

# Bereavement care during the COVID-19 pandemic: a national survey

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# The impact of the pandemic on bereavement

- An increase in mortality and in unexpected and sudden deaths
- Estimated nine people affected by COVID bereavement
- Lockdown restrictions on: visiting relatives and friends in hospitals, hospices and care homes and on funeral arrangements
- Those bereaved prior to the pandemic may also struggle to access support networks
- Overall increased sense of social isolation and loneliness
- Many more may be at risk of complex, complicated and prolonged grief responses



# Research aim

To investigate how bereavement care practice has changed in response to revised national guidance and local demands during the COVID-19 pandemic

- What are the challenges facing practitioners in bereavement care?
- How are services adapting?
- What are the most significant needs of bereaved people at this time?

# Method

- Surveyed a wide range of health and social care practitioners involved in bereavement support, using a snowball sampling approach.
- Brief online survey that took 5 minutes to complete (six questions including boxes for free text comments)
- Reached out to range of organisations to help us circulate the survey from palliative care, bereavement counselling, nursing, general practice, care homes and social care, cremation and funeral directing.



# Findings – Geographical location

We received 805 responses from 3<sup>rd</sup> August – 4<sup>th</sup> September 2020

Geographical location	n
East of England	18
East Midlands	153
East of Scotland	150
North East of England	76
North West	64
South East	134
Scotland	33
Yorkshire	10
Wales	12
Midlands (not UK)	18
Overseas	4
People of Ireland	8
Not recorded	8



# Survey respondent characteristics

## *Professional role*

- Nurse (22%), Bereavement counsellor, support worker or volunteer (21%), Chaplains (14%), Doctors (12%)
- Others: AHFs, Psychologists, Social workers, Management, Administrators, Funeral Directors

## *Work setting*

- Hospice (37%), Primary care and Community (32%), Hospital (25%), Care Home (6%)

## *Aspects of bereavement care*

- Emotional support and listening (88%), support prior to death (72%), immediately after a death (72%), information provision (65%), referrals (51%), clinical assessment (38%), bereavement counselling (40%), certificates and funerals (34%), prescribing medication (11%), specialist psychological support (10%)

# Bereavement care changes during COVID-19

**1. Use of telephone, video or other remote support (90%)**

*“We were not using video call before COVID, but this is now primary to our service” (Hospice Bereavement Service Manager)*

**2. Supporting people bereaved from non-COVID conditions during the pandemic (76%)**

*“It is hard to differentiate between COVID and non-COVID deaths...the bereaved person’s experience may well be impacted by the COVID restrictions.” (Service Manager)*

**3. Supporting people bereaved from COVID (65%)**

*“Sudden, more unexpected deaths, different bereavement response and reactions. Disbelief. Practical questions about how long they should self-isolate.” (Palliative Medicine Doctor)*

**4. Restrictions regarding funeral arrangements (61%)**

*“The bereaved have found it very difficult not being involved in the physical process of collecting death certificates, - these rituals are part of a process.” (Citizens Advice Administrator)*

# Bereavement care changes during COVID-19 - continued

**5. Supporting people already experiencing bereavement when the pandemic started (61%)**

*“Pandemic caused relapse to clients who were beginning to look forward and manage their grief, necessitating offering extra support.” (Hospice Bereavement Counsellor)*

**6. Identifying bereaved people who might need support (56%)**

*“More difficult to assess those who need support with distancing and limited visiting. This influenced our ability to form relationships with relatives and identify their needs.” (Palliative Medicine Doctor)*

**7. Managing complex forms of grief (48%)**

*“These are just more difficult cases to tackle, and the isolation - not having been able to visit a loved one in hospital who's subsequently died - exacerbates this.” (General Practitioner)*

**8. Access to specialist services for the bereaved (41%)**

*“These have reduced enormously and people have been left without an accessible service.” (Counselling and Bereavement Services Manager)*



# Impacts on bereavement care practice

## 1. Impact on services: Service adaptations and innovations

*“It has provided a challenge and an opportunity. A chance to review ways of working and develop and adapt to difficulties previously unthinkable.”*

## 2. Impact on practitioners and their relationships with bereaved relatives

*“I wanted to be with people at their time of greatest need and I couldn't. My whole reason for being seemed taken away.”*

## 3. Impact on bereaved people

*“The Tsunami of grief is only just beginning.”*



# Implications for bereavement care practice and policy

- Improved resources for existing bereavement services to enable coordination between local, regional and national networks and encourage a sustainable model of bereavement care
- Developing a proactive approach to supporting those bereaved during this period and making services accessible for all
- Enabling regular communication with families prior to a death and after to ensure families have opportunities to ask questions and receive reassurance
- Training in bereavement care to be integrated into medical, nursing and other health care professional training



# What next for bereavement care?

As the world experiences the ongoing impacts of the pandemic, urgent consideration is needed of ways to ensure optimal support for bereaved people – **how can we work to address this?**

- 1. Drawing on your own experience - as a practitioner, researcher, or from lived experience - what aspects of bereavement care do you think are important to develop?**
- 2. The pandemic has put bereavement on the political and social agenda: what should be the priority areas for practice, research and policy going forward?**