



The Irish Childhood
Bereavement Network

Submission from the Irish Childhood Bereavement Network to the Department of Health on the regulation of Counselling and Psychotherapy

November 29th 2016

Introduction

The Irish Childhood Bereavement Network is a national organisation working to improve outcomes for bereaved children. We help to improve the lives of bereaved children through training for professionals, resource development, advocacy and signposting.

Bereavement experiences amongst children are extremely common. There are no definite figures in Ireland as to how many children are bereaved of a significant person in their life but new research by the ESRI (Growing up in Ireland) demonstrates that 2.2% of nine year olds have lost a parent, 1.1% a sibling, 7% an aunt or uncle and 6% a close friend. By the age of nine 28% of Irish children have lost a grandparent.

Based on the 2011 census the Central Statistics Office provided us with information on the number of parents categorised as 'Widow' or 'Widower'. Using these figures we know that 20,889 children and young people under 19 are currently bereaved of a mother or father. (It should be noted that these figures do not account for bereaved children whose parents were not married).

In the UK, estimates indicate 7% of children & young people will be bereaved of a parent by age 18.

Dyregrov (2008) outlines common reactions to bereavement, which include anxiety, vivid memories, sleep difficulties, sadness and longing, anger and acting out behaviour, guilt, self-reproach and shame, school problems, and physical complaints.

Bereaved children benefit from information, reassurance that it is not their fault, an opportunity to talk about the deceased, the use of clear language and the support of their family and wider community (Worden, 1996).

The majority of children will develop coping strategies to manage their grief with the support of their families and communities and go on to integrate the loss into their life experience (Stokes, 2009). However, there can be particular circumstances where the usual resources of child/family are overwhelmed, such as traumatic or sudden deaths and suicide, where children will most certainly require specialist interventions. In these situations, the child or family can struggle to deal adequately with the demands created by the death and its aftermath (Wender, 2012) and do well with the help of a trained counsellor or psychotherapist.

The Irish Childhood Bereavement Network has developed the Irish Childhood Bereavement Care Pyramid as a referral guide to the different levels of support available and when a child might require them. These include natural support networks, peer-to-peer support, professional counselling and mental health and psychotherapy. In the absence of a national approach to childhood bereavement care in Ireland, the pyramid is a guide for professionals and concerned adults in identifying and

responding to the needs of children and young people who have experienced a loss (www.childhoodbereavement.ie/pyramid). At present the distinction between counselling and psychotherapy is not clear and can be confusing for adults seeking help for children.

Evidence-based recommendations for bereavement care from the National Institute for Clinical Excellence support this tiered approach page 61
<https://www.nice.org.uk/guidance/csg4/resources/improving-supportive-and-palliative-care-for-adults-with-cancer-773375005>

Research also supports this approach and there is an ethical dimension around providing counselling in bereavement if it is not shown to be efficacious. (e.g Waller et al, 2015)

We believe that the professions should be regulated and that, as has been outlined in the CORU report, this is a matter of public concern and necessity.

We agree that the most appropriate route for regulation is the Health and Social Care Professionals Act 2005.

We believe that the distinction between counselling and psychotherapy is presently unclear and that insufficient mapping has been conducted to remedy this. Also the QQI Awards Standards are devised for both professions suggesting inter-changeable roles and domains. The CORU document recommended market research and public polling to uncover public & stakeholder perceptions and we would welcome that. More specifically the referral pathways through primary care, mental health and community are all underpinned by perceptions of what each practitioner's scope of practice is. We would welcome further research amongst professional and community professionals about appropriate referrals to specific professions.

A grandfathering procedure should be pitched to demonstrate level 8 equivalence with respect to breadth and depth of knowledge and preparation for contemporary practice. We would be calling for all professionals working in this capacity with children to have at least this level of qualification.

The Irish Childhood Bereavement Network recommends a Level 8 qualification level for entry into psychotherapy/counselling professions. The range and context of knowledge as well as the competences and reflective practice described at this level is required to ensure an appropriate response to bereaved children requiring therapeutic intervention, and to identifying those and referring on where the impact of the loss is more serious.

In relation to specifically working with children who are bereaved, anecdotal evidence from our members highlights that those with experience, from a different discipline, of working with children and who already have a level 8 qualification in counselling and psychotherapy are well placed to understand their particular development stages and needs. It is important to consider this hands on experience and any particular natural aptitude a person has for working with children.

It is equally important that those undertaking work with children have undergone sufficient personal therapy to ensure they have the capacity to engage them fully as paramount to integrating their loss is the strength of the therapeutic relationship.

The QQI document refers to the existence of specialisations in these professions and in particular we draw attention to children's needs and recommends that both education standards and regulation should give more specific guidance on counselling/ therapy for children.

The manner in which 'specialties' can be attached to the eventual agreed protected title requires some attention. In particular, the use of 'bereavement counsellor' is an unhelpful label as there is no

set requirement for additional education, training and practice underpinning the term which has become prevalent in recent years.

In summary, the Irish Childhood Bereavement Network are calling for the following:

- Minimum of level 8 qualification for all
- Distinction between counselling and psychotherapy is made clear
- Specific experience or a qualification is required for working with children as a speciality
- A qualification in bereavement and children is essential for undertaking specific bereavement and loss work with children

Submitted by:

Nicola Jordan, Coordinator, The Irish Childhood Bereavement Network

nicola.jordan@hospicefoundation.ie 01 6793188

Glossary

For the purposes of this document 'children/child' will be taken as someone aged from 0-18 years.

References:

Doka, K. J. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. Lexington, MA, England: Lexington Books/D. C. Heath and Com

Dyregrov, A. (2008) *Grief in Children: A Handbook For Adults*, London: Jessica Kingsley Publishers.

Stokes, J. (2009) 'Resilience and bereaved children', *Bereavement Care*, 28(1), 9-17.

Waller, A., Turon, H., Mansfield, E., Clark, K., Hobden, B and Sanson-Fisther, R (2015) Assisting the bereaved: a systematic review of the evidence for grief counselling *Palliative Medicine* 30(2) 132-148

Wender E (2012). Supporting the family after the death of a child. *Pediatrics* 130 1164-1169

Worden, W. J. (1996) *Children and Grief: When a Parent Dies*, New York: Guilford Press.

Stokes, J. (2009) 'Resilience and bereaved children', *Bereavement Care*, 28(1), 9-17.