

The Impact of the COVID-19 Pandemic on Bereavement and Grief

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¹ <https://www.ukri.org/councils/ahrc/>

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Executive summary

Research context

The pandemic changed the way we relate to each other and interact with family, friends, colleagues and the wider community. Social distancing became central to the COVID-19 response by reducing the risk of catching and spreading the virus. At the same time, many people lost friends, neighbours and relatives. Some died after contracting the virus, and others passed away from other causes. The COVID-19 pandemic therefore became a driver for a renewed focus on health and wellbeing, social connection, death and dying, and bereavement. There was also a shift in thinking about the purpose of a funeral not only being a ceremony to honour someone who had died, but crucially an integral way of bereaved people accepting their loss and coping with it. The unprecedented nature of this mass bereavement is acknowledged through the introduction of the UK Commission on Bereavement, which was set up to bring charities together to explore how society can recover from this major event.²

Methodology

This report presents findings from a longitudinal, qualitative study into the experience of bereaved people and funeral staff during the COVID-19 pandemic, including its implications for bereavement rituals, mental health and wellbeing support, and public health messaging. Participants were recruited for in-depth interviews through a range of activities, including via social media and community groups, as well as funeral organisations. Whereas one interview was conducted with funeral staff, bereaved people were also offered a follow-up interview to explore the longer term impact of bereavement, and support needs and provision. A workshop was also conducted with key stakeholders to support the development and refinement of recommendations included in this report. There were a number of ethical considerations for this study, due to the sensitivity of the topic and potential vulnerability of participants. These were

² <https://bereavementcommission.org.uk/about-us/>

considered accordingly, and the study was approved by NatCen's Research Ethics Committee.

Findings

Interviews with bereaved people highlighted how the pandemic impacted on every aspect of their journey, from anticipated grief to several months after their loved one died. It set the tone for the whole experience of managing and coping with grief. Missed opportunities began in the lead up to the death, for example, if people were not able to be present with loved ones in a health or social care setting, before or in their last hours. The impacts of the pandemic continued to be felt by bereaved people after the death. For example, bereaved people reported not being able to dress or comb the deceased person's hair in preparation for the funeral in the context of unclear guidelines. There were also limited opportunities to voice their grief or to celebrate the life that was lived. Collecting and analysing accounts from bereaved people at two time points months apart showed that these aspects contributed to a deepening of regret over time. Regret was felt at not being there at the end of life, and not being able to do justice to the person who had died or to provide the service that the bereaved person felt they deserved.

Restrictions changed the way funerals were arranged and conducted. Arranging the funeral was almost exclusively remote, giving way to new technologies such as video calling. This presented challenges for bereaved people and funeral staff, including building rapport and personalising services. Participants experienced a range of different changes to funeral practices, for example on the number of people who could attend in person, due to frequently changing guidelines. This led to a lack of autonomy when arranging the funeral which sometimes led to feelings of guilt around doing justice to the person who died. Funeral staff took actions to manage this, including streaming services online and arranging pre-recorded tributes by those unable to attend in person.

For those bereaved people that held religious beliefs, it was either difficult or impossible to conduct traditional rituals and religious customs. Preserving cultural rituals more broadly also proved challenging. This included, but was not limited to, washing the body for Muslim communities, and sitting Shiva for Jewish communities.

While informal support from relatives and friends was integral to coping with loss, for some bereaved people there were a number of barriers to accessing it. These included social distancing, especially for those shielding and self-isolating, and feelings of not wanting to burden others given the collective challenges faced by all in living through the pandemic. In terms of formal support, there were difficulties in accessing services delivered online, in part due to long waiting lists for support services. Funeral staff were cited by those planning a funeral as an important source of support, partly due to their up-to-date knowledge on guidance and restrictions, but also because they adapted

their services as much as they could to meet families' needs. Interviews with funeral staff also highlighted that a gap in support for bereaved people had always been a problem and that the pandemic only exacerbated this.

Funeral staff explained that within their industry one of the main issues with receiving support was finding enough time to actually access it. They also reported a more general negative impact on mental health that drove some out of the industry. Funeral staff reported that staff mainly relied on informal support from other colleagues, but that some funeral homes organised wellbeing sessions at work and provided staff with helpline contacts.

Recommendations

Findings from funeral staff presented in this report give rise to recommendations for recognising workers in the funeral industry as essential / key workers. This is in keeping with recommendations made by the National Association of Funeral Directors (NAFD) to parliament.³ Further recommendations include consulting the funeral industry in case of new pandemics, increasing the number of crematoria, and providing more comprehensive informal and formal support for funeral industry workers.

This report makes further recommendations based on the experiences and views of bereaved people. Support could be improved with publicly funded support networks designed in consultation with bereaved people. Capacity building within existing support networks with additional counsellors specialised in bereavement would also reduce risk of burden on services. More widely, accessible clear and comprehensive guidance and support could also be developed and made available for bereaved people to refer to when they need to plan a funeral.

Some changes that have occurred and been embedded because of the pandemic were seen as positive and included the digitalisation and simplification of death registration along with the large-scale adoption of new technologies, such as video streaming of funeral services. However, there were concerns about potential abuses and fraud in relation to death registration and measures to mitigate these were seen as a priority by funeral staff.

Longer term considerations

The research presented in this report points to some longer-term considerations. Firstly, it is clear that the grief journey can be protracted, especially where funerals and commemorations have been delayed. Bereaved people require long-term, ongoing informal and formal support and this should be built into the design and delivery of services. Furthermore, there is a need to overhaul wider support for those that have been bereaved. For example, employers may need to rethink company policies around compassionate leave

³ <https://committees.parliament.uk/writtenevidence/10437/pdf/>

and ongoing wellbeing support for staff. This is also an appropriate time to consider whether existing employment policies are in keeping with a narrow view of immediate family and mourning periods. Where different sub-groups are more likely to live in extended households or operate in tighter family networks, or there are traditionally longer periods of mourning, there are important equality and diversity factors to consider in terms of supporting people from different backgrounds.

Some bereaved people preferred smaller ceremonies and gatherings as they were more in line with their own sensibilities, but also because it better reflected the personality of the person who had died. In some instances, restrictions challenged social and cultural or religious norms, allowing bereaved people to grieve in their own way (e.g. by holding a smaller funeral). Whether or not this signals a wider shift in norms around funerals and commemoration is yet to be seen.

Glossary

Term	Explanation
Ambiguous loss	A loss that is characterised by uncertainty, for example if the body of the person who died is missing. As such, a person's grief can be put on hold or unresolved as they search for answers.
"Bad" death	Factors that may be perceived as a bad death include, but are not limited to, being in pain, not being cared for, being isolated, having no or little control, and an absence of dignity and privacy.
Complicated grief or prolonged grief disorder	These terms are often used interchangeably. They refer to a traumatic grief and persistent complex bereavement disorder, consisting of a distinct set of symptoms (such as numbness, detachment, intense sorrow, rumination, and inability to enjoy life) following the death of a family member or close friend.
Embalm	The process where natural body fluids (e.g. blood) are replaced with a disinfectant solution to prevent decomposition.
Furlough	The paid temporary leave that some employees experienced during the pandemic when they were not able to fulfil their work duties. This was supported by the Coronavirus Job Retention Scheme, which aimed to financially support people during the pandemic and protect jobs.
"Good" death	Factors that may be perceived as a good death include, but are not limited to, timing, expectedness, retaining control, dignity, privacy, and choice and control over where the death occurs.

Grief cycle	The process by which some people experience grief. There are a number of different models, such as the five stages of grief: denial, anger, bargaining, depression and acceptance. ⁴ Another, more recent model, proposes that people's experience of grief stays the same over time, but that their life grows around it with new experiences. ⁵
Lockdown	A set of stringent restrictions on the use of public spaces, social interactions, and travel which affected a wide range of activities, including social gatherings (such as funerals and wakes), work, leisure. The first UK lockdown was declared on 23 rd March 2020.
Pandemic	The pandemic referred to in this report specifically relates to the global COVID-19 pandemic, also known as the coronavirus pandemic, which was declared by the World Health Organization on 11 th March 2020.
Restrictions	The restrictions referred to in this report relate specifically to those introduced in response to the COVID-19 pandemic, since March 2020.
Zoom	An online communication platform that enables users to connect with one another by video, phone, and chat.

⁴ Kübler-Ross E. (1969). *On death and dying*. New York, NY: Macmillan.

⁵ Tonkin, L., (1996). Growing around grief—another way of looking at grief and recovery. *Bereavement Care*, 15(1), pp.10-10.

1. Introduction

1.1 Research context

Traditions and rituals around death and dying often allow a “healthy” expression of strong emotions. The COVID-19 pandemic, hereafter referred to as “the pandemic”, has disrupted these in a number of ways, such as family and friends being unable to visit those who are dying to support them in the last moments of their life, and a range of changing restrictions on funeral planning and attendance (see Appendix A).

There has also been a dislocation of community-focused mourning practices (e.g. sitting Shiva⁶ in the Jewish community or Nine-Nights among specific African Caribbean communities⁷), with bereaved people physically isolated and unable to receive support or comfort in person. The absence of these rituals is likely to disrupt “normal” grief cycles, leading to a range of different grief experiences.

This qualitative research study explored the experiences of bereaved people and funeral staff during the pandemic, including the implications of the pandemic for bereavement rituals (e.g. funerals, cultural or religious practices and commemorations), mental health and wellbeing support, and public health messaging. This study has been funded by the Arts and Humanities Research Council (AHRC).

1.2 Aims and objectives

The primary research questions addressed by this study are:

1. What are the experiences of people who have been bereaved during the pandemic?

⁶ In Judaism, ‘sitting Shiva’ refers to a period of mourning after the death of a parent, spouse, sibling or child. It is a time for spiritual and emotional healing, where mourners join together, traditionally at the home of the person who has died.

⁷ Nine-Nights is a Caribbean tradition and refers to an extended wake usually lasting nine nights that includes singing hymns, playing music, recounting memories of the person who died, and preparing and eating food together.

-
2. What is the impact on their mental health and wellbeing, and what support do they need?
 3. What are the experiences of funeral staff who have planned and conducted funerals during the pandemic?
 4. What are the implications of these experiences and impacts on public health messaging, funeral planning and bereavement rituals in the longer-term, and support provision?

1.3 Background literature

This chapter outlines key findings from published literature on grief, people's experience of grief during the pandemic, and bereaved people's support needs during the pandemic.

1.3.1 Grief

Grief refers to the “emotional suffering” concerning loss,⁸ and is “complex, multifaceted and time varying”.⁹ “Bad” and/or unexpected deaths can lead to complicated or prolonged grief disorder, which are often used interchangeably.¹⁰ Complicated grief is the experience of “severe and disabling responses to loss, which differ from the normal bereavement for type of symptoms, duration and intensity” (p. 499).¹¹ Complicated grief is compounded by mental health illnesses such as depression, post-traumatic stress disorder (PTSD), and other mental health outcomes.¹² In addition, as described by Katz and colleagues,¹³ the absence of social support, a reduced quality of caregiving or dying experience, not being able to adequately prepare for the death, and a condition of high distress at the time of death have been found to be predictors of prolonged grief disorder.

Rituals and “symbolic enactments” are thought to give meaning and affirmation to experiences of bereavement by helping to “mediate the transition” between life and death of a loved one (p. 698).¹⁴

1.3.2 Grief and bereavement during the pandemic

Previous research has found that the pandemic unsettled usual patterns of grief and bereavement, which in some cases may have heightened the experience of grief.¹⁵ Restrictions to stop the spread of COVID-19 altered

⁸ De Stefano R, Muscatello MRA, Bruno A, et al. (2021). Complicated grief: A systematic review of the last 20 years. *International Journal of Social Psychiatry*. 2021;67(5):492-499.

⁹ Goveas, J. S., & Shear, M. K. (2020). Grief and the COVID-19 pandemic in older adults. *The American Journal of Geriatric Psychiatry*, 28(10), 1119-1125.

¹⁰ Fang, C., & Comery, A. (2021). Understanding Grief During the First-Wave of COVID-19 in the United Kingdom—A Hypothetical Approach to Challenges and Support. *Frontiers in Sociology*, 6, 66.

¹¹ Menichetti Delor, J.P., Borghi, L., Cao di San Marco, E., Fossati, I. and Vegni, E. (2021), Phone follow up to families of COVID-19 patients who died at the hospital: families' grief reactions and clinical psychologists' roles. *Int J Psychol*, 56: 498-511.

¹² Diolaiuti, F., Marazziti, D., Beatino, M. F., Mucci, F., & Pozza, A. (2021). Impact and consequences of COVID-19 pandemic on complicated grief and persistent complex bereavement disorder. *Psychiatry Research*, 300, 113916.

¹³ Katz NT, McInerney M, Ravindran G, Gold M. (2021). Silent suffering of the dying and their families: impact of COVID-19. *Intern Med J*. Mar;51(3):433-435.

¹⁴ Romanoff, B. and Terenzio, M. (1998). Rituals and the Grieving Process.

¹⁵ Harrop, E., & Selman, L. (2022). Bereavement during the Covid-19 pandemic in the UK: What do we know so far? . *Bereavement*, 1. <https://doi.org/10.54210/bj.2022.18>

traditional funerary practices, such as preparation of the body, and limited the number of attendees (see Appendix A). Some authors have discussed the possible benefits of virtual funerals, for example, being able to turn off a video camera or audio made it possible to control when to be seen and heard, allowing bereaved people to grieve more privately.^{16,17} Therefore, it has been suggested that memorialisation has become more personal and creative as a result of the pandemic,¹⁸ and the role played by funeral directors and staff has been pivotal in creating funeral services that allow for the meaningful expression of emotion and grief.¹⁹ In addition, in the absence of physical social gatherings, there has been a renewed openness in talking about death and the impact of grief through words and stories. This in turn has helped generate feelings of solidarity and support among bereaved people.^{20,21}

However, the literature also suggests that disruption to funerary practices halted and prolonged people's response to grief. For example, bereaved families were unable to have a wake or celebration after the funeral, and therefore the opportunity to collectively mourn and remember their loved one was lost.²² The "postponement of life celebrations" during the pandemic can negatively impact on longer-term mental health and wellbeing,²³ and worsen people's experiences of grief and bereavement. In many cases, the pandemic took away families' opportunity to say goodbye, which can lead to feelings of "ambiguous loss", defined as the feeling of bereavement being "unverified" and "without resolution".^{24,25} Families may have lingering grief due to the lack of verification over the death.²⁶ Therefore, the person who died remains present psychologically, due to the lack of proof of death or feeling of permanent loss. The lack of "farewell rite or end-of-life celebration" can also make closure and the reality of the death harder to comprehend and actualise for bereaved people.²⁷

¹⁶ Murphy, K. (2020). Death and Grieving in a Changing Landscape: Facing the Death of a Loved One and Experiencing Grief during COVID-19. *Health and Social Care Chaplaincy*, 8(2), 240-250.

¹⁷ MacNeil, A., Findlay, B., Bimman, R., Hocking, T., Barclay, T., & Ho, J. (2021). Exploring the Use of Virtual Funerals during the COVID-19 Pandemic: A Scoping Review. *OMEGA-Journal of Death and Dying*, 00302228211045288.

¹⁸ Lowe, J., Rumbold, B., Aoun, S.M. (2020). Memorialisation during COVID-19: implications for the bereaved, service providers and policy makers. *Palliative Care & Social Practice*, 14, 1-9.

¹⁹ Burrell, A., & Selman, L. E. (2020). How do Funeral practices impact bereaved relatives' mental health, grief and bereavement? a mixed methods review with implications for COVID-19. *OMEGA-Journal of Death and Dying*, 0030222820941296.

²⁰ Lowe, J., Rumbold, B., Aoun, S.M. (2020). Memorialisation during COVID-19: implications for the bereaved, service providers and policy makers. *Palliative Care & Social Practice*, 14, 1-9.

²¹ Murphy, K. (2020). Death and Grieving in a Changing Landscape: Facing the Death of a Loved One and Experiencing Grief during COVID-19. *Health and Social Care Chaplaincy*, 8(2), 240-250.

²² Ibid.

²³ Katz NT, McInerney M, Ravindran G, Gold M. (2021). Silent suffering of the dying and their families: impact of COVID-19. *Intern Med J. Mar*;51(3):433-435.

²⁴ Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University Press.

²⁵ Boss, P. (2016). The context and process of theory development: The story of ambiguous loss. *Journal of Family Theory & Review*, 8(3), pp.269-286.

²⁶ Ibid.

²⁷ Hernández-Fernández C., Meneses-Falcón C. (2021). I can't believe they are dead. Death and mourning in the absence of goodbyes during the COVID-19 pandemic. *Health Soc Care Community*.

1.3.3 Support needs after the pandemic

The “silent epidemic of grief” resulting from the pandemic requires exploration of bereaved people’s support needs.²⁸ The literature found that although needs were extensive, in addition to a gap in support from family and friends, the vast majority of bereaved people did not receive bereavement counselling or support from mental health services.²⁹

Pearce and colleagues³⁰ identified a number of changes to bereavement care during the pandemic, including a greater use of telephone, video and other forms of remote support, increased support for people bereaved from conditions not related to COVID-19, managing complex forms of grief, and providing greater access to specialist services. The authors suggest that the trust required between those providing support and bereaved people is paramount, however this has been difficult to achieve through remote forms of bereavement care.

There is also considerable variation in the formal support needs of ethnic minority groups. Based on their systematic review on service provision, Mayland and colleagues³¹ concluded that bereavement support and services are not always “deemed to be needed or suitable for ethnic minority communities”. The authors identified four barriers to bereavement support for these groups. Firstly, a lack of awareness about bereavement care for bereaved people from ethnic minority groups. Secondly, there was variability in the availability of support, such as interpreting services, or psychological support. Thirdly, the types and format of support were not felt by all to be needed, for example many turned to family, friends, neighbours and religious communities and leaders for support rather than to professional or formal sources. For bereaved people in Black Caribbean and Bangladeshi communities, there was sometimes a greater need for support with financial difficulties such as housing, or practical issues around transporting the deceased (or their ashes) to a home country rather than for bereavement support. Lastly, culturally specific beliefs, such as not speaking about bereavement within the Romany Gypsy and Traveller communities, could act as a barrier to accessing bereavement support.³²

²⁸ Pearce, C., Honey, J. R., Lovick, R., Creamer, N. Z., Henry, C., Langford, A., and Barclay, S. (2021). ‘A silent epidemic of grief’: a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic. *BMJ open*, 11(3), e046872.

²⁹ Harrop, E., Goss, S., Farnell, D., et al. (2021) Support needs and barriers to accessing support: Baseline results of a mixed-methods national survey of people bereaved during the COVID-19 pandemic. *Palliative Medicine*, 35(10):1985-1997. doi:10.1177/02692163211043372

³⁰ Pearce, C., Honey, J. R., Lovick, R., Creamer, N. Z., Henry, C., Langford, A., and Barclay, S. (2021). ‘A silent epidemic of grief’: a survey of bereavement care provision in the UK and Ireland during the COVID-19 pandemic. *BMJ open*, 11(3), e046872.

