

compassion in supporting grieving

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@childrensgriefcentre
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Applying care and compassion in supporting grieving children and young people

The Children's Grief Centre survey of parents, children, and young
peoples' experience of service provision.

2018 - 2024

Report author:

This report was authored by: Santhi Corcoran, Lecturer and
Researcher, Mary Immaculate College, Limerick, for the
Children's Grief Centre, Limerick.

Acknowledgements:

I gratefully acknowledge the input of the participants who made this
survey possible, and the CEO, support workers, volunteers and the
administrative team at the Children's Grief Centre for their
contributions. This report is dedicated to the children and young
people who access the Children's Grief Centre.

Table of Contents

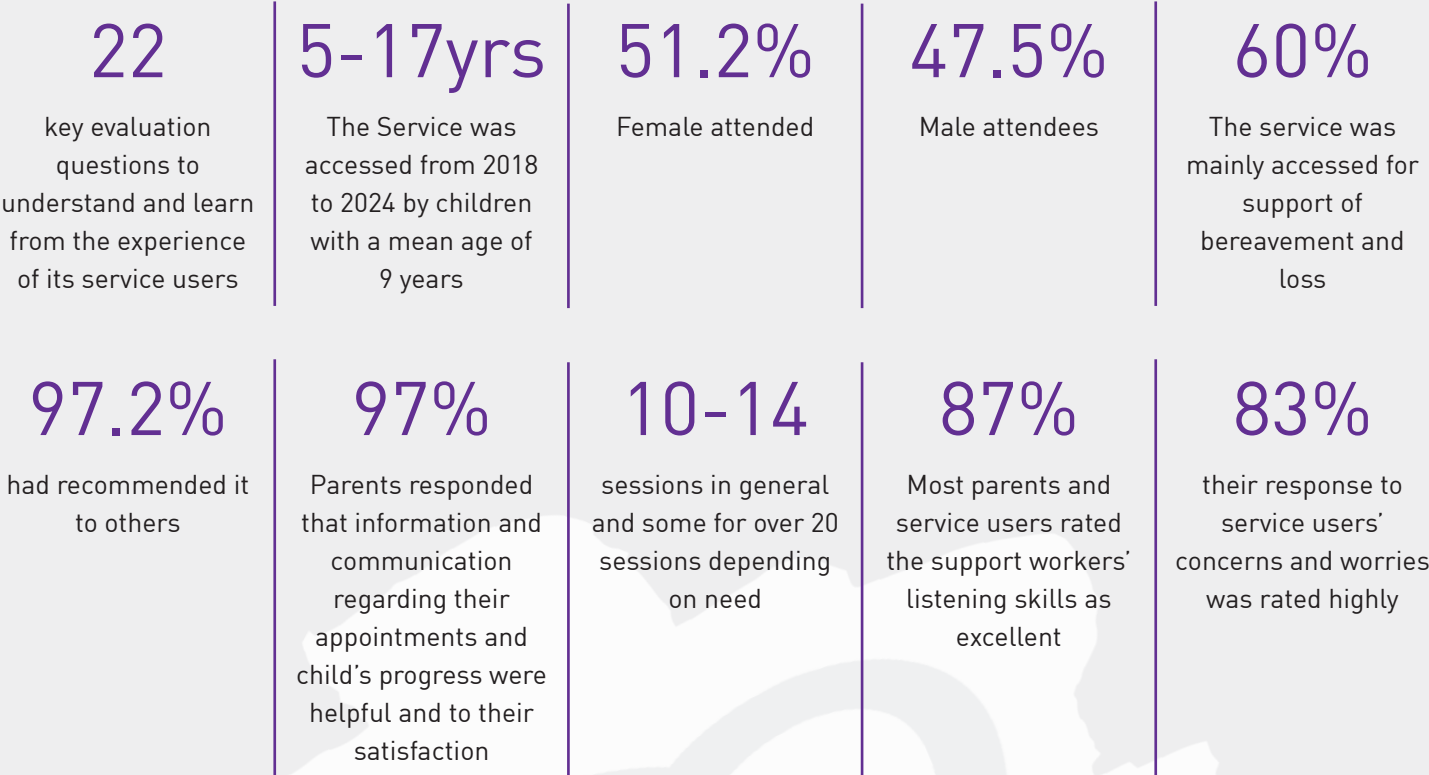
Executive summary	1
Foreword	3
Historical overview – Children’s Grief Centre and current service provision	4
Current service provision	4
Process of referral and support	4
Process of service provision – visual representation	5
Support provided: Grief, bereavement and loss – children and young people experience	5
Model of Care and Support: the CGC STAR Framework	6
Motivation for the CGC’s user survey	7
Service user survey 2018-2024	7
Demographic Data	8
Survey questions	11
Section 1	12
Section 2	15
Section 3	17
Section 4	18
Section 5	20
Learning gained and reflections from the survey	23
Conclusion	24
References & Bibliography	25

Figures

Figure 1	CGC STAR Framework	6
Figure 2	Demographics – Child’s age	8
Figure 3	Demographics – Geographical area	9
Figure 4	Demographics - Gender	9
Figure 5	Survey participants	10
Figure 6	Year of visit to CGC	12
Figure 7	Length of attendance at CGC	12
Figure 8	Reason for referral	13
Figure 9	How participants found out about the service	14
Figure 10	Rating support sessions	18
Figure 11	Support workers’ response to participants’ concerns	19
Figure 12	Support workers’ listening skills	20

Tables

Table 1	Frequency of support sessions attended	13
Table 2	Child’s return to CGC service for further support	21



Executive summary

The Children’s Grief Centre’s (CGC) survey asked 22 key evaluation questions to understand and learn from the experience of its service users (both Parents and Children over 18 years of age). This included demographic questions to ascertain the population that attended the Service. This was based on service information available from 2018 to 2024. The service users within this survey cohort were from Limerick City and County and within the Mid-Western region of Ireland. The Children’s Grief Centre, however, does provide support for referrals outside of these geographical areas. The Service was accessed from 2018 to 2024 by children from 5 years to 17 years of age with a mean age of 9 years. The service users identified as female (51.2%) and (47.5%) as male. The service was mainly accessed for support of bereavement and loss (60%), separation (23%) and divorce (7.1%). The service was rated as excellent in terms of access, service provision, communication, and model of care.

Attendance, access, and service provision

Access of the CGC increased significantly in 2024. Children attended the service for approximately 10 – 14 sessions in general and some for over 20 sessions depending on need. Most respondents had gained access to the Service from information gained in several ways; mainly through word of mouth, social media, print media, television, schools, colleagues, solicitors, law courts, General Practitioners, Milford Care Centre (hospice), and other social care and children’s or mental health services.

