the respondents who indicated that it was important for their service to be grief informed to share with us any **obstacles** which might prevent them from developing bereavement supports.

It was frequently mentioned in the open-ended responses to this survey that without a defined bereavement policy it is difficult to develop child-centred appropriate response to the needs of bereaved children which promote positive mental health. The other issues highlighted as obstacles by those who responded (**n.91**) fall into the following 4 broad categories.

- Availability of **specific staffing** and **finance** dedicated to bereavement (n.35)
- Access to and knowledge of suitable **training opportunities** which are flexible and affordable (n.33)
- **Time** – competing pressures upon already over stretched services (n.10)
- Access to **reliable information** and greater awareness of bereavement needs (n.8)

Sample quotes

'Limited resources (funding and staff) are the biggest limitation'.

'Needs to be highlighted and offered as an option in continual professional development'.

'We offer a lot of supports to children and young people which aren't necessarily all grief related. I think it's important for all staff to be aware of what to look out for with children who are grieving'.

'Currently, the only barriers to the provision of more informed services relate to the need to adhere to our core funding requirements'.

Ways organisations can become more grief informed (Q 15)

When asked their views on how the organisation can become more grief informed, **57%** (n.59) indicated that they would benefit from **general bereavement training** and the majority **64%** (n.66) indicated that they would benefit from access to bereavement **training specific to the needs of children**. Only 10.6% (n.11) felt they had no outstanding training needs.

More than half, (**57%**, n.59) stated that they would **welcome access to bereavement specific resources** for bereaved service users and **55%** (n.57) indicated that access to bereavement resources for them as **professionals** would assist them to become more grief informed.

Many (51%, n.53) made reference to the need to have **up to date information on bereavement specific organisations to support effective referral pathways and signposting** for service users.

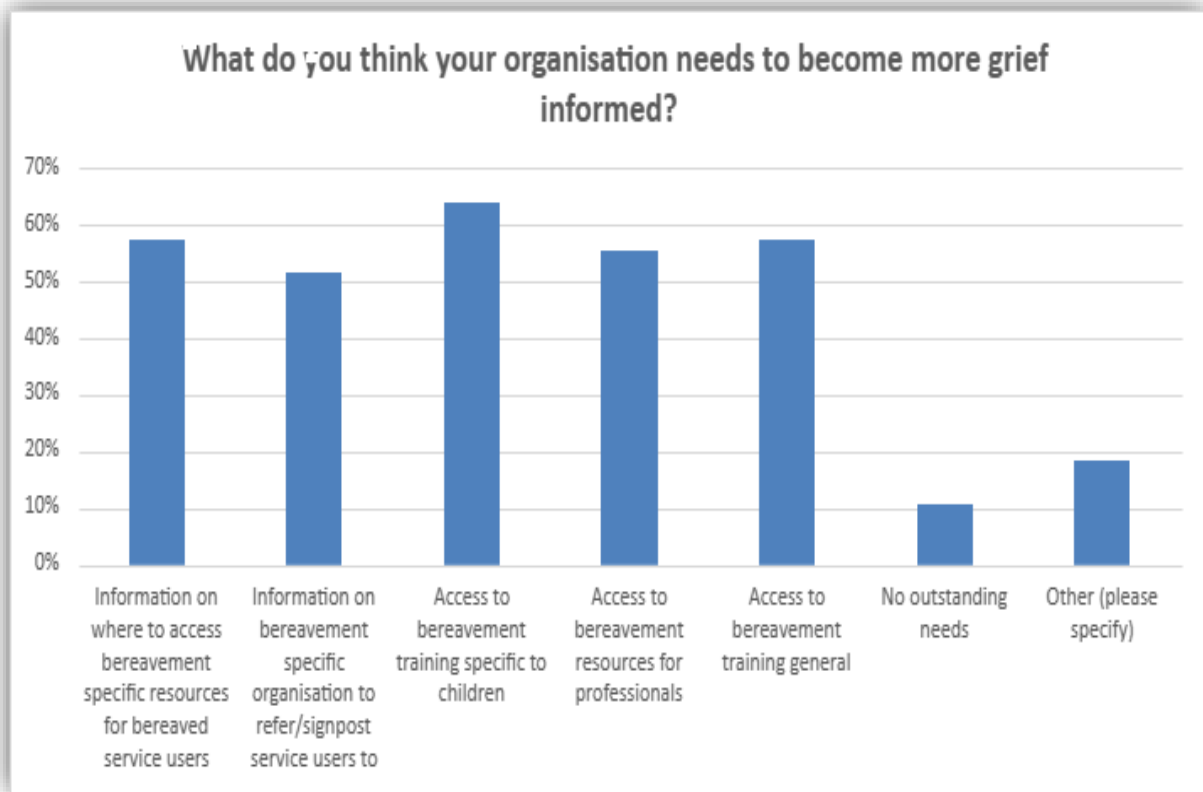


Figure 11: Identified needs to be more grief informed.

Sample quotes

‘Remain up to date with developments in the bereavement field’.

‘Bereavement training need to be targeted at both information level for HCPs and also at a more expert level for staff.’

‘We need local updated information on services to be shared across our networks’.

‘Opportunities for peer support, collaboration, pooling and sharing experiences, skills and resources.’