³¹ Mayland, C. R., Powell, R. A., Clarke, G. C., Ebenso, B., & Allsop, M. J. (2021). Bereavement care for ethnic minority communities: A systematic review of access to, models of, outcomes from, and satisfaction with, service provision. *PLoS One*, 16(6), e0252188.

³² Mayland, C. R., Powell, R. A., Clarke, G. C., Ebenso, B., & Allsop, M. J. (2021). Bereavement care for ethnic minority communities: A systematic review of access to, models of, outcomes from, and satisfaction with, service provision. *PLoS One*, 16(6), e0252188.

Informal or social support, such as that provided by friends and family, has been identified as an important protective factor in improving grief outcomes. Accessing the necessary levels of social support may have proved difficult in the climate of restrictions and social distancing during the pandemic.³³ Furthermore, a perceived lack of social support may increase the risk of prolonged grief disorder or experiences of complicated grief.^{34,35}

1.4 Methodology

This study involved in-depth qualitative interviews with 28 people who were bereaved during the pandemic, between February 2020 and May 2021. All participants were offered a follow-up interview to explore the medium and longer-term impacts of bereavement during the pandemic, of which 18 were conducted. We also carried out 26 interviews with people who work in the funeral industry (e.g. funeral directors, operation managers, area managers, and funeral arrangers) to understand their experiences of the funeral planning process, the services they offered, and their interactions with bereaved people during the pandemic. To support the development and refinement of recommendations (see section 7.5), feedback was sought in a workshop conducted with a range of relevant stakeholders. These included policy makers, academics, and those from funeral, religious, and bereavement organisations.

1.4.1 Sampling and recruitment

Bereaved people were selected purposively, with the aim of achieving range and diversity of key characteristics. Table 1 outlines the achieved sample:

Table 1: Sample of bereaved people

Criteria group	Primary criteria	Achieved number
Relationship of the person who died to the participant	Parent	10
	Spouse/partner	7
	Grandparent(s)	4
	Child	3
	Sibling	2
	Other	2

³³ Diolaiuti, F., Marazziti, D., Beatino, M. F., Mucci, F., & Pozza, A. (2021). Impact and consequences of COVID-19 pandemic on complicated grief and persistent complex bereavement disorder. *Psychiatry Research*, 300, 113916.

³⁴ Wallace, C.L., Wladkowski SP, Gibson A, White P. (2020). Grief during the COVID-19 pandemic: considerations for palliative care providers. *J Pain Symptom Manag*;60: e70–6

³⁵ Katz, N.T., McInerney M, Ravindran G, Gold M. (2021). Silent suffering of the dying and their families: impact of COVID-19. *Intern Med J.*, Mar;51(3):433-435.

Age	20-39	6
	40-59	9
	60+	13
Religion/Belief	Christian	11
	Jewish	4
	Hindu	2
	Buddhist	1
	No religion/belief	10
Ethnicity	White	25
	Asian	2
	Mixed/multiple	1
Location	Urban	13
	Rural	12
	Mix	3

The research team adopted a three-fold approach to recruiting bereaved people:

- Inviting bereaved people to participate **via social media**, and contacting relevant individuals and groups, such as bereavement charities and grief support organisations with a strong social media presence, for them to share the invitation on our behalf;
- Approaching **community leaders and groups**, including a wide range of religious organisations and individual places of worship, by email, and follow-up phone calls as necessary, to explain the study and how the groups could help to disseminate information about it; and
- Sharing information about the study with **NatCen staff and their networks**.

Recruitment was challenging, given the obvious sensitivities around contacting people who have experienced bereavement to participate in research. Some groups were particularly difficult to reach, including those from an ethnic minority background and/or of Muslim or Sikh faiths. Furthermore, participants from the faith groups noted above in Table 1, came from a range of denominations and described experiences specific to their own familial, religious, and cultural backgrounds. Although recruitment efforts were open to

all four UK nations, participants resided in England and Scotland only. These points should be considered when reading the report.

Funeral staff were sampled from the four UK nations using an online database of funeral industry contacts. Invitations were emailed to individual funeral staff members if they were named on company websites or to general business addresses. Screening calls were arranged with funeral staff who responded with interest, to explain the research, to take preliminary details, and to recruit them into the study if they wished to take part. Other funeral staff were recruited using “snowball” sampling.³⁶ We also asked the National Association of Funeral Directors (NAFD),³⁷ Dignity³⁸ and Co-op Funeralcare³⁹ to share the invitation to participate in the research with funeral staff in their networks. With permission, the NAFD, Dignity and Co-op Funeralcare then sent us the contact details of interested individuals, who were then followed up separately. Table 2 gives the achieved funeral industry sample:

Table 2: Sample of funeral industry staff

Criteria group	Primary criteria	Achieved number
Type of Organisation	Independent	11
	Part of a cooperative/group/larger organisation	15
Role	Funeral director	10
	Manager	11
	Managing Director	3
	Funeral Arranger	1
	Senior Sexton	1
UK nation / English region	South East	11
	South West	3
	Greater London	2
	Scotland	2
	North West	2
	East Midlands	2

³⁶ Snowball sampling involves asking interviewees if they know other suitable people who may be interested in taking part in an interview.

³⁷ National Association of Funeral Directors (NAFD). <https://www.nafd.org.uk/>

³⁸ Dignity – Funeral Directors. <https://www.dignityfunerals.co.uk/>

³⁹ Co-op Funeralcare. <https://www.coop.co.uk/funeralcare>

	West Midlands	1
	East of England	1
	North East	1
	Wales	1
Specific religious or other focus of services provided	No specialism	23
	Jewish funerals	1
	Secular / woodland	2

A mix of independent and non-independent funeral industry staff were interviewed, including funeral directors, managers, managing directors, a funeral arranger, and a senior sexton.⁴⁰ Although we conducted interviews with funeral staff from a range of English regions, and from Scotland and Wales, those from the South East of England were overrepresented and no funeral staff from Northern Ireland took part. As with the bereaved people sample, funeral staff providing services to specific religious and/or cultural communities were difficult to reach.

All participants (both funeral staff and bereaved people) were then able to opt-in via an online form on the NatGen website, or by email or call to the research team. In all cases, participants were screened for eligibility. During the screening calls, the research team took particular care in explaining what would be discussed in the interview, so that potential participants could make an informed decision about taking part. For those who opted-in, participants received an information sheet which contained details about the interview topics, the voluntary nature of the interview, confidentiality and disclosure, the right to withdraw at any point, and how data would be reported.

1.4.2 Data collection

We conducted in-depth, semi-structured interviews with bereaved people and funeral staff. Interviews lasted up to 1.5 hours and were carried out online or by phone. Following informed consent, interviews were audio recorded and transcribed to support analysis (see section 1.4.3).

A topic guide was developed to aid the interview and ensure a consistent approach across the research team, while also facilitating participant-led discussion. Themes explored in the topic guide for bereaved people (see Appendix B) included the circumstances leading up to and experiences following the death, impact of the death, and recommendations for the funeral industry, support provision and public health messaging. Funeral industry staff

⁴⁰ In this report we generally refer to participants from the funeral profession as *funeral staff* (or *funeral staff member* for individual participants), unless specifying the role is strictly necessary to better clarify differences between roles.

topic guides (see Appendix B) covered the participant's professional background, experiences of arranging a funeral during the pandemic, extent to which public health messaging impacted on behaviours and experiences, and recommendations for funerary arrangements, support provision, and public health messaging.

At the end of the first interview with bereaved people, participants were asked for permission to recontact them for a follow-up interview approximately six months later. The aim of the second interview was to explore longer-term support needs, whether and how these were responded to, and the longer-term impacts of bereavement during the pandemic on mental health and wellbeing. A total of 18 participants took part in a follow-up interview.

1.4.3 Analysis

With permission, all interviews were recorded and transcribed verbatim to support detailed analysis. Interview data were managed and analysed using the Framework approach⁴¹ developed by NatCen. In this approach, data is organised using matrices that enable thematic analysis both within and between cases, allowing descriptive and explanatory analysis to be undertaken. Analysis explored the full range of experiences and views, interrogating data to identify similarities and differences between participants and seek to explain patterns and findings. Verbatim interview quotations are provided in this report to highlight themes and findings where appropriate. Care has been taken throughout the report to anonymise participants' views as far as possible.

1.5 Ethics

This study was approved by NatCen's Research Ethics Committee. The topic was likely to be upsetting for participants to recount and therefore we prioritised the wellbeing of participants and sought to mitigate any risk of psychological harm from taking part. We were transparent with gatekeepers and in recruitment materials about the topics to be covered in the interview. Care was taken in explaining to bereaved people the nature and content of the interview during the recruitment and screening process, so that potential participants could make an informed decision about taking part. We used a staged process, whereby consent to take part was given during the screening process and at the start of each interview. Participants were reminded of their right to withdraw before the interview began, and during the interview. Where possible, we left a period of at least several days between recruitment and interview to allow participants time to consider their involvement further and ask any questions of the research team. We did not interview anyone who was very recently bereaved (within one month of the death).

⁴¹ Ritchie, J., Lewis, J., Nicholls, C.M. and Ormston, R., eds. (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage.

During screening and recruitment, we asked funeral staff whether they had any personal experience of bereavement during the pandemic (three of the 26 participants had). The reason for asking was to consider on a case-by-case basis whether they were able to consent, depending on how recently they had been bereaved and the closeness of their relationship to the person who died. The topics could have been potentially upsetting if participants had been affected by bereavement in their personal lives, combined with their increased workload during the pandemic.

The research team aimed to manage any distress that arose during the interviews with empathy and compassion, reminding participants that they could pause or end the interview at any time. Participants were asked whether they would like someone with them during the interview as emotional or language support. We provided all participants with an aftercare leaflet which gave details of bereavement counselling services and wider support groups. Participants were also provided with contact details for the NatCen research team in case they had any queries or concerns after the interview.

2. Experiences of funerals and commemorations during the pandemic

This chapter explores the changes made to the planning and conduct of funerals and related processes during the pandemic, as reported by funeral staff and bereaved people.

2.1 Period leading to the death

During the pandemic care homes and hospitals implemented restrictions on visiting. At times no visits were allowed at all, while at others some visits were permitted with a screen between the patient and the visitors, or with visitors having to wear full body Personal Protective Equipment (PPE). Some hospitals relaxed restrictions where a terminal diagnosis had been given, allowing the family a chance to visit before their loved one died. Restrictions around social gatherings or travel outside of local areas further impacted the ability to visit people before they died.

“Under normal circumstances my mum and my step-dad would have been at the hospital with us. My mother-in-law would have been there. My mother-in-law would have been able to go in and see her son before and after he died, but she couldn’t.” – Bereaved person

The funeral staff and bereaved people interviewed stressed how the time before the death was potentially more significant than the time immediately after, with bereaved people reporting the period before the death as the most traumatic time in their bereavement. They reflected that, while distressing,

being present for the death, or immediately beforehand, meant they were better able to manage and process their grief than family members who were not (see chapter three), as well as having the opportunity to provide comfort to the person who died. This view was echoed by funeral staff. Where bereaved people were told by the hospital or care home that they could not visit, they often took measures to ensure that they could see the person before they died. For example, by contacting their local Member of Parliament (MP) to put pressure on the care home around visitation or by breaching restrictions at the hospital (see chapter five for more findings on compliance with restrictions).

“Whilst it might have been upsetting to go in and see her in a distressed state and confused and not being able to walk and all that, at least she would have been able to have the physical touch.” – Bereaved person

Poor communication from the care home or hospital around the time of death was reported as exacerbating feelings of stress and upset that punctuated this period. Participants felt that, had the death occurred before the pandemic, they would have been given more information about the health of their loved one leading up to their death. Some therefore felt ill-informed about and surprised by the death, while others felt disconnected from the whole situation surrounding the care and death of the person who died.

The impact of limited contact with the person who died on bereaved people's experiences of grief are explored in more detail in chapter three.

2.2 Funeral planning and preparation

Restrictions and guidance on funerals changed throughout the pandemic, and varied between the devolved nations and local areas (see Appendix A). Therefore, when and where a death occurred during the pandemic impacted greatly upon the service that could be conducted.

Guidance for those arranging and attending funeral services during this time included:

- Numbers of mourners in attendance to be limited as far as possible;
- Only immediate family and close friends of the deceased should be in attendance;
- Social distancing to be followed at the service and when travelling to and from the service;
- Wearing of face coverings unless exempt;
- Time to be allowed for cleaning between services;
- Funeral staff to facilitate adherence to the guidance; and

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- For funerals to go ahead even where restrictions are in place, rather than waiting for restrictions (for example, on the number of attendees) to relax.

2.2.1 Communication between families and funeral staff

First contact

Funeral staff described how, before the pandemic, bereaved families would first contact them either by phone or by coming into the branch, and that these families were often aware of the funeral home before the death. During the pandemic this changed. First contact was made almost exclusively by phone, and customers increasingly found the funeral home by carrying out online searches and reading reviews.

Ongoing communication

While funeral staff would normally meet with the family several times before the funeral, either in branch or at the family home, during the pandemic this process was conducted remotely by phone, videocall and/or email. In some exceptional circumstances, for instance where customers did not have access to the internet, funeral staff physically met with the family to arrange the funeral while maintaining social distancing. Some chose to do this in the family's garden, while others did this in-branch to ensure that the environment was as "COVID-safe"⁴² as possible.

Some funeral homes already had electronic systems in place and were familiar with arranging services via email and telephone, while others were less familiar and had to adapt their processes at the start of the pandemic. In response to increased demand and to create better workload management, one organisation moved from having a single point of contact system, where one member of staff would be responsible for all stages of a family's needs, to a triage system whereby each staff member took responsibility for one process with all staff involved in every family's journey. This enabled the increased workload to be managed more efficiently. However, funeral staff felt this change negatively impacted on the "personal touch" that they aimed to offer their customers, and potentially diminished the standard of service they provided.

Challenges posed by restrictions

A number of challenges resulted from the restrictions that prohibited face-to-face meetings. Funeral staff reported that some families would still come to the branch after the death, even when lockdown restrictions were in place. This

⁴² The terms 'COVID-safe' or 'COVID-secure' were common terms used during the pandemic, meaning that measures had been taken to ensure that an environment, as well as how people behave within it, mitigated the risk of people passing on or contracting COVID-19. These measures included, but were not limited to, sanitisation, social distancing, use of PPE, and appropriate air flow.

resulted in some funeral homes implementing a locked-door policy, whereby families would be unable to enter the building if they did come.

The funeral staff interviewed described the difficulties in explaining the available funeral service options over the phone, particularly to those who were not familiar with arranging a funeral. This feeling was echoed by bereaved people, some of whom felt that arranging the service over the phone left them unaware of all available options, such as what they could do with the person's ashes, or that not all options were available to them over the phone. Not being able to see body language and facial expressions impacted the ability of funeral staff to read customers' emotions over the phone, making it challenging for funeral staff to gain as much information as they usually would at an in-person meeting, and thereby limiting the service that they were able to provide. However, an alternative view was that providing material about the services available by email and in advance helped bereaved people to digest the information and made discussing the options easier. Some funeral staff adapted their services by issuing questionnaires to families which explained the funeral arranging process and asked them about their preferences for the service. This also helped minimise the need for face-to-face contact, with just one family then required to go into the branch for a very short appointment to sign the paperwork.

The lack of face-to-face communication throughout the funeral arranging process was reported by both funeral staff and bereaved people to be challenging and at times upsetting. The ability of funeral staff to build a relationship with the family was felt to be negatively impacted, since they often did not meet the family in person until the day of the service. Funeral staff also reported that this led to a lack of personalisation in the services that they and those conducting the service were able to provide. For example, not being able to hear families' stories about the person who died, look at photos with them, and offer comfort in person. One funeral staff member described their role as being to metaphorically "hold the hand" of families and guide them through the funeral process, which they found much harder to do when they could not meet them in person.

"You didn't really see your client... so that was a huge thing, because you didn't really build up that rapport properly with your client. They stopped people coming in, and I understand why, totally, but it did make life hard because yes, you were just dealing with a voice and not actually a person." – Funeral staff member

Funeral staff reported that these changes made the funeral planning process longer, as one face-to-face meeting was replaced with multiple emails and phone calls, and some families had difficulty receiving electronic documents.

Opportunities created by restrictions

New opportunities were also reported from these changes, with meetings via Zoom allowing family overseas to play a role in arranging the funeral, as well as those who may have been shielding or could not travel. Some funeral staff felt that phone arrangements sped up the process of arranging a funeral, with families providing more succinct answers. Furthermore, some bereaved people found arranging the service over the phone easier, as it meant that they did not have to leave their home when they were grieving.

Easing of restrictions

When restrictions were eased so that families could come into the branch again, steps had to be taken to ensure that the building was COVID-safe. Funeral homes used PPE, created work bubbles⁴³ to minimise transmission (with some people working from home) and implemented social distancing, mask wearing, and track and trace. These adaptations meant that some challenges remained even though face-to-face meetings were possible. For example, funeral staff were unable to comfort their customers and offer emotional support in ways that they usually would, whether by making them a cup of tea or reaching across to touch their hand. Funeral staff reported finding this very hard, describing a disconnect between themselves and bereaved people as a result.

“We could provide the service, which was great, and we could provide the funerals, but I think the emotional side, just being able to put your arm around somebody or give them a cup of tea or to be that person that they cling on to, I suppose, was very difficult.” – Funeral staff member

2.2.2 Paperwork and official processes

Updates to legal processes and the associated paperwork in the funeral and medical industries were made during the pandemic. Changes resulting from the Coronavirus Act 2020 included⁴⁴:

- The **timeframe a doctor needed to have seen the deceased before their death** was extended from 14 to 28 days and included seeing them on videocall rather than in person (including after the death);
- There was **no requirement to register a death in person at a registry office**. Instead, deaths could be registered by telephone appointment;
- **Any medical practitioner was now able to complete the Medical Certificate of Cause of Death (MCCD)**, rather than only the doctor who had visited the patient within 14 days of their death;

⁴³ “Work bubbles” were created to balance the need for physical distancing during the COVID-19 pandemic and the need for employees to physically be in the workplace. Employers organised their employees into groups (“bubbles”), so that employees within a group worked and interacted with each other but not with those in other groups, to minimise the spread of infection.

⁴⁴ <https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted/data.htm>

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- There was **no requirement for relatives to collect the MCCD** from the hospital, care home or GP. A scan of the signed certificate could be sent directly to the registrar;
 - The **green certificate for burial or cremation could be sent electronically** to the Funeral Director, crematorium or cemetery office.