Most respondents found access to the Centre and the referral of their child/children as easy. The initial intake appointment with parents was seen as prompt at (80.6%). In general, parents described being placed on a waiting list and their child’s first appointment offered between 6 months and 12 months later. Once their children’s sessions commenced, parents found the service and the appointments flexible and efficient (92%). Some appointments were difficult for single parents navigating jobs that may be inflexible in terms of time taken out of employment to bring

their child/children to the Centre for support. The service provision of weekdays and the times provided, were sometimes also difficult for teenagers and their parents in key stages of education such as Junior cert and Leaving cert as they were concerned about missing school attendance. Overall, the service feedback indicated satisfaction and positive regard towards the service provision and the model of care applied. Users found the Service accessible and the staff accommodating of their needs. Supports provided were seen as beneficial (96%) in coping with grief from bereavement and loss, or family separation and divorce. The Centre was seen as welcoming and a comfortable space with excellent facilities (99%).

Communication

Parents responded that information and communication regarding their appointments and child’s progress were helpful and to their satisfaction (97%). Some separated parents felt that at times the parent who had taken a leading role in engaging with the Centre had more satisfaction in feedback and communication. Whilst both parents are given the opportunity to attend a first intake meeting, post referral that process of communication can be with the proactive parent if the other is unavailable or does not attend the Centre with their child. All conversations and feedback are seen as confidential, and a support worker would not provide feedback regarding a session in writing or via email. Therefore, the engagement of both parents, if possible, is helpful regarding feedback on a child’s progress. The centre encourages both parents to contact and engage with the support worker allocated to their child if they would like updates or feedback on their child/children’s progress.

Support model and provision

Most parents and service users rated the support workers’ listening skills as excellent (87%) and their response to service users’ concerns and worries was rated highly (83%). The approach taken by support workers was seen as helpful by the children who accessed this Service and their parents. Children felt listened to, and parents remarked on the child-centred approach as positive. The model of care was seen as conducive to their children’s needs. Parents felt that there was an open door for their children’s needs when their care ended, and they were able to return and access services as needed. All parents said that they would recommend this Service, and many had recommended it to others (97.2%).

Learning gained and reflections from the survey

1. Co-parenting during a separation or after a divorce is acknowledged as difficult by the Children’s Grief Centre. Both parents’ engagement, if appropriate and possible, should be reviewed to ensure that there is adequate support for them. Some male respondents (fathers in divorce or separation) felt somewhat left out of the process.
2. Flexibility of appointment times was requested, particularly by single parents.
3. Waiting times were another concern raised although most felt their appointment was dealt with efficiently.
4. Parents were aware of the confidential nature of the conversation that a child has with a support worker. However, some asked for regular feedback. Feedback is given to parents, but children are consulted about their conversation and what is shared.

Foreword

Ms. Mairead O’Keeffe

CEO, Children’s Grief Centre

I am delighted to introduce the “Children’s Grief Centre’s survey of parents, children and young peoples’ experiences of the service provided to them, between the years 2018- 2025”. This survey gives a voice to the experiences of those who have accessed our free listening ear service and provides us with learnings which are an integral part of the future planning for the service. As a registered charity we currently only receive 10% of our income from the state and it is very positive that 79.3% of participants cited that they would rate the support sessions as excellent with 97.2% saying they would recommend the service to others.

Grief is a universal human experience and is one which is individual and challenging for a significant amount of people especially for children who must navigate their loss. Our model of care and support offered to those who attended the service highlights a child centred approach to our work which is facilitated by our one-to-one sessions with the child. Access to our service is seamless as parents and guardians directly refer their children to the Children’s Grief Centre. As a result of the recent employment of additional staff we have reduced our waiting list to between 4-5 months. Services are provided in our premises in O’ Connell Ave, Limerick and are offered to children from all over Ireland who wish to attend the centre.

The number of sessions offered to children varies and are individual and dependent on the circumstance of the child, which further evidences the child centred approach to our work. This ability to respond to the individual needs of each child is both unique and essential when supporting children who have experienced loss in their lives.

This survey also provides learning for us in respect to ensuring that both parents are encouraged to engage with the service in the instance of parental separation and divorce. Flexibility regarding appointments, waiting list time frames and feedback to parents on their child’s progress will be a focal point of future internal planning in the centre.

I would like to thank Santhi Corcoran for conducting this research and to the staff, volunteers and board of management of the Children’s Grief Centre for their dedication and commitment to the service being provided to bereaved children. I would also like to thank our donors who continue to support our ongoing work here in the Children’s Grief Centre and I extend my gratitude to the participants for this survey and thank them for engaging in this process.

Mairead O’Keeffe

CEO

August 2025

Historical overview – Children’s Grief Centre

Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape

[C.S. Lewis, A Grief Observed, 1961, p.29]

The Children’s Grief Service was established in 2009 in Limerick and developed through the work of its founder Sister Helen Culhane, a trained social worker with experience of working in bereavement settings. The Children’s Grief Centre began as The Children’s Grief Project at Mount Temple, and as of 2023 is based in permanent premises in Mount St. Vincent, in O’Connell Avenue, adjacent to Mary Immaculate College, Limerick City.

The Service is a registered charity which was initially established as a project to provide support to children and young people (aged 4-18 years) and their families affected by loss through death, parental separation, and divorce. The charity receives 10% of its funding from the state and supplements this with significant fundraising. The Service is in its 15th year, and serves the community of Limerick, and neighbouring counties. It also currently provides a nationwide service. It is a distinctive service in Ireland noted for its ‘Listening Ear’ approach in supporting children and young people. The ‘Listening Ear’ approach supports the voice of a child in expressing their needs and distress and in their participation of their healing journey. It is a child-centred approach, and the support provided is led by the child in collaboration with the allocated support worker as an empowering methodology. While not a conventional therapy model, in this context, it is however an approach that is steeped in listening to a child’s expression of need via dialogue, play and art. The process is facilitated by a support worker, skilled and cognisant of children’s vulnerabilities. It is non-judgemental and congruent to a child’s/young person’s need as per their age, cognitive and developmental level.