‘The need for training and education is an ongoing need with new staff and changing needs of service users.’

‘For current staff, some training options are basic level training therefore more specialist training for professionals would be beneficial. Particularly those with a good knowledge of grief theory who meet more complicated grief in their work, with both parents, adults and children’

Summary of findings and key policy implications

Children are not immune from the impact of bereavement. The 'Growing up in Ireland'² study estimates between 4% and 5% of children will be bereaved of a parent by 18 years of age. It also showed that 2.2% of 9-year-olds had lost a parent, 1% a sibling and 28% had experienced the death of a grandparent.

It is well established that most children can manage and incorporate the grief they experience into their lives with the appropriate support from their family and key adults in their lives. However, this is based on the premise that the adults surrounding the child have accurate and up-to-date information on the impact of childhood bereavement.

Additionally, families may not be able to provide this support if the bereavement has impacted them in a way that does not allow them to have sufficient resources to provide that support. In particular, when a death occurs that is sudden and unexpected, or is complicated by factors that are hard for the adults and children in this situation, extra support will be needed.

There is now a greater understanding³⁴ that some children will experience problems in coping with the death of a significant person in their life. A smaller proportion of bereaved children will be regarded as especially vulnerable and requiring clinical intervention to facilitate their adjustment to the loss. Adolescents are more at risk of developing some degree of mental health problem following the death of a close family member.

Building childhood bereavement supports in Ireland:

Acknowledging and providing appropriate support to bereaved children and their families has a positive effect on their wellbeing and health.

This means that it is essential to adopt a public health approach to bereavement and its consequences as set out in the Irish Childhood Bereavement Pyramid (ICBN, 2014)⁵ and in the Standards for Supporting Bereaved Children and Young People (2017)⁶.

² [Growing Up in Ireland – National Longitudinal Study of Children](#)

³ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30184-X/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30184-X/fulltext)

⁴ Lytje, M., & Dyregrov, A. (2019). The price of loss—a literature review of the psychosocial and health consequences of childhood bereavement. *Bereavement Care*, 38(1), 13-22

⁵ [Childhood Bereavement Care Pyramid - Irish Childhood Bereavement Network](#)

⁶ [Standards for Supporting Bereaved Children & Young People - Irish Childhood Bereavement Network](#)

Consequently, it is critical to:

- advocate for and develop a coherent national childhood bereavement policy;
- promote positive mental health and develop services nationally in order to minimise difficulties for bereaved children into the future;
- influence educational curricula for children, adults and professionals;
- engage in public education;
- ensure that bereaved children are nurtured and protected from a range of hardships that may result from their loss – e.g., economic or educational changes.
- Ensure that bereavement-specific psycho-education supports are available for children in their communities
- Ensure that those children who are vulnerable due to risk factors are identified and referred to appropriate services
- Ensure that specialised therapeutic services are available

Any national policy needs to incorporate training, information, finance and evidence-based resources to empower a child centred appropriate response to the needs of bereaved children.

RECOMMENDATION 1: EXPAND SUPPORTS - BUILD ON WHAT WE HAVE!

Most organisations supporting bereaved children in Ireland are **not dedicated bereavement services** and offer grief informed support within the context of a range of supports to children and families. This means that childhood bereavement supports in Ireland are mainly **integrated into existing services for children and families** with very **few stand-alone** childhood bereavement organisations⁷.

Build on what we have:

A model of support for bereaved children should be developed to build the capacity of existing family support service by investment in these area-based family services, helping them to become grief-informed.

Funding support to the small number of national organisations propping up the childhood bereavement sector should be increased.

RECOMMENDATION 2: ENHANCE CAPACITY & COMPETENCIES.

There is a lack of recognition about what constitutes an appropriate and adequate level of training in the area of childhood bereavement. Many professionals have limited, short term or once-off levels of training on the subject.

⁷ Heavy reliance on a very small number of organisations like Rainbows Ireland, Barnardos Children’s Bereavement Service, Anam Cara, the children’s grief centre in Limerick.

Investment is required to develop a plan to support and enhance the capacity of existing services.

Quality training interventions which are accessible and affordable are required.

Bereavement should be explicitly part of the core curriculum for professionals working with children and young people.

An explicit framework of skills and competencies should underpin all training and education; this should be based the ICBN Bereavement Care Pyramid ⁸

RECOMMENDATION 3: BUILD EFFECTIVE PATHWAYS

Understanding the needs of bereaved children and having knowledge of when and who to refer to is fundamental to bereavement care. It is essential that practitioners can

- ✓ identify children at risk or in need of enhanced support.
- ✓ be clear about each service competencies in supporting bereaved children and
- ✓ have referral pathways based on accurate knowledge about the appropriate bereavement supports needed.

Investment is required for knowledge sharing at local and national level to enable appropriate signposting and to promote consistency about bereavement pathways and access to evidence-based resource material.

Maintaining up to date, accurate knowledge about the appropriate bereavement supports for signposting requires dedicated resources to ensure it is developed based on a clear and transparent framework and is maintained as dynamic resources with constant updates.

Contact details for further information

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www.childhoodbereavement.ie

⁸ [Childhood Bereavement Care Pyramid - Irish Childhood Bereavement Network.](#)