These changes were viewed positively by the funeral staff interviewed as they were felt to streamline many processes and forced the sector to adapt at speed.

“I think what we saw was roughly five years' worth of tech change happen in a matter of months.” – Funeral staff member

Digitisation of paperwork was viewed as making many processes easier, with forms shared by email between doctors, hospitals, registrars and coroners, which was described as a “godsend” by funeral staff and resulted in fewer delays. For example, being able to register the death online meant that the body could be collected from hospital faster than before the pandemic. It also meant that families did not have to go to busy places and do emotionally challenging administrative tasks while grieving. In some instances, funeral staff had to further adapt to these changes to meet their customers' needs. For example, they reported hand delivering forms to families where they did not have email access. Funeral staff welcomed these changes and hoped that they would remain after the pandemic.

“Telephone registration of deaths; electronic transmission of documentation to the funeral director; the reduction in the number of certificates needed, so we no longer require form five to carry out cremation, has made life so, so much easier... Those are the key improvements that we've seen within the funeral arranging and execution process.” – Funeral staff member

Not all changes were viewed positively, with some concern among funeral staff about the changes to medical standards in identifying bodies and confirming the death. One participant reported disagreements between the funeral home and doctors because of these changes, with the funeral home not allowing video identification of bodies out of respect for the deceased, with some doctors reportedly frustrated by this. Furthermore, funeral staff were worried that verification processes were no longer as robust as they were before the pandemic. For instance, where doctors can sign paperwork without having seen the deceased in-person after their death.

Bereaved people also described how these changes impacted on how they processed their grief. For example, some would have preferred to go to the registry office rather than registering the death over the phone, either to have

small tasks to distract them from their grief or to carry out these tasks in a way that felt more meaningful.

2.2.3 Management and viewing of bodies

Funeral staff reported concerns over safety in managing the bodies of the deceased during the pandemic. This concern was highest at the outset of the pandemic when there was less certainty over how COVID-19 spread; for example, if it could be transmitted by the person who had died. This possibility caused fear among those that cared for the bodies. Funeral staff explained how all bodies coming into their care were treated as potentially infectious. This impacted how bodies were collected, washed, dressed, embalmed and viewed. Some funeral providers continued all of these practices, others made adaptations and some stopped many of their usual processes altogether. However, any changes to procedure were frequently motivated by the need to protect their staff from infection, balanced with the desire to deliver the best possible services for their customers.

Funeral staff felt they were responsible for interpreting public health guidance to adapt their services safely, resulting in different rules being implemented across funeral homes, including different branches within the same organisation. For instance, some branches might have allowed bodies into their Chapel of Rest (a room where family and friends have the chance to say goodbye and pay their respects) if they had died of COVID-19, while others – where the staff did not feel comfortable with this – did not. Funeral staff reported placing masks on bodies that came into their care to minimise potential infections, while others explained how all bodies received in the first six months of the pandemic were sealed in bags. Others mentioned how at first all bodies were placed into a sealed coffin, regardless of whether or not the person had had COVID-19, while others only sealed coffins immediately for those with COVID-19 listed as their cause of death (i.e. if they had tested positive 28 days before the death).

As a result of these measures many bodies were not able to be washed, dressed, or embalmed, with no eye-setting or mouth-stitching available, and many families were unable to view the bodies of their loved ones. These changes also impacted the ability to carry out certain religious rituals. For example, Muslim communities were not able to wash the deceased and bury them quickly, as tradition requires, and bodies were not able to be taken home.⁴⁵

⁴⁵ In Islam, immediately after the death it is customary for the family to wash the body (this ritual bathing is called *ghusl*) and then cover it with white sheets (called a *Kafan*). While cremation is prohibited in the Islamic faith, it is very important that the burial takes place as quickly as possible after the death. <https://www.funeralpartners.co.uk/help-advice/arranging-a-funeral/types-of-funerals/muslim-funeral-services/>

The inability of families to view the bodies of their loved ones during the pandemic was viewed as particularly impactful, with funeral staff describing it as the “most horrific part” of their role during the pandemic. This caused distress for families, many of whom knew that their loved ones had not died of COVID-19, but believed that their body was being treated as if they had. One bereaved person spoke of how their mother died of a stroke, but because she had tested positive 28 days before her death, the cause of death was listed as COVID-19. This meant that they could not see their mother’s body at the funeral home, dress her in her own clothes or arrange her hair, which had continued to upset them months after her death. The impact of these experiences on bereaved people’s grief and wellbeing are explored in chapters three and four.

“I hate the thought even now. I hate the thought that my mum wasn’t dressed properly and had all her hair done.” – Bereaved person

Some funeral staff reported how their organisation tried to keep services the same as before the pandemic, by using more PPE to ensure the safety of their staff. These funeral homes found a way to wash, dress and embalm bodies safely (including those who died of COVID-19), so that families could view the body. In some instances, families were able to do this via Zoom. The point at which services, such as embalming, were reintroduced differed between funeral homes. Some reintroduced this as soon as possible due to their belief in the importance of viewing the body for the family, while others waited longer due to concerns over staff safety.

Full PPE was worn when collecting bodies of the deceased during the pandemic. This restriction was relaxed as time went on. Funeral staff and bereaved people reported this sight as distressing, for instance collecting bodies from care homes in this manner reportedly scared some of the residents. This change was felt to be “clinical” and for some was the most difficult aspect of the death, whereby the deceased were no longer viewed as being treated with humanity but instead problematised as potential carriers of infection.

“They were dressed in these white suits with the masks on and everything like that. It wasn’t their fault. It kind of lost its dignity, if you know what I mean? It became someone who could be contagious rather than a person and I think that was a shock to the system... Instead of it being Dad it became a problem, I suppose, to deal with.” – Bereaved person

The increased death rates in care homes during the pandemic created further difficulties in managing the bodies of the deceased. One funeral professional reported that their organisation had a capacity of 20 bodies, but during the peak of the pandemic they had 94 bodies in their care. This resulted in some

needing to be stored in distant crematoria and at one point running out of coffins. Mortuaries were at capacity, and as a result bodies could not be stored in the way that they usually would and adaptations had to be made. For example, all furniture had to be moved out of some Chapels of Rest in order to make room for the increased number of coffins while in some temporary mortuaries coffins had to be stacked in tight spaces. Staff who witnessed this felt distressed about not operating to the standard that they were comfortable with.

“We had to find ways to try and manage that in a dignified and respectful way, and we didn’t always achieve that to a standard that we were satisfied with, or would want anyone else to witness, in terms of the way in which coffins had to be stacked in tight spaces to make sure everyone was with us. It took time to put a temporary mortuary in place for another 100 people, and I know that distressed our staff.” – Funeral staff member

Further difficulty was reported in sourcing PPE to ensure these processes could be carried out safely, particularly at the beginning of the pandemic, when PPE was both scarce and expensive. Limited PPE available added further stress for funeral staff, with some worried about their safety. Some organisations had to be imaginative in how they sourced PPE, with one funeral professional explaining how they sourced theirs from a nearby dental practice that was closing.

2.3 Experiences of the funeral

For much of the pandemic local authorities set the restrictions on funerals in their locality⁴⁶, for instance on the number of attendees allowed in different venues based on their size. At the outset of the pandemic, many local authorities banned all ceremonies in places of worship or crematoria, with only unattended direct cremations⁴⁷ or graveside services with limited mourners permitted. Numbers of attendees permitted at funeral services, for much of the pandemic, depended on where the service would be held, whether in a cemetery, a crematorium, or a place of worship. At various points in the pandemic 15 attendees could attend, before rising to 30 in England and then any number of mourners from May 2021 provided that social distancing could be adhered to. Consequently, at what point in the pandemic a death occurred impacted greatly upon the service that could be conducted.

⁴⁶ When COVID-19 restrictions were first put in place in March 2020 there were guidelines provided for funeral services across the UK, however there was variation in how local authorities (who were given new powers under the Coronavirus Act 2020) implemented these restrictions. For instance, based on the nature of the premises within their area. In May 2020 in Wales and Northern Ireland, funeral restrictions moved to being set by each local authority and restrictions on attendees were based on venue size and type.

⁴⁷ A direct cremation is when the deceased is cremated without a funeral service and mourners are not present at the cremation. The number of direct cremations increased during the COVID-19 pandemic.

2.3.1 Services offered

Before the pandemic, funeral staff described how they would always try to accommodate families' wishes and were guided by what they wanted. However, they were not able to do so during the pandemic and frequently had to deny requests due to the restrictions, which some funeral staff found stressful and upsetting. Bereaved people expressed similar feelings, commenting on the limited flexibility offered around the date and time of the service, the type and format of the service, and number of attendees allowed. Funeral staff felt that this was particularly upsetting for those who had not been able to visit their loved ones immediately before their death, with the funeral and related activities – such as retrieving their loved one's possessions – taking on more significance in these cases.

Bereaved people felt as if decisions had been taken out of their hands and instead they were simply informed about what was going to happen, for instance being told by a coroner that a cremation would take place rather than being involved in making this decision. Bereaved people also expressed guilt at not being able to carry out the wishes of their loved one, for instance in cases where the deceased had planned or pre-paid for a particular service that was not permitted at the time of their death. This led some funeral staff to feel that they were not able to provide a quality or bespoke service, instead doing the best they could within the constraints, but still sometimes disappointing families.

*“It was a world of 'No', and I think that was our biggest challenge.” –
Funeral staff member*

In the first stages of the pandemic churches were closed and no services, including worship, could take place. Instead, direct cremations without guests became commonplace, and religious services were often conducted at the graveside rather than in the church. Over time more venues were open and able to host funerals under certain restrictions. However, not all funeral providers were impacted equally by this change. Some funeral homes had access to large venues where social distancing could be maintained, enabling services to go ahead. This was not possible for other funeral homes, that only had small venues available to them. The number of available services was also limited in some instances, as staff, clergy and celebrants were at times shielding and unable to deliver funerals. It was reported by both funeral staff and bereaved participants that services also became shorter, as there were fewer people attending and more services to get through, with time needed between each to clean the venue to make it COVID-safe.

Funeral staff felt more able to personalise services as the restrictions relaxed (see Appendix A), for instance once 30 attendees were allowed at the service. Funeral staff also explained changes to their vehicle service. At the onset of the pandemic cars were not available to bereaved people attending a service, as

they would not have been able to remain distant from the driver. Cars were reintroduced over time, with screens placed between the driver and passengers, masks worn and windows open to be COVID-19 safe. At this stage only those in the same household could travel together, which was considered by funeral staff to be isolating for those travelling to a service alone.

2.3.2 Mitigating the effects of restrictions

To help mitigate the effects of changes to services, including reductions in the number of people who could attend (discussed further in section 2.3.3), many funeral homes introduced streaming services, where the funeral was filmed and people not in attendance could watch online. Some funeral homes offered this service before the pandemic, but it was not often used. Others introduced this option during the pandemic, with some funeral homes offering it free of charge.

Streaming extended access to the service in two ways: by allowing those who were unable to physically attend due to restrictions, health or access issues to still view the service, and by having a permanent recording allowing the service to be experienced again at a later point. Funeral staff viewed this as an important way to involve family and friends in the service, with some taking extra measures to personalise this offer, such as:

- Celebrants specifically **addressing those watching remotely**;
- **Putting the order of service online** for people to refer to while watching;
- **Including pre-recorded video tributes** by those unable to attend in person;
- **Playing the video stream outside of the venue** rather than only being available online, allowing people to attend the venue even if restrictions did not allow them to enter.

Allowing services to be viewed online was repeatedly cited by funeral staff as integral to offering a satisfactory service during the pandemic. Funeral staff planned to continue offering this service once the pandemic was over.

“[Streaming funeral services is] brilliant for people who have maybe got family that live out of the UK... That’s something that’s definitely improved. I’m not sure if it would have happened as quickly without COVID.” – Funeral staff member

One funeral staff member suggested that a positive impact of these changes is greater creativity in how services are delivered, with funeral homes and families increasingly open to moving away from a more traditional service. For example, families might opt for a simple funeral service with few attendees but have a large memorial service later.

“It’s that way of being a little bit more creative and possibly thinking about or doing things differently to the norm that we’ve had to embrace

*and deal with, which I think has been quite a positive move really.” –
Funeral staff member*

2.3.3 Role of funeral staff

Funeral staff expressed feeling less involved in the services conducted during the pandemic. Less staff were present on the day of the funerals, often working in reduced teams to minimise the impact of team members becoming infected with COVID-19. As with bereaved families, funeral staff were not able to travel in the hearse to the service with the driver and the deceased. There were also changes to the roles staff were permitted to undertake during services. For instance, there was minimal coffin bearing, and instead the coffin was transported on a trolley for safety. This resulted in some funeral staff feeling distant from the families that they were supporting and the services they were providing.

Funeral staff were also impacted by the high number of funerals that needed to be conducted. One organisation saw the number of funerals they conducted a month increase by over 125%, with more staff needing to be recruited and trained to meet demand, and requiring longer working hours, which impacted staff wellbeing. Another organisation reported conducting four to five times the usual number of funerals in April 2020 and had five days in a row where they were conducting five funerals per day (compared to the one or two a day they typically conducted before the pandemic). This experience was described as “horrendous” and “relentless”, and having a psychological impact on staff (see chapter four), with some also struggling with practicalities such as childcare arrangements. This was further complicated by increased numbers of staff being off work unwell or isolating due to COVID-19. This resulted in burnout and some staff even leaving the profession.

“Our workload, for three months, probably quadrupled and didn’t stop. I’ve never known anything like it in all of my career, in all of my life, ever.” – Funeral staff member

2.3.4 Restrictions at the service

While pre-pandemic funerals rarely had limitations on attendance, sometimes with hundreds of people present, restrictions meant that during the pandemic only a few people were able to attend. Official guidance suggested that only immediate family or those very close to the deceased should attend, with bereaved people describing difficulty in choosing who to invite. Bereaved people described how previously they had not had to invite anyone to a funeral service; their loved ones would just “show up”. During the pandemic this became a carefully thought out and “horrendous” process, adding further stress at what was already a difficult time. Some families did not want to make this decision, with funeral staff reporting that some chose to not have a funeral service and instead waited to have a memorial service at a later date when restrictions had eased and more people could attend.

Funeral staff described how some families chose a funeral venue based on its capacity, so they could invite more people. For example, some chose a venue that was inconveniently located but able to seat more people socially distanced than venues closer to them. Some bereaved people chose the type of service based on the number of attendees that would be allowed. For instance, one participant spoke of opting for a service at the crematorium as 30 people could attend, which was more than the number permitted in the church.

The restrictions on attendees were criticised by both funeral staff and bereaved people, with some believing that the numbers were arbitrarily chosen with no scientific rationale (see chapter six for participants' views on restrictions). Funeral staff expressed frustration on behalf of their customers, feeling that it was unfair that bereaved people had to make such a hard decision when in other situations, such as football matches, large numbers of people could gather. Some bereaved people were not able to attend a service at all because of the restrictions, which was the source of much sadness and regret, and a feeling that not enough was done to celebrate the life of the person who died. This led some participants to want to apologise to the person they lost – an act they would never be able to achieve.

Restrictions on attendees felt particularly difficult for those who described the deceased as a “people person” or someone with a lot of friends, with the knowledge that many more people would have been in attendance if possible. However, others felt that a smaller service felt more appropriate in their circumstances, feeling more personal and intimate, and that forgoing a large service was more in keeping with the wishes of the person who died. Others were grateful for not being surrounded by people while in the depths of their grief, instead able to focus on their immediate family. Some reported feeling less on display and not feeling as if they had to hide their emotions, and so were “quietly pleased” by the restrictions on attendees.

“[The limit on attendees] meant in a really selfish way that you didn't actually have to deal with people... Instead of wondering how other people were, because the numbers were so small, you just had to concentrate on your family.” – Bereaved person

“[I've seen] some of the most personal and beautiful services I've ever seen in 20 years of funeral directing.” – Funeral staff member

Restrictions also meant that attendees had to wear masks and sit apart during the service – sometimes being instructed to do so even when in the same household and when they had travelled to the venue together – and unable to physically comfort one another. Funeral staff reported it being painful for families to not sit together and finding this difficult to watch as a result. One funeral staff member recalled a mother not being allowed to sit with her pre-teen children at their grandfather's funeral. This was felt to go against some

participants' natural instincts to physically comfort those who are upset and resulted in some attendees feeling "isolated" and "lost". Funeral staff also had difficulty in following the restrictions themselves, with some finding that wearing a mask inhibited their ability to interact with the family at the service. In addition, they were reluctant to police social distancing of attendees; a responsibility that was placed on them and for which they could be fined for not implementing.

*"A funeral service is one of those ones that I think it's very difficult to stick rigidly to, shall we say, because it's just the natural inclination of people to support each other by a hug or a kiss or something like that."
– Funeral staff member*

"Even in the church everybody was sitting miles apart... Sitting socially distanced from each other is strange as well when you really want to be next to them... People need to be able to touch and hug and shake hands and that wasn't an option." – Bereaved person

Families were also unable to touch the coffin due to safety concerns, meaning they could not carry the coffin or place flowers on it, which was upsetting for bereaved people. There was also no singing or organist playing, and instead families had to choose music to be played over speakers. Some bereaved people found this particularly upsetting, with singing viewed as an "outlet for their grief" during the funeral (see chapter three).

Both funeral staff and bereaved people felt that restrictions significantly altered the "feel" of the service. The reduction in attendees and the inability to be physically close to one another left the service feeling "cold" for some. Funeral staff found some services to be sombre and heavy, with it harder to celebrate life. This sentiment was echoed by some bereaved people, who also felt that the service was rushed and did not adequately represent the deceased.

Time restrictions on funeral services impacted on bereaved peoples' experiences, with service length highlighted by participants as a key aspect of the service that changed due to the pandemic. Service length was shorter because more services were being conducted, and cleaning was required between services. Shorter services concerned some bereaved people, who were worried that there would not be enough time for what they had planned and that some elements, such as eulogies or songs, would be missed. As a result, the services conducted during the pandemic felt too short to some, feeling "rushed" or "unnatural" and not what the deceased would have wanted.

"It just felt like the body went away and then you're walking out, and that's it. It's like it shouldn't be that short, it should be longer to kind of represent her life, it was just a short service." – Bereaved person

Some families were creative in personalising the service without breaching restrictions. One funeral staff member reported how, when it wasn't possible to have flowers (due to florists being closed or supply chain issues at the start of the pandemic), families would decorate the hearse with items that reflected the deceased's interests instead. Others countered restrictions in attendees by having people line the street as the hearse drove to the service. When not allowed to sing during the service, one family chose to dance to a song at the end of the service behind the coffin. Another participant reported going "overboard" with flowers as this was within their control at that time, when so much else was not possible. Emphasis was placed on the elements of the services that the families were able to choose, with more meaning being placed on decisions that came from them.