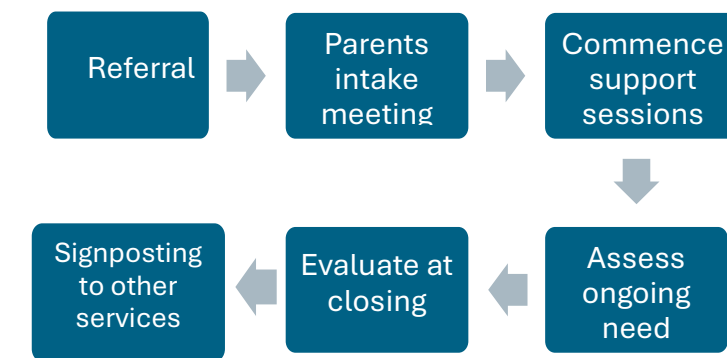
Current service provision

The Service provides a space and place for children and young people to explore their experiences of loss associated with bereavement, parental separation, and divorce. The founder Sr. Helen Culhane has now retired, and the current Chief Executive Officer of the service is Ms. Mairead O’Keeffe, who is a qualified social worker. Previously the service was supported by approximately 10 trained part-time volunteers who provided sessions for children and young people. The service currently has (6) support workers, (1) voluntary support worker (2) part-time administrators, (1) part-time fund-raising and events co-ordinator, (1) part-time fundraising assistant, (1) part-time finance officer, and (2) part-time volunteers supporting those who access this Service. The Service has grown significantly in terms of service users and staff who support them.

Process of referral and support

The children and young people accessing the CGC are referred by their parents and guardians. Their parents and guardians are signposted to this service by friends, family, different organisations, groups, and schools. In most cases, children are brought to the Service by their parents, guardians or older responsible family or extended family members. In the first session, the parent(s)/guardian(s) meet with a support worker. This enables the support worker to establish reasons for the referral, as well as gain insight into the parent’s/guardian’s grief process pertaining to their separation or loss. Subsequently, the child is met on an individual basis, although they are always accompanied to the Service by a parent/guardian who waits in a separate waiting room. Children are generally seen fortnightly.

Process of service provision – visual representation



On average, children attend 6 to 8 one-hour sessions, although this varies depending upon the complexity of the case and the individual needs of the child; for example, 30% of children have 10-14 sessions. They can attend for as many sessions as they feel they need and are invited back for a follow-up three or four months after the final session, to ascertain their progress post support sessions. This gives the support worker an opportunity to establish if further support is required. Parents are also signposted to various other support services on completion of service provision.

Support provided: Grief, bereavement, and loss – what children and young people experience

After a death or family separation, one of the things many children and young people feel, is the need to share their story. One of the ways an adult can help a child through this emotional time is simply to listen and support their loss, by both acknowledging their loss and providing a safe space for their expression of grief. Children and young people benefit from this in several ways.

Children and young people who share their stories gain a renewed sense of self-value; by verbal-ising what they are feeling, children and young people start to make sense of what they are going through and feel more in control. This is supported by having an objective adult they can speak to and feel that they are heard and understood.

The CGC has support workers who have both experience and skills in providing this type of sup-port. They range from experienced professionals who come from diverse backgrounds such as Psychotherapy, Play therapy, Nursing, Psychology, Social Work, Support Work, Education and Social Care. Children’s and young people’s expressions of emotion is facilitated in several ways appropriate to their developmental stage – through talking, as well as through creative activities and play, including the use of paint, music, workbooks, clay, games, and storybooks. In addition to direct work with children and families, the Centre also engages with schools and community groups to provide education and information on supporting children and young people experiencing bereavement and grief.

The Children’s Grief Centre’s STAR framework: Figure 1



Explaining the STAR framework:

The sections below describe the core principles of the work of the Children’s Grief Centre. This was developed using the feedback derived from staff who articulated the Service’s identity and approach during strategic planning. This framework was developed in 2025.

Supporting Children, Young People and their Families

We offer children and young people who have experienced a bereavement a ‘listening space,’ in which we can help them feel heard. Through talking children and young people can better understand the situation and learn that others share similar experiences.

Child Centred Framework

Through the one-to-one sessions a bereaved, grieving and separated child or young person can start to accept their feelings as normal, can verbalise and address their fears and find a new sense of safety in the world.

Compassionate Care

The Children’s Grief Centre is here to walk the journey with each child and young person. We provide support, care and a listening ear to hear their story.

Service to the Community

We arrange talks and workshops for people and professionals who specifically address the issues of grief and loss in their work with children and young people.

Non-Judgemental Approach

At our sessions children & young people can talk freely and openly about their feelings – in a safe environment without fear of being judged or having to ‘take sides.’

Motivation for the CGC’s user survey

Grief, bereavement, and loss experienced by children/young people

Grief is a normal experience of loss and children, and young people experience it as acutely as adults. Their experience of loss and grief can be due to bereavement or family separation and divorce. The impact on, and presentation of grief in children and adults and its triggers can be vastly different and therefore misleading in its complexity (Wilson et al. 2021; Worden 1999; Parkes 1996; Worden 1996). Defining grief and bereavement is complex due to its subjective and highly individualised experience of loss (Mallon 2010; Worden 2009; Parkes 1996; Stroebe 1992). Grief is not often expressed in stages or is a linear experience (Kubler-Ross 1972).

Therefore, not having the words and vocabulary to express the impact of loss and grief can be challenging for children and young people, based on their age and developmental maturity. This can be equally true of children who are neuro diverse and those with intellectual disabilities. Further evidence indicates that bereavement increases children and young people’s vulnerability when facing the developing psychological, physical, and social challenges in life (Lytje & Dyregrov 2019; McLaughlin et al. 2019; Bowlby 1980; Ainsworth et al. 1978).

The ‘Growing up in Ireland’ study reveals that 2.2% of 9-year-olds had lost a parent; 1% a sibling; and 28% had experienced the death of a grandparent (Growing up in Ireland study 2023). The study estimates that between 4% and 5% of children will be bereaved of a parent by 18 years of age. The Irish central statistics office data indicates that approximately 35,000 people die each year in Ireland (CSO 2024). Their estimation indicates there will continue to be an increase in these figures due to an ageing population, a predicted increase of 68% (CSO 2024; May et al. 2020). Therefore, supporting children and young people experiencing grief is a vital lifeline for their psychological and emotional development and well-being.

Divorce and separation

Over 4,915 people in Ireland were granted a divorce in 2022: a 38% increase from 2019 (CSO 2022). Divorced and separated persons make up 6% of the population (CSO 2022). The effects of divorce on children generally tend to be negative in the areas of social and psychological development (Anderson 2014). Provision of support for children and young people facing a family breakdown is important for their recovery from a highly personal loss and promotes a healthier outcome in the long term for children and young people. Therefore, learning from service users’ experience of the support received would enable the CGC to further improve and enhance the service provided to children and young people in the community.