"It was the most beautiful, moving ceremony, because we chose it." – Bereaved person

Bereaved people's feelings about the service were often contextualised within the pandemic restrictions and knowledge that their situation could have been worse. Comparisons were frequently made to other funerals during the pandemic, emphasising the point made by funeral staff that at what point the death occurred during the pandemic impacted on bereaved people's experiences.

2.4 After the funeral: wakes and commemoration

At the onset of the pandemic, post-funeral gatherings, such as wakes, were prohibited. They were slowly reintroduced with limits on numbers before gradually more commemorations, including full wakes, returned. Funeral staff had comparatively little to say about wakes and similar commemorations as they do not usually play a role in organising gatherings that take place after the funeral service. However, some funeral staff commented that the lack of post-funeral gatherings prevented some bereaved families from beginning to process their grief. To this end, both funeral staff and bereaved people described how wakes and equivalent gatherings are a key part of the grieving process, as they give the opportunity for mourners to share stories and say a more informal goodbye to the person who died. To not have them was upsetting for bereaved people.

It could be challenging when memorial services were delayed and took place later, as for some it opened up "old wounds". Once restrictions permitted, some bereaved people decided against having a wake or other commemoration service, for the following reasons:

- That the **momentum** for planning a wake **had been lost**;
- That **having a gathering so long after the death** was "dragging things out" and would result in them experiencing "fresh" feelings of grief;

-
- That **the commemoration might need to be cancelled** if restrictions suddenly changed again;
 - **Fear of spreading or catching the virus.**

One family put a notice in their local paper after the death explaining their choice to not host a wake and received phone calls in support of their decision, which they found comforting.

2.4.1 Alternative commemorations

Many bereaved people arranged alternative commemorations that were held when they were not able to have the funeral or wake they wanted. These activities were often ways of remembering the person who died that did not involve meeting with others and putting each other at risk of infection. They included planting a tree in honour of the person who died, or having their name placed on a tree or lifeboat. Other activities involved sharing an experience with others in ways that were more COVID-safe than gathering at a wake. For example, one participant described how after the funeral service the attendees returned to their cars to eat a picnic that one family member had prepared for everyone, which allowed them to have a shared experience at a time when it was difficult to do so.

Some memorial activities remained delayed because of the pandemic. For instance, bereaved people spoke of delays in receiving their loved one's ashes. For some, scattering the ashes was further delayed by travel restrictions preventing them from travelling to the place they wished to scatter them. When bereaved people were finally able to carry out these commemorations, they reported feelings of "peace" and "closure".

"I suppose I would have liked a wake. I would have liked to have invited people round or gone to a pub or somewhere. That's one thing I would have done. That's the only thing I can think of that we could have done to make it better." – Bereaved person

Nevertheless, the importance of gathering in a group as a shared experience after the death remained important to bereaved people. Those who were able to have a gathering sometime after the death described it as a "turning point" in their experience of grief which ultimately improved their wellbeing. Such gatherings did not always take the form of a traditional wake, for instance one participant attended a church service for those who had lost someone during the pandemic, and found that commemorating alongside others made it feel like a shared experience even though they had not lost the same person.

3. Grieving and bereavement during the COVID-19 pandemic

This chapter explores the impact of the restrictions surrounding deaths, funerals, gatherings and commemorations (outlined in chapter two) on bereaved people's experience of grief and bereavement during the pandemic. It also considers how adaptations to the conduct of funerals during the pandemic might relate to societal changes in funeral customs which may have already been underway.

3.1 Goodbyes and last times spent with the person who died

3.1.1 Touch and physical presence

Lost opportunities for touch and physical contact with the person who died, before, at, and after the death, were keenly felt by bereaved people. The impact of not being able to be physically present with the person before they died, to say goodbye to them as they neared end of life, or to be able to give them a hug, a kiss, or to hold their hand was widely reported by bereaved people as exacerbating their feelings of loss and grief during the pandemic.

3.1.2 Before the death

As discussed in chapter two, during the national lockdowns care homes were closed for visits and people were therefore not able to visit their relatives or had restricted visiting. Grief was felt to be harder for those who did not see their loved ones before they died and for those who had restricted access. In some cases, families were able to visit at end of life, but not until a terminal diagnosis was given. One bereaved person found this stage to be "the most distressing period" of their grief. Less forewarning of a death owing to this lack of contact, and in some cases a reduced awareness of the person's deteriorating health, contributed to bereaved people's shock and sense of loss.

Where care homes tried to mitigate this physical separation by offering a videocall, or arranging for relatives to visit the person from outside a window, there was sometimes doubt about whether the person could hear, or as noted above, there was a feeling of shock at seeing a drastic deterioration in a loved one's health where the bereaved person felt this had not been sufficiently communicated. The loss of physical touch, which could have provided comfort to the person who was dying and to themselves, was also felt by bereaved people.

*"[...] if I'd been there, at least I could have held her hand or something."
- Bereaved person*

3.1.3 At end of life and in final hours

The extent to which bereaved people could be present and touch the person at end of life and at the time of death varied for those whose relatives died in care homes, or in hospital, with tighter restrictions experienced during the first wave of the pandemic. Where visiting was permitted, families felt that it was helpful for saying goodbye. For example, one woman and her adult children visited her husband in hospital, wearing PPE and were permitted by nursing staff to remove their masks. Furthermore, the bereaved person was allowed to remain with her husband (in a coma) while his tubes were carefully removed and to be with him when he died, which from her perspective made it feel like a "good" (COVID) death.^{48,49} Another bereaved person was allowed to be in a private room with her husband in his care home on the day he died. The staff closed the door and told her "we're not watching you".

"I thought that was good really because we could say a proper goodbye. We held his hand, but we didn't do anything other than that, not hugging or anything strange. We just held his hand and said goodbye." – Bereaved person

Not being able to be with the person at end of life or at the moment of their death impacted on people's experience of grief. This was particularly so when there had been reduced contact in the preceding weeks, owing to the restrictions or to the bereaved person's own ill health, including contracting COVID-19 themselves. A last videocall did not adequately mitigate the inability to say goodbye when the person who was dying was unconscious or unresponsive. The lack of physical presence with the person who died made it harder for bereaved people to accept the death and to fully experience this element of grieving.

⁴⁸ Meier, EA., Gallegos, JV., Thomas, LP., Depp, CA., Irwin, SA., Jeste, DV. (2016). Defining a Good Death (Successful Dying): Literature Review and a Call for Research and Public Dialogue. *Am J Geriatr Psychiatry*. 2016 Apr;24(4):261-71. doi: 10.1016/j.jagp.2016.01.135.

⁴⁹ Simpson, N., Angland, M., Bhogal, JK., et al. (2021) 'Good' and 'Bad' deaths during the COVID-19 pandemic: insights from a rapid qualitative study *BMJ Global Health* 2021;6:e005509.

Among those who felt fortunate to be with the person who died at or around their death, there was still a sense of loss that other family members were not able to be physically present, owing to ongoing restrictions. For example, a wife who was allowed to see her husband in hospital was regretful that her mother-in-law, her husband's mother, was not.

“Under normal circumstances my mum and my step-dad would have been at the hospital with us... My mother-in-law would have been able to go in and see her son before and after he died, but she couldn't, and she wanted to see him in his coffin; obviously she couldn't do that either. When you have that kind of shared experience, you experience that grief together right from the beginning, we didn't have that. So then when it came to the day of the funeral, I was completely detached from everybody.” – Bereaved person

Funeral staff described how visiting restrictions at end of life and at the death will have had the most profound impact on bereaved people's grief, which was likely to be prolonged grief, because of the trauma and guilt associated with this.

“I think the biggest impact would have been not being able to visit their loved one during their last illness, or indeed the last hours. I think that deprivation was the most profound; feeling distant at a critical moment and time that you will never get back.” – Funeral staff member

3.1.4 Following the death and in the Chapel of Rest

Not being able to provide a last act of physical personal care to a person who had just died impacted people's grief and “played on their mind”. Acts that bereaved people said they would normally carry out included arranging the person's hair and smoothing out their clothing, or perhaps washing their face. Being physically present when the funeral staff came to collect the body, and selecting some clothes for the loved one to be dressed in were also mentioned as important. The (in)ability to carry out such acts was also associated with a feeling about whether bereaved people were able to ensure the dignity of the person who died, as noted in chapter two and below.

Bereaved people also expressed upset at not being present and able to ensure that care home staff physically handled the body according to religious custom. For example, placing the person's arms by their side and not crossing them, was mentioned as important for a Jewish bereaved person; and the inability to have a priest attend at end of life had an impact on the grief of a Catholic participant.

“We said a prayer over the phone, but it's not the same. She had the rosary beads in her hand and holy water, but she had no priest with her. She didn't have us around the bed. She didn't have us cuddling

her, which was all for our benefit as much as [my sister's] but it was the ritual that we follow as a family and as a religion. So that was stripped away from us.” – Bereaved person

As outlined in chapter two, being unable to visit their loved one after the death in the Chapel of Rest was reported by bereaved people, especially in the early months of the pandemic. Bereaved people expressed regret and sadness about this even after some time had passed since the death. Viewing the body in the Chapel of Rest normally provides a further opportunity for physical presence with the person who has died, and to acknowledge the death.⁵⁰ This can allow bereaved people to see and touch the body, as well as say final farewells, which can mitigate the loss of not being with the person at end of life or at the death. Where this was not possible, particularly at the start of the pandemic, funeral staff described how bereaved people were deprived of a part of the grieving process and that this would likely have an emotional impact on bereaved people in future.

“Hospitals weren’t allowing people to go in to see that loved one, so therefore, they haven’t been able to see them in the hospital while they’re alive, and they’ve died of COVID and now the funeral director’s telling me we can’t go and see them. They will forever have that point of view that they could never physically say goodbye. I think further down the line, that will hit a lot of people [...] I think it increases that impact of grief because the process of saying goodbye to someone that people go through, like the funeral, like the chapel of rest, they’re all stages and it helps people at each stage.” – Funeral staff member

There was acknowledgment among funeral staff that not all families wish to visit the Chapel of Rest, but a sense that the removal of control or choice about this had a major impact on families’ grief.

“I think a big part in helping people grieve is, if they want to, being able to come and see that person here prior to the funeral. With some families not being able to do that, there’s a void for them. It’s had a massive impact on them being able to grieve.” – Funeral staff member

For some religious families this impact on grief was compounded by the inability to perform religious rituals around washing and dressing. Even outside religious practice, where COVID-19 was involved or suspected and the family was not able to visit in the Chapel of Rest or have personalised care of the body, there was a lasting impact on grief.

⁵⁰ Simpson N, Angland M, Bhogal JK, *et al* (2021). ‘Good’ and ‘Bad’ deaths during the COVID-19 pandemic: insights from a rapid qualitative study. *BMJ Global Health* 2021;6:e005509.

“It was the finality of them telling you your mum’s hair can’t be done. You can’t put her clothes on, and it has a big impact on families, because I hate the thought even now, I hate the thought that my mum wasn’t dressed properly and had all her hair done, you know what I mean?” – Bereaved person

As well as saying goodbye to the person who died and accepting their death, viewing the body in the safe and trusted care of the funeral staff normally helps the bereaved person to feel sure that it will genuinely be their loved one who is buried in the chosen grave or whose ashes will be returned to the family. Bereaved people spoke of the uncertainty and insecurity about the status of the body being buried or cremated, and this was also recognised by funeral staff. For some bereaved people, not only missing the step of viewing the body, but also the awareness that their loved one was in a sealed body bag was very hard and impacted on grieving.

“They weren’t allowed to visit them in hospital and then they weren’t able to come and visit in the chapel and they weren’t able to acknowledge that that person was actually that person.” – Funeral staff member

“I found another hard thing was the fact that I wasn’t allowed to even see him once he had gone. Looking back now, I’m guessing because of the situation they probably sealed the bodies up, but I couldn’t actually see if that was my dad that was being buried.” – Bereaved person

3.1.5 At the funeral service

Bereaved people found it distressing not to be able to carry out any acts of final physical contact with the person who had died at the funeral service. As reported in chapter two, the level of restrictions varied and changed over time. Among bereaved people whose wishes were restricted, the inability to perform actions such as touching the coffin, or placing flowers on it, having family members bear the coffin, or simply travelling with the coffin in a funeral car following the hearse were all mentioned as impacting negatively on their grief. A physical separation from the person who died was experienced by bereaved people at crematoria where they were not permitted to have the curtains left open, or to touch the coffin or press the button at the committal.

“We weren’t allowed to put anything on the coffin or even touch the coffin. That for me was the biggest thing, I couldn’t touch the coffin. We weren’t allowed, and actually they [... upset]. I wanted to just put a single flower on my son’s coffin and they wouldn’t let me.” – Bereaved person

Grief was impacted when the funeral service was felt to be inadequate or not able to be held according to the bereaved family's wishes. For example, because a direct cremation had been chosen, or because no one physically attended the service other than the officiant, or where the service was heavily curtailed in time or numbers. Of the bereaved people who were not able to see their loved one at any point before, at, or following the death, the impact on grief was compounded as there were no opportunities to say goodbye. Where both the death and the funeral service were restricted in this way, the death could be said to fall into the category of "ambiguous loss" which can complicate grief and make it more difficult to process.⁵¹

3.1.6 In the home of the person who died

Before the pandemic, taking time to be physically present in the home of the person who died and to sort through possessions presented another opportunity to understand and adjust to the fact that the person had died. During the pandemic this part of the grieving process was disrupted for bereaved people. In the event of deaths in a care home or assisted accommodation during lockdown, the room was cleared by staff. Belongings were bagged up for collection by the family, and in one instance unceremoniously left outside.

"The last phone call we had was to say that she had died, and then my sister got a message saying that we could go and collect her belongings 72 hours later. Which we did, they were all bagged up in the front entrance of the care home. We just picked them up from there and that was it. Nothing at all." – Bereaved person

There were sometimes doubts about whether all possessions had been returned, feelings that the room was cleared too quickly, or that bereaved people were not able to pay one last visit to the lived-in space. These disruptions impacted on grief and acceptance of the death by not providing a chance to visit the room as it was or to take part in the transition of the space to one that the person no longer occupied. As one bereaved person whose sister lived in assisted accommodation described it, this was a "massive loss", and "horrible", as they could not go in to collect her sister's belongings, say goodbye to the carers, or to the home.

"We would have gone to the house to collect the belongings. We would have seen people saying that they're sorry for the loss, but there was none of that. It was a complete break from where she lived." – Bereaved person

⁵¹ Hernández-Fernández C, Meneses-Falcón C. (2021). I can't believe they are dead. Death and mourning in the absence of goodbyes during the COVID-19 pandemic. Health Soc Care Community. Aug 7:10.1111/hsc.13530. doi: 10.1111/hsc.13530.

This feeling was still present at the time of the follow-up interview and its impact on the person's grief was further explained:

"Then also the thing that I did notice a lot about the grieving process, which you don't even realise is so valuable, and this is very strange, taking her belongings, packing them away and sorting them out and giving them to other people, and closing her room up. I never got to do that, and that's really on my mind, because I was thinking, where is that CD? What's happened to that CD? Because I know that was [her] CD; that must have stayed in the - did they give me all her stuff? I don't know, and I'm sure they did give me all her stuff, but I don't know whether they did." – Bereaved person

While bereaved people regretted the lost opportunity to handle and deal with possessions themselves, the impacts of the pandemic could by contrast mean that bereaved people were surrounded by their loved ones' possessions for longer than they would have wished. For example, the possessions of those who died at home, and in some cases belongings returned from care homes, sometimes had to be kept for longer than usual and acted as constant reminders of the bereaved person's loss. This left them feeling unable to act on or to deal with things as part of their grieving, such as deciding what to keep. Items were sometimes difficult to dispose of during the lockdowns, for instance because charity shops were closed because of restrictions.

"You were constantly having reminders everywhere because you couldn't really, because of COVID, actually dispose of them, short of burning them or something! I've still got lots of things that I'm gradually disposing of, if you like, but it is quite upsetting seeing things." – Bereaved person

Later in the pandemic the situation eased and bereaved people were again able to take care of the possessions and dispose of them in a more typical way, and to take time, which helped them to process their grief.

"With Auntie, I was in the house. Initially it felt like she was on holiday and I was cleaning it and tidying it, getting it ready for her coming back. As time went on, it was like she's gone and the house became less and less. That was a really nice way of sort of easing the grief." – Bereaved person

3.2 Cause and circumstances of death

COVID-19 deaths affected bereaved people's grieving in diverse ways. In the first national lockdown, certified COVID-19 deaths led to a specific way of handling the body at the funeral home, inevitably meaning that the bereaved person would have no further contact with the person who died (see chapter two).

In some cases, this added to people's grief, particularly where it was felt that there was little risk of spreading infection, for example where the person's positive COVID-19 test was more than 28 days before the death. Conversely, in the early months of the pandemic when testing was not always available, some families had been able to visit their loved one at end of life and then COVID-19 appeared on the death certificate. This not only led to restrictions on viewing the body, but also added to people's grief by causing great stress and worry when there were family members who were clinically vulnerable.

The question of what appeared on the death certificate also made a difference to people's grief in terms of having a truthful life story of the person who died. Bereaved people were unsure about whether their relative might actually have died of COVID-19 in cases where this was prevalent in the care home, but testing was not available. Where the death had followed more than 28 days after a positive test, there was a feeling that it was inaccurate for COVID-19 to have been given as a cause of death. The other aspect of COVID-19 deaths that had an impact on people's grief was where the virus had been contracted in a care home or hospital following an admission for a non-COVID condition. This added to the bereaved person's feelings of grief in the sense that the death was felt to be preventable.

Other deaths that bereaved people considered to have been potentially preventable included instances where there was a seemingly early hospital discharge or a perceived lack of post-operative care. These deaths were felt to be attributable to knock-on pressures on the NHS. Another perception of one bereaved person was that an elderly relative may have caught COVID-19 in assisted accommodation at a time when they could have returned to the family home for Christmas.

"The ironic thing is that one of the staff actually brought it [COVID] in at Christmas and mum actually got COVID along with a lot of the other residents I think. At least nine died in there. It's things like that that make you feel so sad, because you just think it shouldn't have happened. There are thousands feeling like it, isn't there really?" – Bereaved person

Bereaved people whose loved one's death did not involve COVID-19 mentioned feeling that their grief felt different from those bereaved by the virus. This was a feeling that they could not express their grief when so many deaths had taken place, or that their experience was not in line with, or was overshadowed by the prevailing national conversation about COVID-19 deaths.

"...when you've just lost somebody to just 'normal' death during the pandemic I think it's been slightly different... everything has been talked about COVID deaths and things like that, but those of us who

lost someone without COVID we aren't part of that and it's a strange feeling." – Bereaved person

One mother whose son died from causes unrelated to COVID-19 early in the first wave of the pandemic commented on how her grief had been disrupted.