Service user survey 2018 -2024

Survey aims

The Children’s Grief Centre service user survey was launched as an online questionnaire to par-ents/guardians and children who had accessed the CGC services from 2018 to 2024. A previous survey that looked at early service users’ experiences was conducted in 2015/16 by Dr E. Nixon of Trinity College’s School of Psychology. A report is available from that time. However, due to the significant changes to the Children’s Grief Centre since 2016 a more recent evaluation of service users experience was sought. This survey hopes to gather more current information that can contribute to the next phase of the Service’s development in line with the strategic planning that has also been underway for future developments.

Survey methodology

The current survey was launched on the 7th of April 2025. Data was sourced from 73 respondents who consented to participation in the survey. The survey was sent to parents/guardians and pre-vious service users. Consenting participants who were previous service users had to be 18 years old or older. The survey was developed as an online instrument (Questionnaire) and dissemi-nated to service users and their parent’s/guardians via emails. All measures

were taken to ensure the confidentiality and anonymity of participants. The questionnaire also provided information on the survey’s aims and guidance on how to complete the online form. The survey period ended on the 6th of May 2025. Data from the survey was analysed internally and was analysed as per responses received.

The CGC was cognisant of the fact that a number of these past service users may have moved or may no longer use the emails on record in the Service’s archives. However, these were the only access points available for the survey. We excluded those who were currently accessing the ser-vice in 2025 as their care was not yet complete and therefore would not provide a true account of completed support received by a service user. Some service users had several children access-ing this Service. Therefore, they may have a child who has completed his/her support whilst a sibling may still be in the Service’s care.

Demographic Data

Age range of service users

n=70

Number of children noted: 79

The age range of service users from 2018 to 2024 ranged from 5 years to 17 years of age. The significant age group that accessed the service most within that period were children who were 9 years of age. Some participants are parents/guardians who have more than one child who would have accessed or are still accessing the service; as a result, the data in this section indicates the number of children rather than participants. The youngest service user in this survey was 5 years of age and the oldest 17 years. The predominant age group of service users was 9 years (15.2%) and the least common 17 years (1.3%).

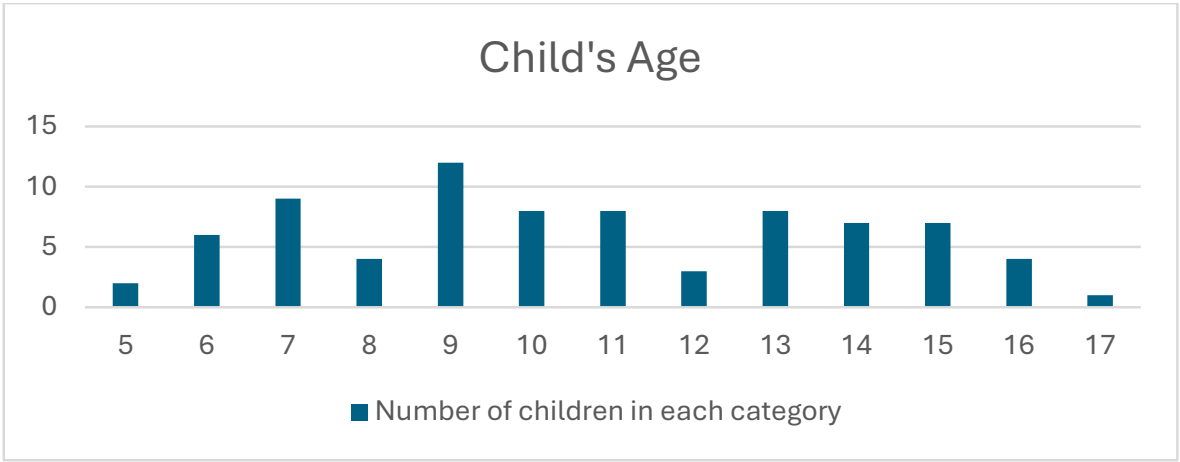


Figure 2: Child’s age

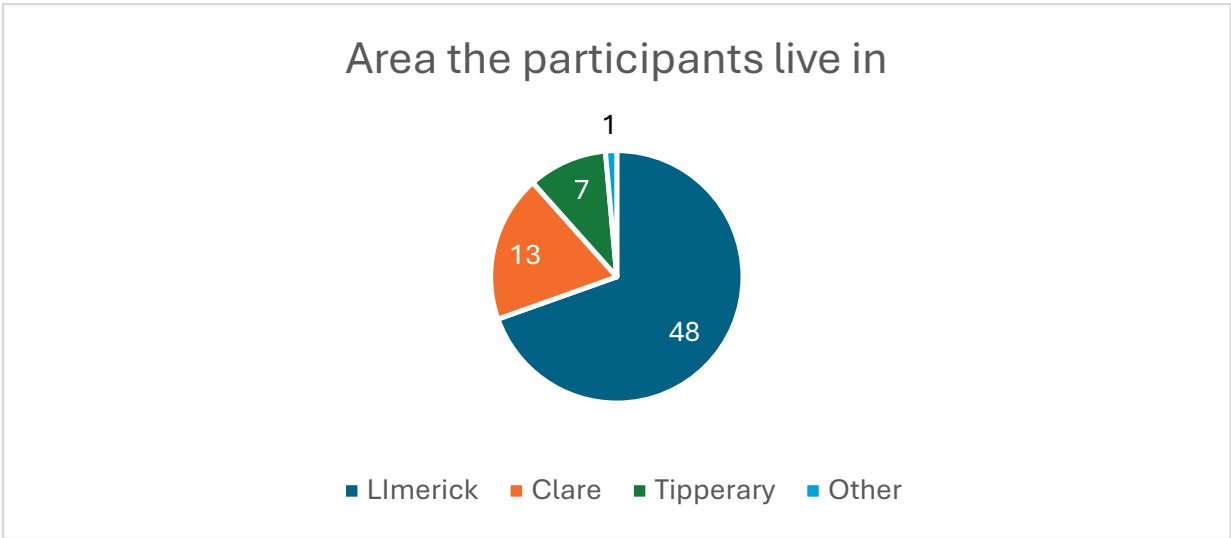
Service users’ geographical location

Most service users accessed the Children’s Grief Centre from within the region of the Midwest of Ireland with Limerick city and county identified as the major area of referrals. The CGC however accepts referrals from areas and regions other than the Midwest of Ireland.

n=69

- Limerick: 48 (69.6%)
- Clare: 13 (18.8%)
- Tipperary: 7 (10.1%)

Figure 3: Geographical area



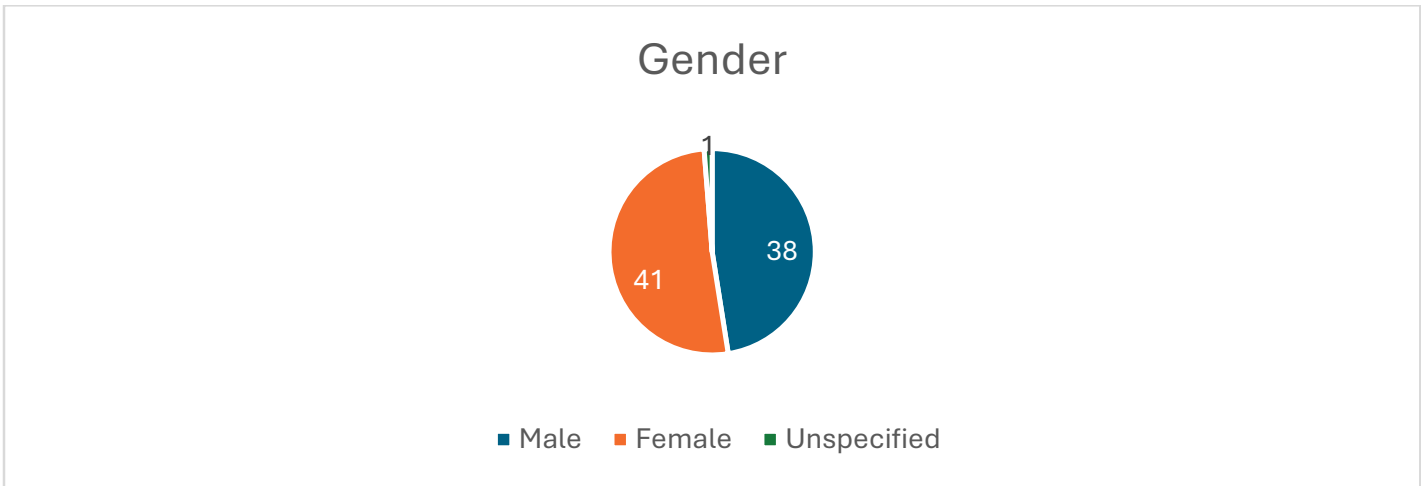
Gender identity as presented by participants

n=71

Number of children: 80

Within the scope of this survey the largest group as per gender were female at 51.2%, followed by those identifying as male at 47.5% and for 1.3% the gender was unspecified. Note: The numbers are indicative of the children who accessed the Service. Therefore, the number of children reflects families who had more than one child accessing the CGC.

Figure 4: Gender



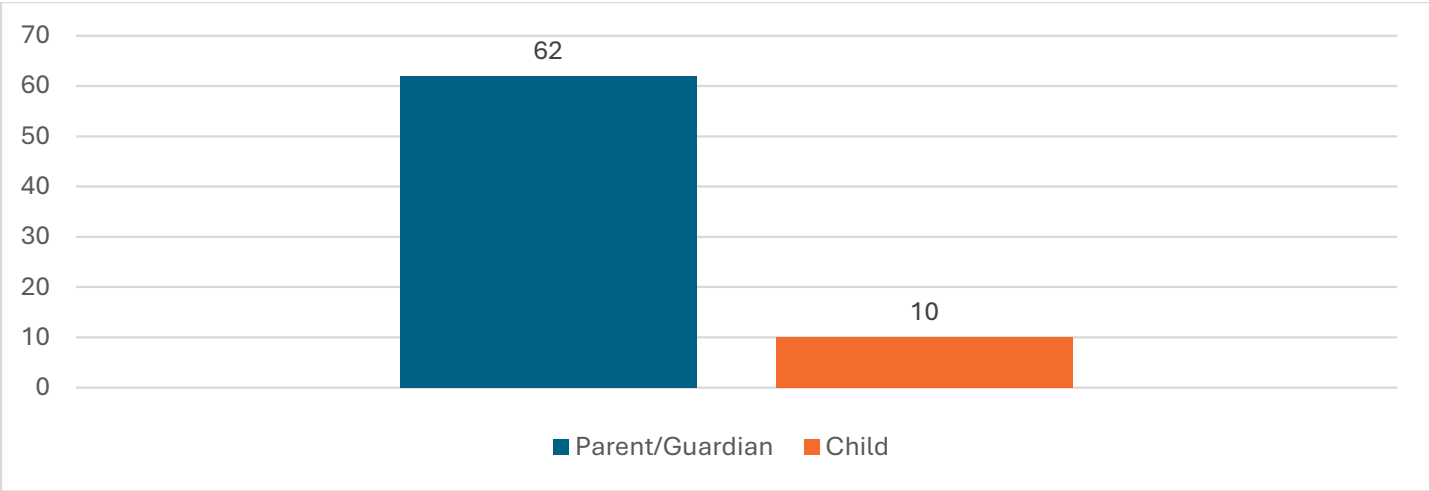
Survey participants

n=72

The survey participants were predominantly parents/guardians and service users over 18 years of age.

Parents/guardians:	62	(86.1%)
young people (former child service user):	10	(13.9%)