"I felt I couldn't even complain that my son had died. I felt like I couldn't say anything because there was 27,000 people dead.⁵² I felt like that... I felt that kind of changed the whole grief, the whole thing of it all. I felt I couldn't moan. I felt I couldn't really be distressed. I had to shield as well. We were trapped in the house. I felt trapped, shielding in the house with just a big pain that was just overflowing at times." – Bereaved person

Even in cases where COVID-19 had featured in the death, there were feelings of being unable to relate to the general experience of COVID deaths. For example, if a bereaved person was younger; or, by contrast, there was guilt among older bereaved people about expressing grief when they knew that others had lost much younger loved ones.

Such views of bereaved people were suggestive of the concept of "disenfranchised grief", perhaps on a large scale, whereby some bereaved people's legitimacy to grieve is challenged. Firstly, bereaved people's grief may have been disenfranchised through the societal understanding of death and loss being inextricably linked to COVID-19 during the pandemic; secondly, the high number of deaths may have disenfranchised people's individual grieving.⁵³

3.3 Gathering to comfort each other and celebrate the life of the person who died

3.3.1 Following the death and up to the funeral

Pandemic-related restrictions or COVID-19 infections meant that some bereaved families were unable to gather and comfort each other through close physical touch such as hugging, putting arms around each other, sitting closely together, eating together and talking about the person who died. This loss of comfort, touch and support impacted on their grief. For example, a mother who could not hug her daughters until 10 weeks after her husband's death because of a combination of COVID-19 infections and restrictions; a son who felt he did not have his mother to help him with his grief around his father's death, because her anxiety about the virus led her to adhere to the restrictions in full and not allow him to stay in the family home.

⁵² The bereaved person's son had died early in the pandemic when this was the approximate number of deaths from COVID.

⁵³ Kokou-Kpolou CK, Fernández-Alcántara M, Cénat JM. (2020). Prolonged grief related to COVID-19 deaths: do we have to fear a steep rise in traumatic and disenfranchised griefs? *PsycholTrauma Theory Res Pract Policy*;12: S94

“I suppose I really wanted my mum and didn’t feel I really had her. I wouldn’t say that to her, although she does recognise that now, but really I wanted to be in my family home with my mum as much for her as for me.” – Bereaved person

For some bereaved people, the restrictions on gathering were helpful in processing grief or were experienced as a mixed blessing, which in some instances challenged social and cultural or religious norms. For example, a bereaved person from a Jewish background who was unable to sit Shiva as usual or to organise a typical large funeral, because of her own ill health from COVID-19 as well as the restrictions, noted that instead she was able to see family and friends over a longer period and in smaller numbers.

“Everyone said it must be awful not having a Shiva every night and the funeral, but if I’m honest, I didn’t miss having a Shiva, because after a month or two, people phoned and emailed, and it felt like a big ring of support.” – Bereaved person

3.3.2 The funeral service or direct cremation

The social distancing measures applied during funeral services and committals were reported in chapter two. These were widely experienced as difficult for bereaved people and their families during this key moment in their grieving, as those attending were unable to have the physical closeness that would be usual without the restrictions. Not being able to sit together, hug each other, or to comfort children and other family members were all experienced as extremely hard to bear.

The limits on bereaved people’s ability to gather physically and be present in person at the funeral ceremony and at other funeral rites impacted on this important moment in people’s grief. This was particularly the case in large families, where some close family members had been excluded either because of the restriction on numbers, travel restrictions or health vulnerabilities. For larger families and people whose cultural tradition is to attend funerals in large numbers, the limits – even when raised significantly – were still an additional stressor that had to be coped with and made them feel “horrible, horrible”. They had to take decisions about who to invite and exclude and to break the news to family members and friends, while also being deprived of social support at the funeral.

“I think it’s stopped us from grieving properly, I don’t know, or coping with the situation properly. You would see each other at the praying, you would hug each other, you would provide each other would comfort, and you were not able to do that because you were worried for each other’s safety.” – Bereaved person

A contrasting view was that there were some positives to having a more intimate and private ceremony. It allowed close family to support each other in their grief, without having to be on display to others, and resulted in a more personal feel to the service.

“It was just family; it was very personal; it was her music; yes, it was as good as funerals can be, and it felt more - well, I think I've said that - but it felt more private, more personal, more meaningful actually.” – Bereaved person

However, the feelings about this were sometimes mixed.

“In my head, I just, at funerals, you do watch. You're there for the person, but you're also seeing the people who are mourning and feeling very sorry for them. I did not want any of that. I couldn't have beared [sic] people... It's private, and this was more private than I would have wanted it to be, obviously!” – Bereaved person

3.3.3 Public versus private mourning

Having a funeral service that was necessarily smaller, as described in chapter two, was experienced by most of the bereaved people interviewed. There was a range of impacts on people's grief, including some relief at having a more private, family-only funeral, where they could concentrate on their own grief and where the service felt intimate.⁵⁴ Bereaved people sometimes described themselves as “selfish” for feeling such emotions, as they were aware that people such as friends and neighbours had been excluded from paying their respects at the ceremony.

Equally, there were feelings of distress, sadness and anger that what should normally have been a large public funeral of several hundred people was so reduced, and that the opportunity to come together in an act of collective grief at the right time was lost.

During the restrictions when funerals were smaller and more private, the public elements of mourning by the local community were displaced, but still happened. For example, the local community who could not attend the funeral would line the streets as the hearse drove by. This practice, which had been customary in previous years, reappeared during the pandemic and went some way to help bereaved families by a public show of community grief and respect.

“In terms of the positive side that I didn't say, there was the thing of the crowd going on the street, which was just phenomenal, because there

⁵⁴ Murphy K. (2020). Death and Grieving in a Changing Landscape: Facing the Death of a Loved One and Experiencing Grief during COVID-19. *Health and Social Care Chaplaincy*, 8(2), 240-250.

were at least 200 which is just amazing. It just went on and on.” – Bereaved person

Unaccompanied direct cremations were more frequently used during the pandemic and this practice affected families' grieving, adding to their sense of loss. This included a sadness that the person who died was making a final journey alone, and the lack of opportunity to mark or celebrate the person's life in any meaningful way.

Funeral staff were of the view that the notable increase in unaccompanied direct cremations was not a positive change. The observation was made that during the first national lockdown families sometimes reluctantly made a difficult choice to opt for unaccompanied cremation, with the intention to have a memorial at a later time. However, these memorial plans were also curtailed because of the second wave of the pandemic. Such missed opportunities, on top of the decision to hold an unaccompanied direct cremation, were felt to be likely to have a negative impact on bereaved people's grief processing and grief recovery.

3.3.4 Streaming

As outlined in chapter two, the practice of live streaming or recording funeral services was available pre-pandemic but not commonly used. During the pandemic streaming services became widely available, though not at first.

Bereaved people who were able to attend the funeral in person had mixed feelings about live streaming and recording the funeral. There was recognition that it did enable more people to witness the funeral amid the restrictions on attendance in person, somewhat mitigating the impact this had on grief. However, it was also hard to grieve with others who were not physically there, as one bereaved person commented:

“I just wish they'd been there in person.” – Bereaved person

The experiences of bereaved people who were only able to watch the service remotely were mixed. There was a feeling of loss that they were not able to be there in person and comfort those who were upset. However, more positively, the ability to grieve privately with the camera off was also valued.

Although there was some regret that family members and wider social circles could only watch the funeral online, the practice of live web-streaming was widely positively received as a way to participate at some level. Equally, the ability to watch a recording of the funeral service again was appreciated by bereaved people as another way to help process their grief, even when they had attended the funeral in person.

3.3.5 Wakes and gatherings

Bereaved people described how the bans on wakes or other social gatherings after the funeral, in place during lockdowns and periods of local restrictions, impacted on their grief. There was a sense of feeling “numb”, and that it was “bizarre” to come out of the funeral and just go home.

The lack of a gathering was felt as a lost opportunity for collective grieving, and grief was impacted by not having a chance to celebrate the life of the person who had died, and at the right time. One bereaved person compared pre-pandemic wakes, where the wider family would gather, with the experience of no wake for her grandmother during winter 2020:

“[...] here you are a few years later and you can't have a nice funeral, you can't have a nice wake, you can't invite the people that should be there, and it just sort of really hit home. You're just sitting there going, this is just shoddy, I think that's the word. Just giving a shoddy funeral and a shoddy wake, and a shoddy end of life.” – Bereaved person

3.3.6 Giving voice to grief

With restrictions in place and shorter times allocated for funeral ceremonies at the crematoria, bereaved people's grief was impacted when there were limits placed on the delivery of eulogies, poems, singing or where a fuller religious ceremony could not be held.

Singing during the funeral service is normally an important way for bereaved people to collectively express their grief through their voice with other mourners.⁵⁵ The restrictions on singing at the funeral, which were in place at times during the pandemic, were discussed by bereaved people in relation to giving voice to their grief. One participant described how, in the Buddhist tradition, chanting forms part of the religious rite and this was not allowed as it was classed as singing. A Catholic bereaved person who chose to sing to recorded hymns, reported that this helped with his feelings of regret that he had not said enough to his loved one before they died. He described singing from behind his mask even though it was not permitted at the time, and encouraging other mourners to join in, which they did. For another Catholic bereaved person, even though singing and music were allowed at the time, the service still felt too quiet because of the very small numbers attending. This made it feel different from a normal Catholic funeral, which is generally well attended.

“I think because the congregation weren't there, because if you go to a Catholic funeral people just walk off the street and come in and are at

⁵⁵ Caswell, G. (2012). Beyond Words: Some Uses of Music in the Funeral Setting. *OMEGA – Journal of Death and Dying*, 64(4), 319-334.

the service, so you've always got a church that's got a lot of people." – Bereaved person

Telling and hearing stories about the person who had died, particularly from the wider social network of friends, work colleagues, neighbours and acquaintances was missed by many bereaved people when gatherings and wakes could not be held. This was a lost chance for people to give voice to their grief, celebrate the life of the person, and hear previously unheard stories about their loved one. Even small wakes or gatherings, when allowed, did not fully meet people's need to share stories and talk about the person who had died. When eulogies and funny stories were able to be shared at the funeral, this went some way to make up for the loss of a wake, however the time constraint was felt.

"I would have liked his friends there, I would have liked the people who were close to him as well to be there, but it just wasn't possible at all. I would have liked a celebration afterwards for people to talk about my son, tell me little stories about my son, but we didn't get that." – Bereaved person

"... there was lots of funny things said about [my husband] in the eulogy, a lot of things that people didn't know, so that was good, and it was nice to see some of his work colleagues were there." – Bereaved person

Some bereaved people sought to replace the social gathering of a wake by holding this online or sharing written stories with each other. However, the loss of a social occasion and chance to grieve collectively in person through storytelling was still felt. Later in the pandemic, when some small wakes and gatherings were permitted, bereaved people appreciated being able to celebrate the life of the person who had died and to talk about them after the funeral.

"I think that's hard because you don't get the benefit of hearing stories about your loved one from people who knew them. That was done on the internet. So, some friends just sent stories about how they'd remembered him at university and things like that, but actually talking and sharing about the person that's gone makes a difference I think. I think that was missing and just coming together to grieve as a community. That option wasn't available either and it was difficult." – Bereaved person

"I actually feel like it was so important to have that because we sort of sat around sharing stories from the past about my grandad and we were at the restaurant for about five hours or something. It was just so nice, and I went home that evening feeling like, I guess, having that

sense of closure and feeling like I had really celebrated my grandad's life, as opposed to having the funeral and saying goodbye to him.” – Bereaved person

3.4 Limits to getting out into the wider world, connecting and reconnecting

For people who were bereaved during the first national lockdown in particular, the experience of the first few months of grief was different from normal. Negative experiences varied from feeling that the loneliness of grief was made worse, to not being able to get any distraction or relief from grief or feeling that staying with parents during lockdown and being cut off from friends made grief harder.

Some bereaved people were upset by the loss of contact with specific communities and places, such as places of worship, as these would normally be outlets to express and process grief. Similarly, being on furlough reduced contact with work colleagues and left people at home with time to “*dwell*” on their grief which was not considered positive. The negative impacts of loss of connectedness and the effects on wellbeing are further explored in chapter four.

More positively, stay at home guidance and new remote working policies could, by contrast, help bereaved people with their grief. One bereaved person who had lost her father was able to stay with her mother for several months as she was able to work remotely. In addition, an extended family from a Hindu tradition were able to gather for longer between the death and the funeral, because they were able to work remotely while staying close with the wider family.

One further positive outcome from the social distancing restrictions was that social norms could be broken. In particular, the usual expectation that bereaved people would re-enter society after only a few days or weeks following a death, for example by returning to work, was altered. Some bereaved people expressed a sense of relief during this time of enforced separation from wider society, at being able to take the time and space to grieve at home, at one’s own pace, with the feeling that the pressure was off to reengage with others. For one bereaved mother who had suffered a traumatic death of a child, this was a positive, although she also missed talking to other people.

“I’ve been allowed to wallow in my own grief for a long time, which has been good.” – Bereaved person

Another bereaved person, who had retired during the first national lockdown shortly after her sister died, described how the lockdown helped her by giving

her a time to experience her grief quietly without the pressures of normal everyday activity.

“I think COVID did me a favour this way. It gave me a chance to process it in a very quiet way. So, I think COVID took the pressure off me. [...] There was no pressure of work on top of me. There was no pressure of anything really, because the world had stopped. So that did really help.” – Bereaved person

The pandemic and the restrictions resulted in an extended period of mourning and seclusion from society for bereaved people during lockdowns. Following the lifting of restrictions and a general return to normality in daily life, it is doubtful that bereaved people will continue to have this period of quiet seclusion to help them take time with their grief.

3.5 Impact of delays on grief

Section 3.1 discussed the impact on grief of restrictions to funeral ceremonies and grieving activities before, around and after the death. This section explores the ways in which bereaved people were affected by the delay to normal events and processes, owing to the larger numbers of deaths and other pandemic-related effects.

3.5.1 Delays to funerals, burials and cremations

In some cases, bereaved people were not able to have their loved one buried or cremated within the usual next day or couple of days after the death according to their religious or cultural traditions. More generally, the waiting time for a cremation was increased. In Scotland, one bereaved person waited five weeks for the death certificate as there was Procurator Fiscal⁵⁶ involvement and a waiting list for a crematorium appointment. These delays extended the time between the death and the funeral and, in the view of one funeral staff member, meant that families were unable to “move forward” with their grief.

Other administrative tasks relating to the death were felt to take longer during the pandemic. For example, finalising the estate or pensions of the person who died, where the delays meant constant reminders of the person through having to monitor their property or interact with solicitors. These duties reportedly prevented people from moving on with their grief.

3.5.2 Delays to announcing the death to others

When bereaved people started socialising again, they found themselves repeatedly having to break the news of the death to others much later than would be usual, due to a restricted funeral, absence of an obituary, or being socially distant from others. The fact that other people did not know about the

⁵⁶ In Scotland the Crown Office and Procurator Fiscal Service (COPFS) is the prosecution service and death investigation authority. It has responsibility for investigating all “sudden, suspicious, accidental and unexplained deaths”. <https://www.copfs.gov.uk/> [Accessed 3 October 2022]

death was mentioned as “*the hardest thing*” coming out of lockdown. Bereaved people would be asked how they have been and would be met by the shock and upset of others at the news of the death, which meant they experienced grief again.

“Certainly, as soon as things started to lift a bit, the grief was renewed. Somebody would ring me up, I’d tell them he was gone in the best kind of way I could, they’d break down, and I couldn’t handle it. That would not have happened if it wasn’t for COVID. We didn’t put anything in the paper..., everything was closed.” – Bereaved person

“It has affected me terribly because it was like a new grief, seeing people cry when you tell them that your husband is dead. Then you tell them, well, he’s been gone 18 months.” – Bereaved person

3.6 Changes to feelings and grief through time during the pandemic

Eighteen participants agreed to be interviewed again, at least six months after the first interview. These interviews allowed for reflection on how grief had been experienced during the months since the first interview and whether and how their grief may have changed during that time. However, the research team took care to avoid any suggestion that bereaved people would or should be moving through their grief in ‘stages’.⁵⁷

3.6.1 Experience of grief after an interval of time

There was a view among bereaved people that they were now gaining some acceptance and perspective on the impact of the restrictions at the funeral and other events. The lifting of restrictions enabled bereaved people to socialise again, enabling them to feel more normal, less alone with their grief, and that they were coming to terms with their loss. The ability to get together with family socially, to share stories about and to celebrate the person who had died had gone some way to compensate for the inability to hold a wake at the time of the death.

“I think it is slightly different to this time last year because we’ve been able to get together as a family, even if we don’t necessarily label it as a post-funeral wake, we are doing, essentially, what you would do at a wake, and telling those anecdotes and doing a toast to my grandma and things like that. I think we would have done a lot of that around the time of the death, had we been able to. So, I think, yes, hopefully that will just really help with the grieving process, the fact that we’re able to meet up a lot more now.” – Bereaved person

⁵⁷ Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning Health-Care Professionals: Bereaved Persons Are Misguided Through the Stages of Grief. *OMEGA - Journal of Death and Dying*, 74(4), 455–473. <https://doi.org/10.1177/0030222817691870>

3.6.2 Curtailed funeral arrangements and grief

There was a range of views when reflecting on the funeral services that had been curtailed. Counselling and other support had helped one participant realise that funerals can be imperfect outside of restrictions. However, another view was that not having the funeral their loved one would have wanted was difficult to recover from.

“It just felt so empty, and I still think it affects me, the fact that we couldn't give him the send-off he wanted. I know in my heart there's nothing I can do about that, but it's something I don't think I will get over.” – Bereaved person

A feeling of having been prevented from having the funeral service they wanted, and continuing to feel the loss of grieving collectively through a large funeral and gathering afterwards at the time of the death, persisted for bereaved people. While there was gratitude for what had been possible at the time, there was also a feeling, after comparing the restrictions in place for funerals across the course of the pandemic, of having been “robbed” of these opportunities.

Unfulfilled wishes for funeral ceremonies persisted for some bereaved people, and left them feeling “numb” about the death and unable to grieve, even after the passage of time.

“Compared to other family members lost [pre-pandemic], it's just a numb void that didn't get any finalisation. I just don't know why I would suddenly start grieving more now than I had previously. I just think I'm just very numb to it and I can't see that changing because the important events that should have been there weren't there. So, I think I will probably forever just be in this numb state.” – Bereaved person

3.6.3 Further losses and comparisons

For some bereaved people, feelings of anger had intensified in the period between interviews. Reasons included having attended another funeral in the interim which took place without restrictions or with far fewer restrictions. These tended to make the bereaved person feel even more keenly that they had not been able to hold a proper funeral and celebration for their loved one.