Figure 5: Survey participants



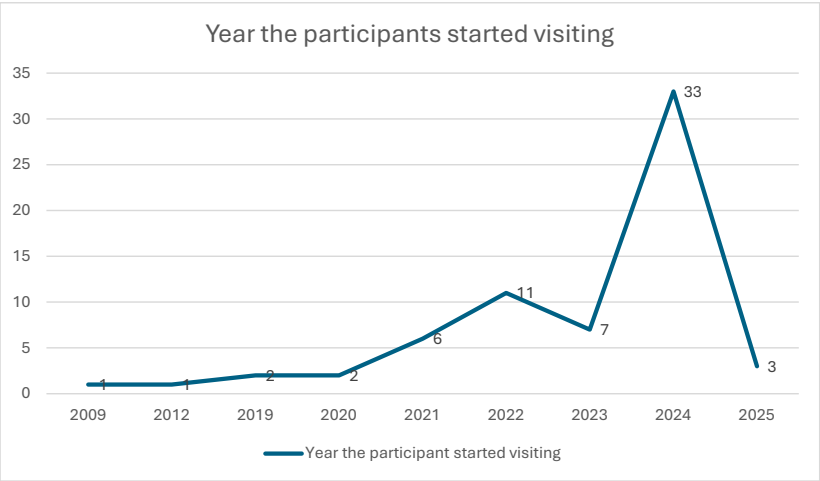


Survey questions

Section 1

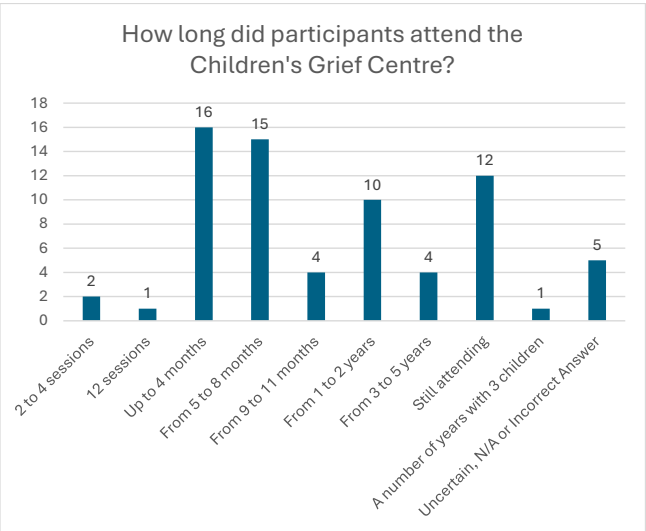
Q 1 When did you start visiting the Children’s Grief Centre?
n=72
Significant year - 2024, (48.5%).
Most referrals were noted in 2024 indicating an increase in requests for support and uptake of services during that period.
Note: One participant had two children attending on two different years (2024 and 2025). Each child was counted separately in the appropriate year category.

Figure 6: Year of visit to CGC



Q 2 When did you start visiting the Children’s Grief Centre?
n=70
Appointments ranged from 2 sessions to 5 years in duration. The Service offers on average six sessions (30%) but is flexible as per the need of the service user whereby some receive 10-14 sessions (30%). Ongoing needs analysis is conducted case by case to ascertain the needs of the child and therefore the sessions are extended as required. 16 participants attended for 4 months or less (22.9%), and 15 participants continued for 5 to 8 months (21.4%). Note: Question 3 provides further analysis of this by highlighting the flexibility of the service in meeting the needs of individual children.

Figure 7: Length of attendance at CGC



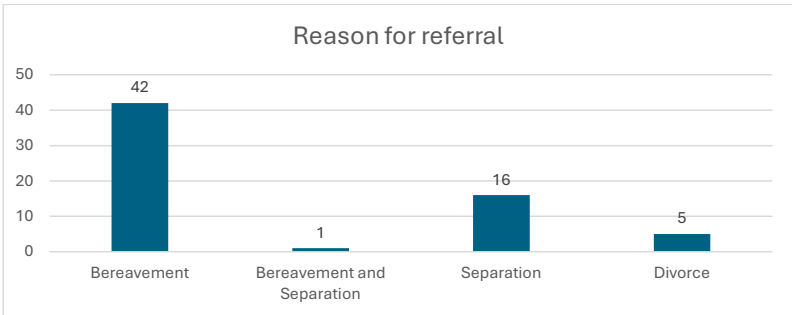
Q 3 Number of support sessions accessed
n=70
Data indicates that 30% of participants had up to 6 support sessions and equally 30% of participants had from 10 – 14 sessions. 40 was identified as the highest number of sessions provided to a child.
• Highest number of support sessions: 40
• Lowest number of support sessions: 2-3
• Participants who gave an incorrect answer were counted in the 'Other or N/A Category'.

Table 1: Frequency of support sessions attended

Number of support sessions	Number of participants who attended this number of support sessions
1-6	21
7-9	7
10-14	21
15-20	12
21+	2
Other or N/A	7

Q 4 Reason for referral
n=70
Referrals were mainly for bereavement related concerns and the loss of parents, grandparents, extended family, siblings or close family relationships. The death of a child’s friend or a traumatic event resulting in multiple losses was also mentioned. Separation and divorce featured highly with anxiety related to parental marriage breakdowns also noted.
Bereavement: 42 (60%)
Bereavement and Separation: 1 (1.5%)
Separation: 16 (23%)
Divorce: 5 (7%)
Other/Unspecified: 6 (8.5%)

Figure 8: Reason for referral



Q 5

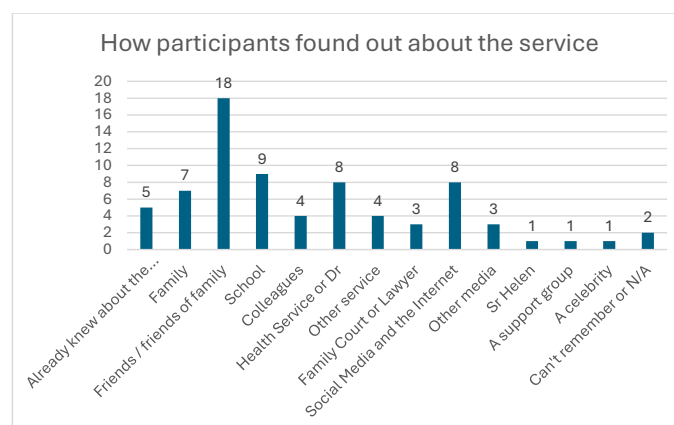
Questions 5 and 6 addressed how service users and their families were informed about the Children's Grief Centre.

n=72

When asked who informed them about the CGC Service, the responses ranged from family members, relatives, friends, another parent, school, GP, different media platforms such as social media, RTE (broadcasting service), and print media for example. Other services mentioned include (Avista, CAMHS, Silver Arch), Solicitor, Family Court, Colleagues, Sr. Helen Culhane (founder of CGC), another parent, support groups and a celebrity.

- The most common way that participants found out about the Service was through their friends, and friends of their families (25%).
- 2 participants responded with a response that would fit both the 'family' and 'friends / friends of family' categories. These responses have been counted in both the 'family' and 'friends / friends of family' categories.

Figure 9: How participants found out about the service



Section 2

Q 7

Was your family able to locate the details of the Children's Grief Centre easily?

n=72

Most participants were able to locate the service easily. Some mentioned a previous location's Eircode that was confusing, but this has since been rectified. The Centre moved to its present location approximately 2 years ago and there was both a change in address and Eircode.

Number of yes/affirmative responses:	69	(95.8%)
Other/negative responses:	3	(4.2%)

Sample responses

- Eircode wrong initially, rectified now.
- No, I initially rang another crisis line!! Totally wrong dept.
- One participant responded, 'yes', but noted that, "it does give details of a previous address on Google maps!"

Q 8

Were you contacted promptly following the referral for a parent's intake meeting?

n=72

Note: This survey is based on experiences from 2018 to 2024. The period from 2020 to 2021 would have been impacted by Covid-19 and in-person support would not have been possible. All support was provided online during that time. Most parents were contacted promptly, others mentioned waiting for approximately 6 months and one participant mentioned a year. Those contacted were given information and added to a waiting list. Covid-19 was mentioned as a time where there was a delay in accessing the service.

Number of yes/affirmative responses:	58	(80.6%)
Other/negative responses:	14	(19.4%)

Sample responses

- There was a wait time for the first two children and a bit longer for the third, probably due to Covid for the third child
- Initial phone call was prompt. Informed there was currently about a 6 month wait. Our next call was within the 6 months for the parent intake meeting.
- It was about 1 year later I think
- Approx. 6 months

Q 9 Was the service flexible in arranging the first appointment?

n=72

Most respondents said the service was flexible. However, some felt that they had to take the appointment offered as that was what was available at that time.

Number of yes/affirmative responses: 69 (95.8%)

Other/negative responses: 3 (4.2%)

Sample responses

- Yes, very flexible
- Flexible no, but as we were on a wait list... but this was all explained, so not a complaint.

Q 10 Was the service flexible in arranging follow-up appointments?

n=72

Most respondents felt that the Service was flexible in arranging follow up appointments. The fortnightly appointments were seen as helpful in working around school needs. However, if they missed an appointment, it meant waiting for the next fortnightly appointment.

- Number of yes/affirmative responses: 66 (91.5%)
- Other/negative responses: 6 (8.5%)

Sample responses

- Definitely yes
- No same time every 2 weeks, and if missed no flexibility/holidays just missed the date
- Yes, worked around his school schedule so wasn't missing important lessons.

Section 3

Q 11 Was the communication and information from the CGC clear about what we do?

n=72

Most parents said it was clear (97%). Some felt it could be clearer; however, no suggestions were provided to expand on this (3%).

Q 12 Was the information provided clear, both verbally and in written materials?

n=72

Most participants agreed that the information both verbal and written was clear and presented well.

Number of yes/affirmative responses: 65 (90.3%)

Other/negative responses: 7 (9.7%)

Q 13 Was communication when you visited the Centre effective regarding the Centre's appointments and follow-up?

n=72

Most parents felt the communication regarding appointments was very good. Some suggested more regular SMS (text) reminders might help them. During the parent/guardian intake meeting they are informed that their child will have a total of 6 sessions and be seen fortnightly. They are also informed that this can be extended if the child requires further support.

All parents and children are informed of their next appointment after each session and a reminder is sent a week before their next appointment via SMS (text).

Number of yes/affirmative responses: 69 (95.8%)

Other/negative responses: 3 (4.2%)

Sample responses

- Could be better, I think more regular reminder texts needed
- Yes, they do great work
- Yes, always very accommodating.

Section 4 – Support Sessions

(For children who accessed this Service)

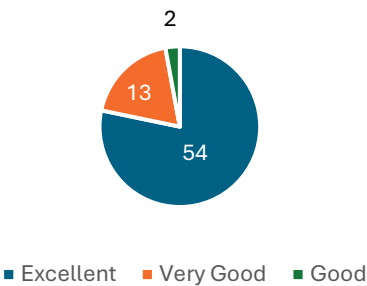
14, 15 & 16

Q 14 Was the communication and information from the CGC clear about what we do?
How would you rate your support sessions?
n=69

Excellent:	54 participants	(78.3%)
Very Good:	13 participants	(18.8%)
Good:	2 participants	(2.9%)

The general response to the question on children’s experience of support sessions was positive. 78.3% of service users reported that the support sessions were excellent with 18.8% reporting it as very good. 2.9% of service users considered it to be good. There were no negative responses.

How would you rate your support sessions?

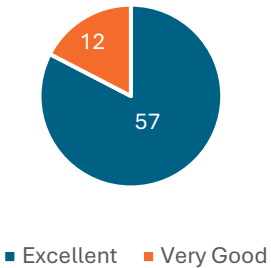


Q 15 How was the support worker's response to your concerns and worries?
n=69

Excellent:	57 participants	(82.5%)
Very Good:	12 participants	(17.5%)

82.5% of participants rated the support workers’ response to their concerns and worries as excellent. 17.5% rated their support as very good.

How was the support worker's response to your concerns and worries?

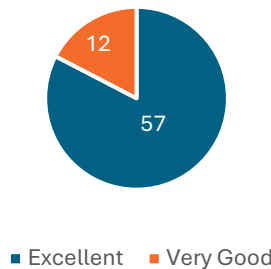


Q 16 How would you rate the listening skills of the support worker? Did you feel heard?
n=69

Excellent:	60 participants	(87%)
Very Good:	9 participants	(13%)

Support workers’ listening skills were highly rated at excellent (87%) and very good (13%). The response indicates service users felt that their needs were heard. Listening skills are a keystone of the ‘Listening Ear’ service model and the child’s positive sense of support received is important to the service. The CGC aims to create a non-judgemental space that is congruent to a child’s needs, and therefore this is an important element of the Centre’s service provision.

How was the support worker's response to your concerns and worries?



Section 5 – Overall views of the Service and Centre

Q 17 Did you find the Centre welcoming? n=72

Parents and children found the Centre a welcoming space and the approach by support workers and staff warm and friendly. They remarked that their child/children were always put at ease by all staff at the Centre. The space was seen as comfortable, and the building described as beautiful and calm.

Sample responses:

- Yes, it was lovely and comfortable
- From the moment you arrived it was very welcoming
- Absolutely it's a beautiful calm building
- Very friendly staff and made me feel my child was in a very caring environment and looked after both parent and child
- Absolutely. A warm welcome from the receptionist on each visit.
- Yes, it was always welcoming and homely. My child was always put at ease.

Q 18 Were the rooms well-designed for your child's needs? n=72

Number of affirmative responses: 71 (98.6%)
Other/negative responses: 1 (1.4%)

Parents responded that the rooms were well designed, impressive, and comfortable with a lot of materials that children can engage with.

Sample responses:

- Rooms are excellent
- The rooms were very impressive.

Q 19 Did you find the Service beneficial to your needs? n=72

Number of affirmative responses: 69 (95.8%)
Other/negative responses: 3 (4.2%)

On the benefits of the Service to their needs, most (95.8%) of parents and children responded positively remarking on the support, and help received as excellent.

Sample responses:

- It has helped the children so much.
- The support from walking in the door felt like someone giving us all a hug
- Excellent
- Yes, it was very helpful. I could not get the help we needed anywhere else.
- How the children enjoy coming back for their sessions. My daughter looks forward to them
- My child dealt with separation and bereavement, and they felt they could open up and be heard and express any concerns that they had and felt safe to do so, which is vital.
- Availability and I could access despite financial situation.