“I still feel I was robbed of a service to say goodbye to my aunt. I feel I was robbed of sharing stories.” – Bereaved person

Also intermingled with grief for some, and mentioned spontaneously, was the anger at the Government's breaking of the rules during the height of the first wave of the pandemic. News of this broke during the period when bereaved people were re-interviewed. For some, this exacerbated the anger and grief that they were already experiencing at the restrictions they had observed

during the pandemic, which had prevented them from giving their loved one the send-off they wished for.

“[...] we could have had thousands of parties and we didn’t. Funerals – we could have had 300 people there but we didn’t, you know what I mean. We could have had piss ups and we didn’t. That’s the thing that really pisses me off because a lot of people made a lot of sacrifices and [...] people made a conscious decision to have their grief affected because it was for the greater good.” – Bereaved person

3.6.4 Disrupted passage of time

Because of the pandemic disrupting normal life in such a fundamental way, there was a sense that the elapsed time since the death felt much shorter than it was.

“... how quick the time has gone. [...] It's just time, like, [my sister] will be dead for two years, and that just seems like she's only gone six months. Yes, really strange.” – Bereaved person

For bereaved people who had lost someone during the first wave of the pandemic, the first Christmas following the death in December 2020 took place during a further national lockdown, with many families unable to be together. Bereaved people described how this potentially delayed feelings of heightened grief and awareness of the loved one’s absence (typically experienced at first birthdays, anniversaries or major festivals or religious celebrations following a death) into the second year of anniversaries.

“I suppose round his birthday was harder than the anniversary, I think. The anniversary came and went, whereas his birthday, Christmas was okay I think because it was strange again, whereas his birthday... Actually, his birthday this year hit me more than his birthday last year, which was interesting.” – Bereaved person

3.6.5 Re-connecting with the memory of the person who died

As time passed and restrictions lifted, grief was positively impacted as bereaved people were able to visit cemeteries, finally scatter or bury ashes, and to meet with other family members at the grave. Other activities that connected the bereaved person to the person who died included visiting places that were important to their loved one, or scattering their ashes in a favourite place. These activities could be carried out after a time, as restrictions eased.

4. Impact of the pandemic on bereaved people's wellbeing and support needs

This chapter builds on findings from chapter three, outlining how bereavement during the pandemic affected participants' mental health and wellbeing. We acknowledge that the two can be inextricably linked but have separated them below where appropriate. The chapter will subsequently explore bereaved people's support needs and the pandemic's impact on support mechanisms.

4.1 Impact of bereavement during the pandemic on mental health and wellbeing

Bereaved people and funeral staff highlighted that changes to usual grieving practices had impacted mental health and wellbeing. Specifically, it was felt that not being able to hold funerals and wakes as usual, not being able to visit those who had died (e.g. in the Chapel of Rest), and delays and adaptations to funerals due to COVID-19 restrictions had a psychological impact on bereaved people. Funeral staff and bereaved people also highlighted the impact of the pandemic during the end of life period of those who had died. Bereaved people were impacted by not being able to visit people in hospital, care homes or at home in the last few days, weeks and months of someone's life. This led to memories becoming distorted and feelings of distance from the person who died (and other family members), which participants felt would have repercussions for bereaved people's mental health and wellbeing.

"I think there are going to be an awful lot of things that come out of this, emotion-wise, depression-wise, everything, because of them (bereaved)

people) not being able to see their loved one, say goodbye to their loved one.” – Funeral staff member

Bereaved people described a range of emotions stemming from their bereavement that had impacted their mental health and wellbeing, which are detailed in the following sections. It was emphasised, particularly in follow up interviews with bereaved people, that these feelings often appeared unexpectedly, as “waves of emotion”. Impacts on mental health and wellbeing varied, and were influenced by the bereaved person’s relationship to the person who died, the number of bereavements they experienced during the pandemic, the nature of the death(s), and the COVID-19 restrictions that were in place before, at the time of, and following the death(s).

4.1.1 Ongoing guilt

Bereaved people and funeral staff discussed how feelings of guilt impacted mental health and wellbeing. Some reasons for bereaved people’s guilt related to restrictions that were in place at the time of or following the death:

- **Not being present** when the person died;
- **Not being able to hold the funeral that the person who died had wanted**; and
- **Not being able to carry out religious rituals** including ritual washing, dressing or sitting Shiva (this was highlighted by funeral staff).

The nature of the death had also caused feelings of guilt for bereaved people. This was particularly the case among people who had been bereaved due to a death from COVID-19. One participant described feeling guilty because they felt they should have been able to protect the person who died from COVID-19.

“You feel guilty that your relative got that and you shouldn’t really because if it was the flu you wouldn’t feel guilty, would you?” – Bereaved person

Bereaved people also described feeling guilty about “getting on with life” without the person who died.

4.1.2 Feelings of anger

Bereaved people also described how feelings of anger impacted their mental health and wellbeing. One participant whose husband died from COVID-19 described how they had become angry at those who were unvaccinated, as their husband was not able to have the COVID-19 vaccination. Others reported that they felt angry about the circumstances in which someone had died (for example dying alone), or the way that restrictions impacted their ability to have a funeral or wake as they would have liked. Some bereaved people described

how these feelings of anger were long-lasting and impacted their everyday wellbeing, especially as they could re-surface unexpectedly.

4.1.3 Worry and anxiety

Another emotion described by bereaved people that impacted mental health and wellbeing was worry and anxiety. Participants felt that their experience of bereavement had made them concerned about the health of other family members, both catching COVID-19 and other ill health. Bereaved people described feeling worried and anxious about contracting COVID-19 themselves while attending funerals and/or wakes, as well as passing COVID-19 to vulnerable others. This worry was exacerbated for those who had been bereaved due to COVID-19. Bereaved people who had been diagnosed with anxiety before the pandemic highlighted how their anxiety was worse following the death. Bereaved people also reported feeling worried that they would not be able to afford the cost of funerals.

4.1.4 Feelings of isolation

Funeral staff highlighted that feelings of isolation impacted bereaved people's mental health and wellbeing, which could be exacerbated by having to organise funerals remotely. Due to COVID-19 restrictions, many bereaved people were also unable to meet family before or after the death(s) or hold wakes. This led to some bereaved people feeling that they were dealing with grief alone. One funeral staff member described the importance of face-to-face contact as a means of expressing and being supported through grief.

“They (bereaved people) were cut off socially, and social contact and support face-to-face, I think, is the most powerful and reasonable way to express grief and be supported through it.” – Funeral staff member

4.2 Impact of the pandemic on support for bereaved people

This section discusses both formal and informal support. Formal support refers to when a professional is involved, for example through bereavement counselling, bereavement support groups, healthcare services such as GPs, or from funeral directors. Informal support includes any support where professionals are not involved, for example support from peers, friends, family or neighbours.

Interviews with bereaved people revealed a range of psychological or emotional support needs. Combinations of support needs are unique to individuals, so bereaved people's needs naturally varied. Some felt they needed formal bereavement support, whereas others did not. Similarly, for some, informal support alone was enough, whereas others needed a combination of informal and formal support.

For some bereaved people, their support needs related solely to their bereavement. However, others reported pre-existing support needs due to

mental ill health or other life events, including medical diagnoses and long-term illness. In some instances, mental ill health was caused by the pandemic and for others diagnoses of anxiety or depression pre-dated the pandemic.

4.2.1 Sources of formal support

Bereaved people described accessing bereavement counselling, peer support, support with administrative and legal issues, and support from workplaces, such as time off from work. This support came from a range of sources, including places of worship and the religious community, GPs, hospices, bereavement charities, workplaces and funeral staff. Funeral staff ran support groups as well as signposting bereaved people to other forms of support. Support was accessed online, via video conferencing, by telephone or in person.

Bereaved people described the positive impact of formal support, highlighting that formal bereavement counselling and peer support groups gave them the opportunity to share with others how they were feeling and for others to listen and validate their feelings.

4.2.2 Facilitators and barriers to formal support

Facilitators to accessing formal support

Bereaved people identified the following facilitators to accessing formal support:

- **Existing support mechanisms**, such as already receiving therapy for pre-existing mental ill health.
- **Being part of a faith-based community** where counselling and support groups were provided through local places of worship and a national religious organisation.
- **Saving money** by not commuting and going to the gym during lockdowns **enabled the funding of private bereavement counselling.**

Barriers to accessing formal support

A number of barriers to accessing formal support were also reported by bereaved people and funeral staff:

- **Counselling and peer support being delivered remotely** due to restrictions. This was felt to have an adverse impact on rapport-building, to the extent that some bereaved people declined the offer of bereavement counselling over the phone. Some funeral staff members ran their own peer support groups for bereaved people, which moved online at the start of the pandemic. However, due to challenges building connection between participants online, they decided to pause the group until face-to-face delivery could resume.

“It’s just totally different. Just doing things over the phone, it’s not the same as being in that room with somebody and being able to talk to them.” – Bereaved person

No bereaved people interviewed reported that lack of access to technology was a barrier to online bereavement support. However, they did highlight this as a barrier in the wider population. One bereaved person attended an online support group organised by her synagogue, but they noted that others were not able to join because they could not access the relevant software.

- **Long waiting lists for support** provided by large bereavement organisations, with one participant waiting for six months for their first session. It was also noted that GPs were very busy, or did not answer the phone, which made it more difficult to access support from or via GP surgeries.
- **A feeling that taking up formal support was “selfish”**. These bereaved people felt others had a greater need for support than they did, which made them feel that they should not access it.
- **Lack of awareness** among bereaved people **about the formal support mechanisms available and how to access them**, reported by funeral staff.

4.2.3 Formal support provision and unmet needs

Some bereaved people felt the formal support they had received was sufficient, while others still had unmet needs. These participants highlighted barriers to benefitting from the support they received, such as the infrequency or limited number of bereavement counselling sessions. This was echoed by funeral staff, who described how the pandemic had worsened an existing gap between need and provision.

Bereaved people and funeral staff both emphasised the importance of specialist bereavement support such as counselling, particularly when provided face-to-face. The follow up interviews with bereaved people found that some had not felt a need for bereavement support at the first interview, but now believed it would have been helpful. For example, one participant did not initially seek formal bereavement support as they were receiving ongoing therapy for existing mental ill health. However, at the follow up interview, they reflected that this support was not specific enough to bereavement.

“I think possibly, looking back on it, it would have been quite useful for me to have some sort of counselling or therapy that was specific to bereavement and how to cope with it.” – Bereaved person

Bereaved people who worked had mixed experiences of workplace support. Some felt that their workplace was supportive, for example by providing flexible working arrangements (i.e. start and finish times or working from home) before and after their bereavement, but others did not. These participants described

not being able to take time off work after their bereavement(s) and felt that their workplace did not care about their wellbeing. One bereaved person discussed how their workplace did not have any support structures or processes in place to support bereaved people.

“We’re [participant’s workplace] very reactive. We’re not proactive. There was no thought of, okay people are going to be affected, what shall we do?” – Bereaved person

4.2.4 Sources of informal support

Bereaved people described various types of informal support from family, friends, peers, religious leaders (such as priests or rabbis), neighbours and work colleagues. This support included people checking-in (via phone calls, video calls, texts or in person), as well as sending flowers and cards after the death. It also included meeting friends regularly for social activities (such as having lunch), and online groups (e.g. Facebook groups for bereaved people).

Bereaved people highlighted the importance of informal support, particularly when they did not want to (e.g. due to the remote mode offered) or could not access formal support. Bereaved people felt that informal support helped them feel less isolated and allowed them to reminisce about the person who had died. One participant described receiving condolences from others as an important part of the grieving process.

“Just having people getting in touch to say, ‘Sorry for your loss’ and ‘Oh it must be awful’ that makes a difference, because it was part of the grieving process.” – Bereaved person

4.2.5 Facilitators and barriers to informal support

Facilitators to accessing informal support

Bereaved people reported facilitators to accessing informal support:

- **People living close by**, including family members and neighbours. Bereaved people highlighted the importance of neighbours, as they could meet with them in a socially distanced way without travelling at times of restrictions.
- **Technology**, such as video calls, enabled connection with others amid restrictions. One participant felt that the informal support they received was no different than it would have been without the pandemic, as they could keep in touch with others via phone, WhatsApp and video calls.
- **Working from home**, for bereaved people who were working and for whom this was permitted. One participant described staying with their mother for several months after the death of their father which meant they could give

and receive support more easily. This was only possibly due to remote working.

Barriers to accessing informal support

A number of barriers to accessing informal support were identified by bereaved people and funeral staff.

- **Lack of physical closeness to others** due to restrictions, particularly lockdowns, social distancing and travel restrictions. It was felt that being physically comforted by others, through touch and hugs for example, was an important part of support while grieving.

“We’re people who are designed to be with other people, to be touched and held, and we’re not doing that anymore, and I think that is going to cause some major problems, actually.” – Bereaved person

- **Not wanting to upset or burden others**, as many had their own families to worry about during the pandemic.

“I tried to limit how much I could ask for support and have a chat, do you know what I mean, because you don’t want to be a burden to people.” – Bereaved person

- **Not feeling connected to other people.** This manifested in a range of ways. Some felt that their bereavement(s) had impacted their relationships with others as they had either lost confidence in social situations, or felt that others did not understand their experience. This was highlighted by bereaved people who felt that the nature of their bereavement was more unusual, for example being widowed at a young age. Some bereaved people also described how some people who provided informal support initially, became less present over time, or less likely to mention the death or bereavement.

4.3 Factors that supported wellbeing

Bereaved people highlighted wider factors that supported their wellbeing:

- **Faith was helpful for maintaining or improving wellbeing for some.** One Jewish participant described the comfort of religious practices, such as Kaddish prayers recited after the death of their son. Another Christian participant felt that knowing that others in their church community were praying for them made them feel less isolated. For these participants, the re-opening of places of worship once restrictions were lifted was beneficial, as it enabled collective worship, connection with others, and speaking to religious leaders who were sympathetic and understanding.

“I’ve known all along that I’ve not been alone, that other people are thinking about me and I think that’s hugely significant.” – Bereaved person

- **Activities and hobbies**, such as walking, reading, attending activity classes like singing groups, looking after children, family holidays and writing blogs. Bereaved people also highlighted the importance of activities which they felt honoured the person who had died. For example, participants discussed taking care of the person’s belongings (e.g. donating some to charity) or raising money in their memory. These activities were facilitated by the easing of restrictions at various points during the pandemic.
- **Helping others**, including through volunteering. One participant described how training as a voluntary bereavement counsellor was beneficial as it allowed them to help others who had been through similar experiences.
- **The collective nature of loss during the pandemic**, due to the number of deaths from COVID-19. This collective loss made bereaved people feel less isolated with their grief. However, of those who were bereaved by a non-COVID-19 related death, some felt that their grief was unjustified (see chapter 3).

4.3.1 Wellbeing risk factors

Bereaved people described a number of factors which had an adverse impact on their wellbeing after being bereaved.

- **Factors related to the pandemic, including restrictions** which meant they were unable to take part in usual activities such as playing sports and going out with friends. Bereaved people who were furloughed felt that having more free time led them to dwell on their bereavement. Death being constantly discussed in the media (due to the high number of COVID-19 deaths) was also described as having worsened bereaved people’s wellbeing, as it was a constant reminder of their own bereavement and grief.
- **Other life events, such as their own illness or the illness of other family members**. Further bereavements while grieving and the death of pets were also reported to worsen wellbeing, as they added to feelings of depression, sadness or isolation.
- **The financial impact of death and bereavement**, for example, participants having to leave their jobs as they felt unable to manage working while grieving, or losing the income of the person who died. This created worry and stress which negatively impacted on wellbeing.

5. Impact of the pandemic on wellbeing and support needs of funeral industry workers

This chapter presents findings from interviews with funeral staff about the impact of the pandemic on their wellbeing and the type of support available to them, before highlighting the unmet needs of funeral industry workers.

5.1 Impact of the pandemic on wellbeing

5.1.1 Feeling overwhelmed

Feeling overwhelmed impacted the wellbeing of funeral staff, who were faced with frequent changes to restrictions over the course of the pandemic. Some mentioned finding it difficult to keep up with these changes and relay them accurately to bereaved people.

“What was really, really difficult was having to keep up with all of the regulations and the guidelines... We were, at some points, overwhelmed with information that we were having to process, so that we could proficiently relay that to families.” – Funeral staff member

Funeral staff also described feeling overwhelmed by the increased workload in funeral homes which resulted from many staff having to shield at home, as well

as the larger number of funerals that needed arranging, particularly at the start of the pandemic.

5.1.2 Disappointment in quality of services

Funeral staff felt disappointed at not being able to deliver the types of funerals that bereaved people wanted, and not honouring the person's life to the extent that would have been possible pre-pandemic.

*"You really felt for them, and as a funeral director and as funeral care staff, you wanted to give them what they wanted, but you couldn't. That was often stressful, but also kind of disappointing. You couldn't fulfil what they would have had in otherwise different circumstances."-
Funeral staff member*

While this was largely attributed to the restrictions, it was often the increased workload that left staff feeling guilty about rushing to the next funeral without meaningfully engaging with bereaved people. In some instances, funeral staff were disappointed that they could no longer have face-to-face interactions with families when it mattered most for them, particularly throughout the initial contact and arrangement of the funeral. Others felt regret when reflecting on the fact that it would not be possible to repeat a funeral for a bereaved family and knowing that they were unable to perform all the duties typically required of their roles.

"I know, disappointed is the wrong, is too strong a word, but there were certain funerals that you attended, that you thought, gosh, actually, wouldn't it have been lovely to have had 200 people at this service because, wow, what a life? They haven't quite been able to honour it to the extent that they should have done."- Funeral staff member

Despite this, there was general consensus among funeral staff that they did everything they could within the restrictions to provide a satisfactory service.

5.1.3 Feeling disconnected from bereaved people

Funeral staff reported that restrictions, such as those on social distancing, had left staff feeling disconnected from bereaved people. Some staff felt that not being able to provide emotional support through face-to-face conversations or a hug, hindered their ability to build positive relationships with families.

"It was hard because we'd always been so involved with our families and so close with our families, and then suddenly having this distance. I think the distance bothered us the most, having to deliver the rubbish news, not being able to have that connection with the family rather than just a voice over the phone." – Funeral staff member

Socially distanced interactions also made it difficult for funeral staff to inform bereaved people about funeral restrictions, often leaving staff frustrated at the level of service that they were providing, as discussed above.

5.1.4 Staff fatigue

Funeral staff also reported the impact of fatigue on their wellbeing. In some cases, funeral staff were exhausted after working longer hours at the Chapel of Rest. These were usually open all day and night to give families that could not attend the funeral an opportunity to visit the person who died, when restrictions allowed. Others attributed their fatigue to the intensity of an increased workload. For example, one funeral staff member likened the increased workload to experiencing two winters back-to-back, winter being when work in the industry typically peaks.

“It was just day after day, week after week, month after month, where you were having to give so much extra all the time. Yes, I definitely think, and even kind of months after, when restrictions were lifted, for months after that I think we were all still fatigued.” – Funeral staff member

Being fatigued had a greater negative impact on some funeral staff, who also reported poor mental health and increased emotional load. This was due to funeral staff feeling unable to distance themselves from the topic of COVID-19 once outside of their work environment, as it was constantly discussed on the news.

5.1.5 Increased work pressure

Additional pressure impacted funeral staff’s wellbeing. One funeral staff member described the pressure felt from typically arranging 300 funerals a month to 900 at the peak of the pandemic. This was felt across various roles, including recruitment and training staff, whose role it was to rapidly recruit and train new staff needed to meet the increased demand for body collection services. Funeral staff in customer service roles were also affected by unexpected challenges, such as the cancellation of flights repatriating a body, for which they constantly had to apologise.

“There were all these pressures that weren’t - didn’t exist before, that all added up and mount the pressure on.” – Funeral staff member

Funeral staff also felt increased pressure from bereaved people to prove that their attendance at the funeral was deserved, given that there were limitations on the number of attendees permitted at a funeral and knowing that close relatives of the person who died could not attend. For other funeral staff, further pressures came from balancing their personal life with longer working hours, such as arranging childcare and home-schooling at a time when nurseries and schools were closed.

5.1.6 Feelings of fear

Another way the wellbeing of funeral staff was impacted was through feeling fearful and anxious about contracting COVID-19, and spreading it to their families and colleagues. In the initial stages of the pandemic, funeral staff were uncertain about how best to deal with contagion, such as how much PPE was necessary to protect staff. This uncertainty further exacerbated feelings of anxiety and contributed to feelings that managers could be putting themselves and their staff in danger.

“We were already tired and hungry and missing our families, and scared because we were in amongst COVID every day, frightened of all of us dying, frightened of all of our families dying, frightened of taking it home to one of our families.” – Funeral staff member

5.1.7 Impact on mental health

Working during the pandemic had negatively impacted funeral staff's mental health and that of their staff, particularly when staff were dealing with an increased workload or felt that work was their only focus. Other funeral staff members also struggled with the additional mental load from listening to stories of loss in greater numbers due to the pandemic. In addition, some funeral staff members reported a number of their colleagues leaving the profession to prioritise their own mental health during the pandemic.

In other cases, funeral staff described how working during the pandemic had a positive impact on their mental health. For instance, some found it beneficial to be around their colleagues and distract themselves with work at a time when others were unable to leave their homes due to restrictions. Staff who were shielding reported feeling more isolated and depressed than staff at work.

“We enjoyed the privilege of maintaining our social contact with each other, and I think that is probably the biggest benefit of us continuing to work together, with the mental health benefits of seeing their colleagues, and having as normal a life as possible.” – Funeral staff member

Some funeral directors encouraged staff to reflect on all they had managed to deliver under difficult circumstances, to instil a sense of pride and promote positive mental wellbeing.

5.2 Support needs

Funeral staff were asked to reflect on the types of support they received to cope with changes caused by the pandemic. As with bereaved people in chapter four, both formal and informal support were discussed.

5.2.1 Formal support received

Funeral staff described receiving formal support such as external counselling or therapy sessions, paid for by their employer. This was particularly the case where funeral homes belonged to a larger organisation. Funeral staff recalled receiving daily email reminders offering the contact details for support services. Formal support, by way of a helpline, was also available through the NAFD early in the pandemic. Some funeral homes promoted it through posters and emails to staff.

“To have a direct line to speak to somebody and get advice, I think has been very reassuring.” – Funeral staff member

In some instances, formal support was not in place at the beginning of the pandemic and was introduced later. For example, one funeral staff member had broken down in front of colleagues after a difficult shift and decided that all-staff wellbeing sessions would be beneficial, whereby staff could share how they felt. Having the formal opportunity to share feelings and have collegial support was reported positively by interviewees.

For some funeral staff members, discussions about the need for workplace support occurred prior to the pandemic but had not materialised until it began. For example, one funeral home introduced emotional first aid training for managers so that they would be better equipped to support distressed staff and cope with difficult conversations. Others encouraged staff to take annual leave, to take a break from funerals and other people’s grief. In addition, some funeral staff members supported their staff by creating and updating bulletins of information regarding changes to the restrictions. Funeral staff valued this as they were kept informed and knew what to expect at work.

“The organisation provided daily bulletins of what the rules were, what the changes were, what they were able to supply us with, challenges that we would be hitting.” – Funeral staff member

5.2.2 Informal support received

Informal peer support was arranged among funeral staff. In one instance, funeral staff set-up a 24-hour support group, which was used to contact other staff in need of support and to check-in after working overnight. Funeral staff felt that this put staff at ease when they were scared of contracting COVID-19 and helped them to feel less isolated. Funeral staff also described how colleagues would frequently offer to cover other people’s shifts if someone had worked a particularly long or eventful shift.

“The team supported each other massively; noticing when someone was distressed or needed some time out to gather themselves and come back into the fray. They were amazing.” – Funeral staff member

These informal support networks were often available alongside formal support platforms provided by the funeral firm. However, funeral staff preferred informal support, citing its accessibility to those working unpredictable hours or those who had childcare commitments.

5.3 Unmet needs

In general, funeral staff were aware of the formal and/or informal support channels available to them throughout the pandemic and, in some cases, were offered both by their workplace. However, others acknowledged that their organisations relied heavily on informal support and were not able to provide formal support (see chapter 5.2). This was due to staff having limited time to set-up such support networks because of increased workload, particularly early in the pandemic. While funeral staff were able to see the benefit in having access to additional support, there were concerns about being able to make full use of formal support due to limited time.

“There was not space or time to implement a formal programme. It was all very, very work-focused, very in-the-trenches approach.” – Funeral staff member

Funeral staff also emphasised the importance of being supported by wider society. For example, funeral staff reported feeling as if their sector had been forgotten throughout the pandemic and were frustrated that they were not prioritised as key workers.⁵⁸ In this case, funeral staff felt they would have benefitted from being recognised as key workers early in the pandemic to acknowledge the vital frontline work they completed, often under immense pressure.

⁵⁸ The Government did categorise all those responsible for ‘management of the deceased’, a broad term that included funeral directors, as key workers in the first weeks of the pandemic. However, this has been described as a ‘hard-won victory’ by the NAFD: <https://committees.parliament.uk/writtenevidence/10437/pdf/>

6. COVID-19 guidance, restrictions and compliance

This chapter describes bereaved people's and funeral staff's awareness and views of the Government's COVID-19 guidance and restrictions, as well as information provided by other sources. It then explores reported levels of compliance with the guidance and restrictions.

Both participant groups were told before the interview started that any non-compliance would be kept anonymous and not shared with the authorities.

6.1 Awareness of COVID-19 guidance and restrictions

Awareness of the Government's COVID-19 guidance and restrictions, specifically those in place for end of life and funerals, varied among the bereaved people interviewed. Some described proactively keeping up-to-date with the latest Government COVID-19 guidance and restrictions more broadly, both before and after being bereaved. They did this by watching the UK and Scottish Government's televised briefings, checking the GOV.UK website, reading national newspapers, checking information provided by local community groups on social media, or reading bulletins disseminated by their church. Others described not knowing about the restrictions facing funerals during the pandemic until they had to plan one themselves, or support someone else who was arranging one. This was especially true of participants who were bereaved in the early months of the pandemic.

Funeral staff were also a crucial and much valued source of information to bereaved people. For example, bereaved people said they explained the current guidance about viewing the body of the person who died, mask-wearing, the numbers of people that could attend the funeral, and social distancing during the service. One bereaved person described finding this

particularly helpful as they lived in a different home nation to where their relative had died and had their funeral.

Funeral staff's awareness of the Government's COVID-19 guidance and restrictions was generally less varied than the bereaved people interviewed, owing to the nature of their roles. When the Government introduced or updated COVID-19 guidance and restrictions, funeral staff described receiving an email, video-call or internal newsletter from their senior management or health and safety team, outlining how they would implement the changes in practice. In some instances, particularly in larger organisations, senior managers had met with industry associations such as the NAFD before disseminating the information more widely. Information would typically be provided to regional managers first, who would then cascade it to operational staff. Some funeral staff members described sense-checking information on the GOV.UK website – particularly when they were receiving multiple updates from their managers in a short period, as well as getting information from local crematoria and local authorities.

“The Government had their own website, anyway, so I was one of those that would like to go on and have a look, and... just try and work it out from there... If someone says, 'My relation lives in Ireland, can they come across?' you were like, 'I don't know, let's have a look.'... We had our own internal newsletters, and so updates would come through on the newsletters, but like I said, you'd have sometimes, one a day, so trying to keep up with those changes was just awful, sometimes.” – Funeral staff member

6.2 Views on COVID-19 guidance and restrictions

This chapter explores bereaved people's and funeral staff's views on the Government's COVID-19 guidance and restrictions, and how they were communicated to the public and the funeral industry.

Funeral staff sometimes framed families' difficulties in accepting restrictions in the context of them already being denied the service that they wanted. For example, they might not have wanted a direct cremation, but this was all that was possible, and they were also being told that not all family and friends could attend.

6.2.1 Bereaved people's views of COVID-19 restrictions

Bereaved people's support for the COVID-19 restrictions around death and funerals⁵⁹ existed on a spectrum, as illustrated in Figure 6.1.

⁵⁹ The figure's focus is on *restrictions*, instead of *guidance and restrictions*, to mirror the framing used by bereaved people during the interviews.

The data gathered does not allow a detailed exploration of whether participants move through this spectrum depending on particular events during their bereavement (for example, viewing their loved one's body, or attending the funeral), or stages in the pandemic.

Figure 6.1: Spectrum of support for restrictions

Restrictions supported

- Some felt that the restrictions (around funeral attendance for example) were sensible and proportionate, particularly in the early months of the pandemic when the death rate was high.
- *“When they announced the restrictions and how many people could attend the funeral... it all sounded very sensible. Social distancing, the chairs, so that family members could come, but not be too close to each other, it all makes sense.” – Bereaved person*

Restrictions supported in general, combined with leniency

- Some participants described “dual feelings”, where support for the restrictions was combined with a need for leniency. These participants felt it was crucial that families and friends should be able to comfort each other at a time of loss.
- *“I agreed with the limited numbers and I agreed with the notion of sitting separately, but equally I wasn't going to tell my two great aunts that they weren't supposed to sit together [at the funeral].” – Bereaved person*

Less support for restrictions

- Some felt that the restrictions around death and funerals were too strict. One participant described how they were not permitted to visit their loved one at the Chapel of Rest, which impacted their ability to grieve.
- *“Not being able to see [relative] at the Chapel of Rest..., if we had worn PPE and that, why couldn't we?... The restrictions were very strict, you can see why they're doing it..., but you need to grieve as well.” – Bereaved person*

6.2.2 Communication of COVID-19 guidance and restrictions

Government communication

In the early months of the pandemic, bereaved people generally felt that the Government communicated guidance and restrictions clearly, with funeral staff describing how most bereaved people received news of the restrictions well. However, some funeral staff members described negative reactions in some instances, that they had either experienced directly, or that colleagues had told them about. As time went on, and restrictions were relaxed (apart from periodic

lockdowns), some bereaved people felt that it became increasingly difficult to find up-to-date information about guidance and restrictions on the GOV.UK website, and that the Government's communication was confused and contradictory. For example, it was unclear:

- **Why people were being advised to stand one metre apart** when it had originally been two;
- **Why singing was not permitted at funerals** if people were wearing masks;
- **Whether travelling to a funeral in a different county or home nation was allowed** and if so, what the guidance was around self-isolating before and after; and
- **Why wakes were permitted** (at a certain point during the pandemic) if there was nowhere to hold them, as hospitality venues were closed and people were not allowed in other's homes.

In some instances, bereaved people felt that the confusion stemmed from guidance and restrictions not being based on scientific evidence. Funeral staff added that bereaved people's view that the guidance lacked clarity was exacerbated where families had English as a second language, including in repatriation cases where the family lived abroad. Another criticism from bereaved people centred on the difficulty of finding information for people practising religions other than Christianity and Judaism.

Some bereaved people had a mistrust of the Government further into the pandemic, meaning that they preferred health experts and scientists to communicate information about guidance and restrictions, as they were felt to be more objective and have "no agenda".

Some funeral staff members, particularly those from smaller, independent organisations, described how it was hard to find up-to-date Government guidance, and that this was exacerbated if the organisation was not a member of an industry association, such as the NAFD or SAIF. Beyond this, funeral staff highlighted two areas where guidance from the Government was particularly confusing, relating to the handling and viewing of the body:

- Whether they were permitted to **embalm the body** when the person died with COVID-19. Funeral staff's practices around embalming during the pandemic varied widely, as they either felt that:

The Government guidance around embalming was unclear;

There was no Government guidance around embalming;

The Government guidance said that embalming was *not* allowed; or

That Government guidance stated that it *was*.

“We followed the Public Health England guidance, which was very, very clear, that the deceased could be embalmed, they could be dressed, they could be visited, etc. We’re very confident that we followed the PHE guidance to the letter, but we know that we were in a minority of firms that did that, because most firms were not allowing people to visit.” – Funeral staff member

- Whether bereaved families could **visit the person that died in the Chapel of Rest**. A perceived lack of clarity around this meant that some funeral staff members did not allow bereaved families to visit (to keep them safe) when this was permitted at the time.

“I think we probably, if I’m honest, dealt with it wrong... for a Chapel of Rest viewing. If someone passed of COVID... initially, there was no viewings in the Chapel of Rest. Coffin was closed, that was it, because we didn’t know enough about it, and that was for protection of not only our staff, but for the mourners. When the information started to filter through that it was okay to come into the Chapel of Rest, but precautions could be taken, that was fine.” – Funeral staff member

The confusion around both issues related in part to a lack of clear information from the Government about contagion; that is, whether you could catch COVID-19 from someone who had died with the virus. Some funeral staff members highlighted that the World Health Organization stated that COVID-19 is no longer present in the body 72 hours after the death.⁶⁰

Communication from other sources

Funeral staff from larger organisations were generally content with the information their management teams provided, and felt reassured that they were taking the required action to keep their clients and staff safe. The NAFD and SAIF were also felt to be particularly effective at communicating the Government’s COVID-19 guidance concisely. However, some funeral staff members described how, in the early weeks of the pandemic, they could receive multiple updates in a week with no warning, which felt overwhelming (as discussed in chapter 5). In addition, information did not always cascade from senior management to operational staff quickly enough.

At times, guidance from other agencies, such as crematoria, contradicted the Government’s COVID-19 guidance. Funeral staff were also confused by some of the restrictions set by the crematoria, such as not being allowed to put flowers on the coffin. As with bereaved people, funeral staff sometimes felt that the confusion stemmed from restrictions not being based on scientific evidence.

⁶⁰ The participant did not give the reference for this source.

Funeral staff explained how the use of unofficial sources of information about restrictions, such as social media, led to misinformation among bereaved people in some instances. Funeral staff would then spend time trying to “undo” this misinformation with bereaved people.

6.3 Compliance with COVID-19 restrictions

Some bereaved people and funeral staff spoke of following all COVID-19 restrictions, while others admitted to having “flexed” the rules. Both scenarios are discussed in the following chapters.

6.3.1 Compliance with restrictions

There were bereaved people who described complying with all COVID-19 restrictions, such as adhering to the rules about the number of people in attendance at funerals and wakes (when the latter permitted), wearing masks and social distancing at the funeral, and not holding a wake. Some described adhering to a higher level of restriction than was necessary at the time, to keep them and their families safe and “not take risks”, because they felt the Government’s restrictions were not strict enough. Bereaved people who complied with restrictions came from all three points on the spectrum of support (see Figure 6.1). This means that there were participants who supported the restrictions, and those who did not, that complied with them. Bereaved people gave one of two reasons as to why they complied:

- **Fear of catching COVID-19**, particularly where the participant had lost their loved one to the virus. These participants described wanting to keep themselves and other people safe.

“It was really quite frightening because you hadn’t come across anything like this before, so you’re doing your very best to follow the rules, if you like, and not catch it.” – Bereaved person

- **For the pandemic to end and for life to “go back to normal”**. These participants were of the view that if everyone complied with the restrictions, the pandemic would be “over” more quickly.

Some bereaved people identified how their location facilitated compliance, with one describing how living in an area with a “slower” way of life made it easier to follow the Government’s guidance. They described how their local shop delivered their groceries, to support the family after the death and enable them to isolate, even though they did not make deliveries usually.

“You didn’t have to meet anyone, and we are very lucky with where we live. There are not many places I think that would have done that delivered groceries, but because of how this community works and how it’s still 100 years behind everywhere else, nobody had an issue with that sort of thing... even though the shop doesn’t necessarily do

deliveries. It's just a different, slower, older way of life and I think that made a difference in the pandemic.” – Bereaved person

Funeral staff described high levels of compliance in their offices, due to the potential staffing issues that would ensue if members of staff were to catch COVID-19. They described how they did not question whether they should comply, but instead “just accepted it”.

“It was kept very rigid, very strict. You couldn't afford to lose teams. Not with what was going on, so it had to be [strict, for the safety of your staff, and I did feel that we were very protected.” – Funeral staff member

6.3.2 Non-compliance

Other bereaved people spoke about instances where they had not complied with the Government's guidance and restrictions, including having people from outside their household visit the house in the lead up to and following the death, holding informal wakes or memorial services, not testing for COVID-19 before meeting people from other households (to avoid potentially having to cancel gatherings), or singing during the funeral. These participants included bereaved people who in theory fully supported the Government's guidance and restrictions. All felt their actions were justified and defensible, though some described the difficulty of making such decisions.

“I got really panicky that I might get pinged, so I was getting quite worked up about this and... my daughter, said, 'Just turn off the app, mum, everybody else is!'... I know it's a bit irresponsible... but I thought, well, I'm just going to turn it off. I haven't got any symptoms. If I feel bad then obviously I will test... but I just didn't take a test and I didn't ask anybody else to... I just couldn't bear it because I thought, well, if I test positive, I can't have it [the memorial]... It did cast a shadow.” – Bereaved person

Reasons given for not complying included: enabling family members to comfort each other at a time of grief; wanting to commemorate the person who had died; or feeling they had little choice because the Government's guidance was contradictory and confusing.

“I think the way we justified it to ourselves was that we technically were allowed a wake and if any restaurants had been open, we would have been able to have six of us at a table. So, we had them [family members] back to the house and we got a takeaway from a restaurant. It was just the six of us and we were social distanced.” – Bereaved person

Cognitive dissonance⁶¹ was evident in some bereaved people's accounts, where at one part of the interview they described complying fully with all restrictions, while at another they described behaviours or actions that did not comply. The language bereaved people used to describe their non-compliance seemed to support this, as it included talk of "flexing" or "bending the rules", and using their "common sense" where the guidance was unclear, as opposed to describing it in harder terms.