Q 20 Did your child return to the Service for further support after completion? n=72

Table 2: Child's return to service for further support

Yes	15	(21%)
No	38	(52.5%)
Still attending	10	(14%)
Other	9	(12.5%)

The responses ranged from those who had returned for further support when older or at adolescence.

21% returned for further support while

14% were still attending the Centre.

52.5% did not return on completion of support. Some reported returning for a period after a review

12.5% did not require further support

All respondents were aware of the availability of further support if required and the Centre's access process.

Q 21

Would you recommend this Service to others?

n=72

Number of affirmative responses:	70	(97.2%)
Other/negative responses:	2	(2.8%)

Most (97.2%) of participants agreed that they would recommend the CGC, and some reported that they had recommended the service to others. The responses in this section were generally positive and parents have recommended this service to family, colleagues, and friends.

Sample responses:

- Have done and would do again
- Absolutely! It's amazing
- Yes, I have recommended to several people who went on to use the service.

Q 22

What did you not find useful about this service?

n=69

56 (81.2%) of the responses were positive in nature. A sample of the 13 (18.8%) negative or constructive comments are included below. Most found the Service provided the bereavement and grief support their child needed (81.2%). Some parents found the session times difficult to juggle with their own work needs and schools' attendance requirements. Some parents navigating appointments as single parents and perhaps with limited flexibility in their jobs, found the lack of a weekend service provision difficult.

Sample responses:

- Waiting times for first session unfortunately.
- Having to get consent from a parent who was not involved with the child
- No flexibility with appts, hard when managing school, work, and single parenting, esp. when appointments are missed.



CHILDRENS GRIEF CENTRE

Learning gained and reflections from the survey

1.

Co-parenting during a separation or after a divorce is expressed as difficult by parents and is acknowledged by the Children's Grief Centre. The need to ensure parents engagement should be reviewed to ensure there is adequate support for both parents if appropriate and possible. Some male respondents (fathers in divorce and separation situations) felt somewhat left out of the process by their former partners particularly in communicating their child's progress.

2.

Flexibility of appointment times was commonly requested particularly by single parents due to work and other family pressures.

3.

Waiting times were another concern raised although most felt their appointments were dealt with efficiently.

4.

Parents were aware of the confidential nature of the conversation that a child has with a support worker. However, some asked for regular feedback. Feedback is given to parents, but children are consulted about their conversation and what is shared. Any disclosure of self-harm or abuse of a child is immediately highlighted by the team to the 'designated team member/mandated person.' All organisational policies and processes pertaining to child protection and safeguarding as per the Children's First Act 2015 are followed diligently.

Conclusion

The Children's Grief Centre has been in operation for 15 years in Limerick city. Although based centrally in Limerick City, the Service has also provided support to bereaved, separated, and divorced families from other regions in Ireland. The Centre depends on limited State funding and significant fundraising to maintain and deliver their 'Listening Ear' service to grieving children. As the referrals increase from parents and guardians, and children and young people accessing this service require further support, funding becomes a crucial part of the Service's ability to develop and deliver a sustainable service. This is vital to children's well-being.

The service users of the Children's Grief Centre have consistently within this survey, indicated 'excellence' in the delivery of its service and the care provided to children and families. Whilst care provision is in person and child-centred, they have also provided an online-service during the Covid-19 pandemic to support children and young people. The Children's Grief Centre has demonstrated an ability to be flexible in its service delivery and support of grieving children and young people.

The Service has also looked at further needs in the community by providing information and advice as needed by schools and different agencies. The Children's Grief Centre equally provides training and support to schools and professionals who work with children and young people in the community, thereby creating greater awareness and understanding of children's experience of bereavement, loss and grief.

The Children's Grief Centre has grown since it first commenced in terms of service provision, and the skilled and professional support staff that are now employed within this Centre. Referral rates to the Service have also expanded significantly. The Children's Grief Centre will, as it grows, require both further investments and funding. This will ensure that the excellent support and care provision provided to children and young people, which is highly regarded by parents, continues to meet service users' needs.

References & Bibliography

- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillsdale: Erlbaum.
- Anderson J. (2014). The impact of family structure on the health of children: Effects of divorce. *The Linacre Quarterly*. 2014;81(4): 378-387.
- Central Statistics Office (CSO 2023), Census of Population 2022. 2023 - CSO - Central Statistics Office, Ireland.
- Growing up in Ireland (GUI 2024). Growing up in Ireland Cohort '24 - CSO - Central Statistics Office, Ireland.
- Irish Childhood Bereavement Network (ICBN 2023). ICBN-National-Survey-Full-Report-2023-PDF.pdf, ICBN, Ireland.
- Kübler-Ross, E., Wessler, S., & Avioli, L. V. (1972). On death and dying. *JAMA: The Journal of the American Medical Association*, 221(2), 174.
- Lewis, C.S. (1961). *A Grief Observed*. London, Faber & Faber.
- 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.
- Mallon, B. (2010). *Working with Bereaved Children and Young People*. Thousand Oaks, CA., Sage Publications Ltd.
- May, P., Johnston, B.M., & Normand, C. (2020). Population-based palliative care planning in Ireland: how many people will live and die with serious illness to 2046? HRB Open Research 2020.
- McLaughlin, C., Lytje, M., & Holliday, C. (2019). Consequences of childhood bereavement in the context of the British school system. Report for the Faculty of Education, University of Cambridge. (Accessed June 2025).
- Parkes, C. M., (1996). *Bereavement: Studies of Grief in Adult Life*. 3rd edition, Routledge, London, 1996, 271 pp.
- Stroebe, M. S. (1992-1993). Coping with bereavement: A review of the grief work hypothesis. *Omega: Journal of Death and Dying*, 26(1), 19-42. <https://doi.org/10.2190/TB6U-4QQC-HR3M-V9FT>
- Wilson, D.M., Underwood, L., Errasti-Ibarrondo, B., (2021). A scoping research literature re-view to map the evidence on grief triggers. Faculty of Nursing, University of Alberta, Edmonton, Alberta, T6G1C9, Canada & Faculty of Nursing, University of Navarra, Pamplona, Spain. *Social Science & Medicine* 282 (2021) 114109.
- Worden J. W, Davies, B., and McCown, D. (1999). Comparing parent loss with sibling loss. *Death Studies*, 23(1), 1-15.
- Worden, J. W. (1996). *Children and grief: When a parent dies*. Guilford Press.
- Worden, J. W. (2009). *Grief counselling and grief therapy: A handbook for the mental health practitioner* (4th ed.). Springer Publishing Company.