Funeral staff also described how bereaved people had tried to persuade them to make exceptions, with funeral staff "bending the rules" in some instances. Examples included letting bereaved people come into the branch to give them the clothing they wanted the person who died to be buried or cremated in, or letting a bereaved family into the Chapel of Rest at a time when this was felt to be not permitted. As with the bereaved people interviewed, funeral staff felt their actions in these instances were justified and understandable, to do what was "right" by the bereaved family.

"One of the staff... I think it was maybe something like that they [bereaved family] came in as a group to the Chapel of Rest or something like that when they weren't meant to. She [staff member] just said to me, 'I just felt really sorry for them.'... We're all human beings and not only do we make mistakes, but we also have feelings as well." – Funeral staff member

Funeral staff added that bereaved people had generally become disillusioned with the Government's COVID-19 guidance as time had gone on, and they felt less inclined to follow the guidance as it changed so often, believing that it would just "change again". Highly publicised instances of politicians not following the Government's guidance were felt to have exacerbated such feelings. Funeral staff also described times when the number of people attending a funeral exceeded the guidance at that time, and that they had called the police in rare instances where the bereaved people in attendance had become abusive or aggressive when challenged.

"People are fed up now. I couldn't go to [area] Crematorium now and suddenly say to people, 'Oh, you'll have to go and stand outside, you're not allowed to stand in here.' They wouldn't move." – Funeral staff member

⁶¹ Cognitive dissonance refers to the mental conflict that occurs where a person's behaviour and beliefs do not match.

7. Conclusions and Recommendations

This chapter presents conclusions on the experiences of bereaved people and those working in the funeral industry during the pandemic, including the impact that the exceptional circumstances caused by the pandemic had on them, their wellbeing, their work and their support needs. The chapter also reflects on the interaction between having to arrange a funeral, public health guidance and restrictions, and compliance with these. Finally, the chapter will present recommendations for support provided to bereaved people and those working in the funeral industry, working practices in the funeral industry, and restrictions.

7.1 The experiences of people who have been bereaved during the pandemic

Participants' experiences of bereavement during the pandemic varied widely. This was due to a combination of the restrictions in place at the time of death or funeral (which in some instances were also determined by location, due to variations between local areas or devolved nations), and more individual reasons, such as the cause of death, the circumstances leading to the death, personal preferences (e.g. the size of the funeral), and religious belief. Key aspects of people's experience of bereavement included:

- **Not being able to see a loved one before or after their death**, which worsened feelings of grief, by making it more difficult for them to fully acknowledge or accept the death.
- **Inadequate and delayed communications from hospitals and care homes.** Together with not being able to visit their loved ones, inadequate communications were felt by some participants as preventing them from advocating and taking decisions for the person who died.
- **Organising the funeral over the telephone or online.** Arranging funerals remotely made some participants feel they had less agency to decide what service they wanted. Funeral staff also explained that, without an in-person

meeting with bereaved people, it was more difficult to support them and fully understand what they really wanted.

- **A reduction in the number of options for the planning of the funeral.** Due to restrictions to the number of attendees and other limitations to services offered (see Appendix A), bereaved people had to adapt to smaller funerals. These were described as distressing, especially in cases where the person who died had planned a larger and/or more customised funeral. The “feel” of the funeral was also affected, and in some cases it was described as cold, and inadequate in celebrating the life of the person who had died.
- **The inability to carry out cultural and religious practices.** Restrictions related to social gatherings and treatment of the body had repercussions on traditional and/or religious practices, such as the ritual washing of the body and wakes.
- **Heightened sense of social isolation.** This was reported in two ways: not being allowed to be near other people during funerals and physically comfort each other, and a lack of social contact with the wider community (for example, following the closure of places of worship) or with work colleagues, which might offer support during their grief.
- **Not being able to give voice to grief.** Participants highlighted the importance of being able to give voice to their grief during the funeral, for example through singing, eulogies and poetry readings. These funeral activities were prohibited during the initial phases of the pandemic, either because they posed a greater risk of spreading COVID-19 or due to the reduced length of funerals.
- **Delays to funerals and other activities.** Participants explained that delays caused by the pandemic prolonged their grief, for example delayed funerals or not being able to deal quickly with the deceased’s estate and possessions.
- **Not being able to hold wakes and commemorations.** Participants highlighted the importance of wakes and commemorations to share stories and memories of the person who died and to say a last goodbye. This was described as part of the grieving process and some felt that not being able to have a wake or commemoration prevented them from processing their grief.

As mentioned in the Introduction and observed by other studies,^{62,63,64,65,66} the disruption to funerary practices, the inability to visit a loved one before their death, the delays to funerals and reduced service options, the isolation due to the COVID-19 restrictions, the inability to give voice to grief in ways that one deems appropriate, and the lack of memorialisation are all elements that contribute to worsen grief outcomes and further compound the feelings around death. In this study, these impacts may have increased bereaved people's risk of ambiguous loss and complicated grief. In addition, and as highlighted by Harrop and Selman,⁶⁷ the sense of guilt and distress caused by these experiences had an emotional and psychological impact on bereaved people that made it more difficult for them to deal with their grief.

These elements interacted in different ways to shape what were essentially unique experiences of bereavement during the pandemic. While participants' accounts and reflections were often underpinned by sadness and regret, positive aspects were identified too. For example, arranging the funeral over the phone or online gave those living abroad or self-isolating the opportunity to have a more active role in the planning process. In some cases, the restrictions on funerals and social gathering challenged social norms which, in turn, enabled people to grieve on their own terms. For instance, a cap on funeral attendance allowed some participants to have smaller funerals that felt more intimate and closer to the character of the person who had died. Moreover, some participants also reported that the increased social isolation helped them with their grief, because it allowed them to grieve at a more comfortable pace. It is unclear how the pandemic alone will affect the need for support of bereaved people, its provision, and the organisation of funerals and commemorations in the long term. However, the current cost of living crises, as well as other socio-economic factors, are compounding the effects of the pandemic and may contribute to a wider shift in funeral norms, resulting in a need to support the most vulnerable and financially insecure around funeral costs and navigating their options. This is especially the case, since they have suffered the most in terms of social isolation, meeting the cost of living more generally, and poorer health and wellbeing.

7.2 Bereaved people's mental health, wellbeing, and support needs

As discussed throughout the report, the pandemic impacted on bereaved people's wellbeing and mental health. Wide-ranging reasons included restriction-imposed changes to funerary practices, the circumstances leading

⁶² Lowe J., Rumbold B., Aoun S.M. (2020). Memorialisation during COVID-19: implications for the bereaved, service providers and policy makers. *Palliative Care & Social Practice*, 14, 1-9.

⁶³ Murphy K. (2020). Death and Grieving in a Changing Landscape: Facing the Death of a Loved One and Experiencing Grief during COVID-19. *Health and Social Care Chaplaincy*, 8(2), 240-250.

⁶⁴ Katz NT, McInerney M, Ravindran G, Gold M. (2021). Silent suffering of the dying and their families: impact of COVID-19. *Intern Med J. Mar*;51(3):433-435.

⁶⁵ Hernández-Fernández C, Meneses-Falcón C. (2021). I can't believe they are dead. Death and mourning in the absence of goodbyes during the COVID-19 pandemic. *Health Soc Care Community*.

⁶⁶ Harrop, E., & Selman, L. (2022). Bereavement during the Covid-19 pandemic in the UK: What do we know so far? . *Bereavement*, 1. <https://doi.org/10.54210/bj.2022.18>

⁶⁷ Ibid.

up to and of the death, living throughout the wider pandemic, and an increased difficulty in accessing formal and informal support. The bereaved people interviewed expressed an array of emotions. Some participants expressed guilt at not being able to see the person before they died, or at not having been able to give them the funeral that they felt they deserved or wanted. This also evoked anger in others. Participants expressed worry and anxiety about spreading COVID-19 during the funeral, or worry due to financial issues caused or worsened by the death and/or funeral. Social isolation also emerged as part of people's experiences of bereavement. These feelings, and the specific circumstances created by the pandemic, compounded the difficulties typically experienced by bereaved people pre-pandemic. This created a need for greater and more robust support mechanisms, but gaps had existed in this provision even before the pandemic.

The interviews highlighted the need for a wide range of formal support, including bereavement counselling, bereavement peer support groups, and support with administrative and legal issues. Effects of the pandemic, such as restrictions, had an impact on the accessibility of formal support services (for example, fewer available appointments due to increased demand) or by making them less effective (for example, it being difficult to build rapport with counsellors or peers when support was delivered online). Bereaved people also reported longer waiting lists to access support, and feeling selfish for taking up support resources when others may be more in need. A similar landscape was also described by Harrop and Selman,⁶⁸ who reported that at the time of their research most of those who needed bereavement counselling and mental health support had not accessed them (because they were unsure this would have helped them, because they felt uncomfortable asking for help, or because they did not feel at ease receiving this support over the phone or in a video-call), and more than half of those who decided to look for support had issues accessing it.

Bereaved people appreciated receiving informal support from family, friends and the wider community, but this source of support was also impacted by the pandemic. They described the lack of physical proximity due to social distancing, including physical touch, as one of the main barriers to receiving informal support. Other gaps in informal support were linked to the difficulty of communicating with others, for example the desire not to burden others, or the perception that others could not truly comprehend what they were experiencing because they had not experienced it themselves.

Some bereaved people also described mixed experiences in other contexts such as their workplace. Some felt supported and appreciated the flexibility and help provided by their employer and colleagues. Others reported a lack of

⁶⁸ Ibid.

support structures at their workplace and feeling that their organisation did not care for their wellbeing.

Bereaved people's preferences for support type and mode naturally varied. Funeral staff suggested that formal support is either inadequate or not advertised enough to bereaved people. However, both participant groups highlighted the importance of specialist bereavement support and of face-to-face services.

7.3 The experiences of those working in the funeral industry

This study also focused on the experiences of those working in the funeral industry during the pandemic, which changed over time due to the introduction and easing of restrictions.

The first phases of the pandemic (from March 2020) were characterised by a pronounced uncertainty that required frequent adjustments and an increased workload (due to these adjustments and a higher number of deaths) of those working in the industry. Changes to restrictions continued in the following months, with some participants feeling overwhelmed by the need to adapt and relay these new rules to bereaved people. This situation was compounded by a feeling of fatigue due to disappointment at not being able to deliver services at the level they and bereaved people expected, and increased workload. The latter was exacerbated by staff shortages, due to staff leaving the industry, vulnerable staff shielding, and others self-isolating due to COVID-19 infection. Participants also described how restrictions on face-to-face and physical interactions made them feel more disconnected from bereaved people, and made it more difficult to support them. In addition, funeral staff reported feeling scared of contracting COVID-19 and spreading it in their families. However, participants also acknowledged that they did their best to provide a good service in challenging circumstances, and some expressed feeling proud of this.

All these factors impacted on the mental health and wellbeing of those working in the funeral industry, with some people reported to have left the industry as a result. Some organisations mitigated this by implementing initiatives such as external counselling, therapy sessions, and support helplines. More informal initiatives were also introduced, including weekly staff wellbeing sessions, whereby staff shared how they felt and what kind of support they needed. Informal support also took the form of more frequent chats with colleagues, checking-in initiatives to support colleagues who had worked night shifts or had particularly difficult days, and managers inviting their staff to take annual leave more frequently.

7.4 The role of public health guidance and restrictions

Participants in both groups described their experiences being shaped by new COVID-19 guidance and restrictions being introduced on a regular basis. This had a notable impact on both bereaved people and funeral staff, although in different ways.

Bereaved people used a range of sources to keep up-to-date with restrictions, with some staying more informed than others. Their views on restrictions were varied, ranging from more supportive (restrictions were sensible and proportionate) to less supportive (restrictions were too strict) which, in some instances, changed over time. Similarly, bereaved people's level of compliance with restrictions varied widely. The frequent changes to restrictions and non-compliance among some politicians emerged as the main reasons for a less compliant approach. Bereaved people also reported other, more personal reasons for compliance (such as wanting to avoid contracting and/or spreading COVID-19, or wanting for the pandemic to be over as soon as possible) or non-compliance (for example, needing to comfort each other or wanting to commemorate the person who died in the way they felt was most appropriate).

Funeral staff had to keep themselves constantly up-to-date given the importance of public health guidance and restrictions to their industry and delivery of their services. They had a crucial role as a source of information to bereaved people who appreciated their help to navigate the ever-changing regulatory landscape (see Appendix A). Funeral industry organisations put in place a number of strategies to deal with new information. This included named staff members responsible for gathering updates on guidance and restrictions, assessing what they meant for the organisation, and sharing with the rest of the staff. A further strategy was the reliance on national industry associations to provide a clear interpretation of new guidance.

Participants also reported that some areas of COVID-19 guidance were unclear (for example, around embalming and visiting the person that died in the Chapel of Rest), resulting in difficulty when explaining them to bereaved people in a clear way. This lack of clarity, combined with the frequent changes to guidance and restrictions (especially in the early days of the pandemic), contributed to those working in the funeral industry feeling overwhelmed.

7.5 Recommendations

Participants suggested a number of recommendations based on their experience of bereavement and the organisation of funerals during the pandemic. In the stakeholder workshop, these recommendations were discussed further and refined.

7.5.1 Support for bereaved people

Funeral staff and bereaved people highlighted the need for more support services for bereaved people. Existing services were described as either

inadequate to meet the needs of bereaved people or insufficient to support all those who needed them.

Participants suggested the creation of a publicly funded support network for bereaved people. This network should be easy to find, or suggested by GPs, hospitals, care homes, and funeral homes, and it should be staffed with counsellors specialised in supporting bereaved individuals and families. Participants also highlighted the importance of bereavement training for GPs and other healthcare professionals to help them better support bereaved people.

During the workshop, attendees discussed some participants' preference for formal support over informal support to avoid burdening family members and friends with their feelings. A workshop attendee suggested that discussing grief more openly in wider society would help normalise these kinds of conversations and reduce the risk of people not seeking support for fear of burdening others. Alternatively, facilitating forums⁶⁹ where conversations on death, bereavement and grief are encouraged may be a safe environment to share one's experiences, thoughts, and feelings following a bereavement.

Bereaved people also described the importance of having access to clear information on the funeral options available to them when a loved one dies. Support and information should be made available to all and not be linked to any specific funeral organisation.

7.5.2 Recognition and support for those working in the funeral industry

Funeral staff explained that those working in the funeral industry should have been considered key workers since the early days of the pandemic and should receive more public recognition, especially during a pandemic given their role in the healthcare infrastructure.

“[The Government] should recognise that a pandemic means death, and prioritise the profession. People didn't want to talk about the fact that deaths have to be managed... It doesn't have to be in the media, but there needs to be a stronger government involvement and emphasis on the needs of funeral professions, because without us, without our dedicated work, it would have been disastrous.” – Funeral staff member

In the event of future pandemics and other large-scale emergencies, participants recommended having urgent consultations with the funeral sector to design a response that takes into account the role, needs, and specificities of the funeral industry, and to include information on funerals in public health

⁶⁹ Group discussions where a facilitator sets up some ground rules and intervenes only to make sure these are followed, but a participant-led, free-flow conversation is encouraged.

communications for the general public. This was also discussed during the workshop where it emerged that the lack of understanding of the role of the funeral industry in society could be addressed by including death, dying and bereavement as a compulsory subject in the national curriculum, and in doing so providing age-appropriate education to help children understand death as a part of life.⁷⁰

Participants suggested that more formal support should be provided to people in the funeral industry. This support should include access to equipment that make their work safer (such as PPE) and access to counselling and support networks. However, some participants also highlighted the importance of more informal networks of support within the industry itself (for example, regular internal meetings, helplines and chat-groups, and peer support groups) because talking to someone with a shared experience was perceived as more helpful. Some funeral organisations encouraged this during the pandemic, and participants suggested that it should continue in the future.

“If you are struggling or you are having a bad day or you had a particularly difficult arrangement because of the circumstances, or you've been up all night collecting people that have passed away and it's actually becoming a little bit much, pick up the phone because nobody else understands the impact of what we do better than someone else that does it.” – Funeral staff member

7.5.3 Preparedness and relationship-building

Funeral staff highlighted the importance of being prepared for future pandemics, and using their experience of the COVID-19 pandemic as a starting point to improve the preparedness of the sector more widely. This included activities such as stocking enough reserves of PPE, knowing places with spare refrigeration capacity, having agreements with hospitals and care homes to allow for the collection of bodies out of the usual hours, and providing people working in the funeral sector with the appropriate training.

“Now we complete a weekly PPE log of stock. If that was ever going to happen again, you would have stuff to put into place quicker.” – Funeral staff member

Funeral staff also explained that the pandemic helped them strengthen existing relationships and create new ones within the sector and with other service providers, such as flowers and masonry. This was described as something to encourage for the future.

⁷⁰ This relates to a petition to UK Government and Parliament: <https://petition.parliament.uk/petitions/624185>

7.5.4 Digitalisation and new technologies

Participants described the introduction of simplified and digitalised systems to register deaths and manage paperwork as a positive innovation. While some expressed security concerns linked to potential abuses of a simplified system (for example, not requiring the signature of two doctors to register a death), the general consensus was that these changes should be kept beyond the pandemic.

“The end result is that [the bereaved people’s] experience with it lasts less time and it’s easier to go through... Whatever makes it easier for the sector, people working in it, at the end helps the families as well. So, I think it’s just less bureaucracy and more simplicity.” – Funeral staff member

Electronic communication technologies also provided solutions to allow more people to take part in funerals and wakes. Participants found that introducing options such as video streaming and recording of funerals was a positive change that should be offered consistently going forward.

7.5.5 Appropriateness of restrictions

Participants expressed a range of views on the appropriateness of restrictions during the pandemic. Regarding recommendations for future pandemics and large-scale emergencies, funeral staff were divided on the optimum approach. Some recommended a national approach without local variation, because such differences made it challenging to manage bereaved people’s expectations and the organisation of funerals and other services. Others suggested tailoring the approach to the locality, and avoiding, for example, implementing restrictions in more rural and sparsely populated areas that were designed for more urban or densely inhabited areas. Similarly, some suggested taking into account the cultural and religious specificities of different communities, while at the same time making sure that risks to public health are minimised.

“Not saying that it should automatically mean that just because it’s a religious imperative that that should override any public health concerns. It shouldn’t, but I think there hadn’t been a lot of consideration for that, and how they were going to manage that in a risk-assessed way.” – Funeral staff member

8. Appendices

8.1 Appendix A. Funeral Restrictions

The changing restrictions on funerals during the COVID-19 pandemic, alongside wider guidance, is provided below.⁷¹

UK Government guidance for those attending funerals during the pandemic

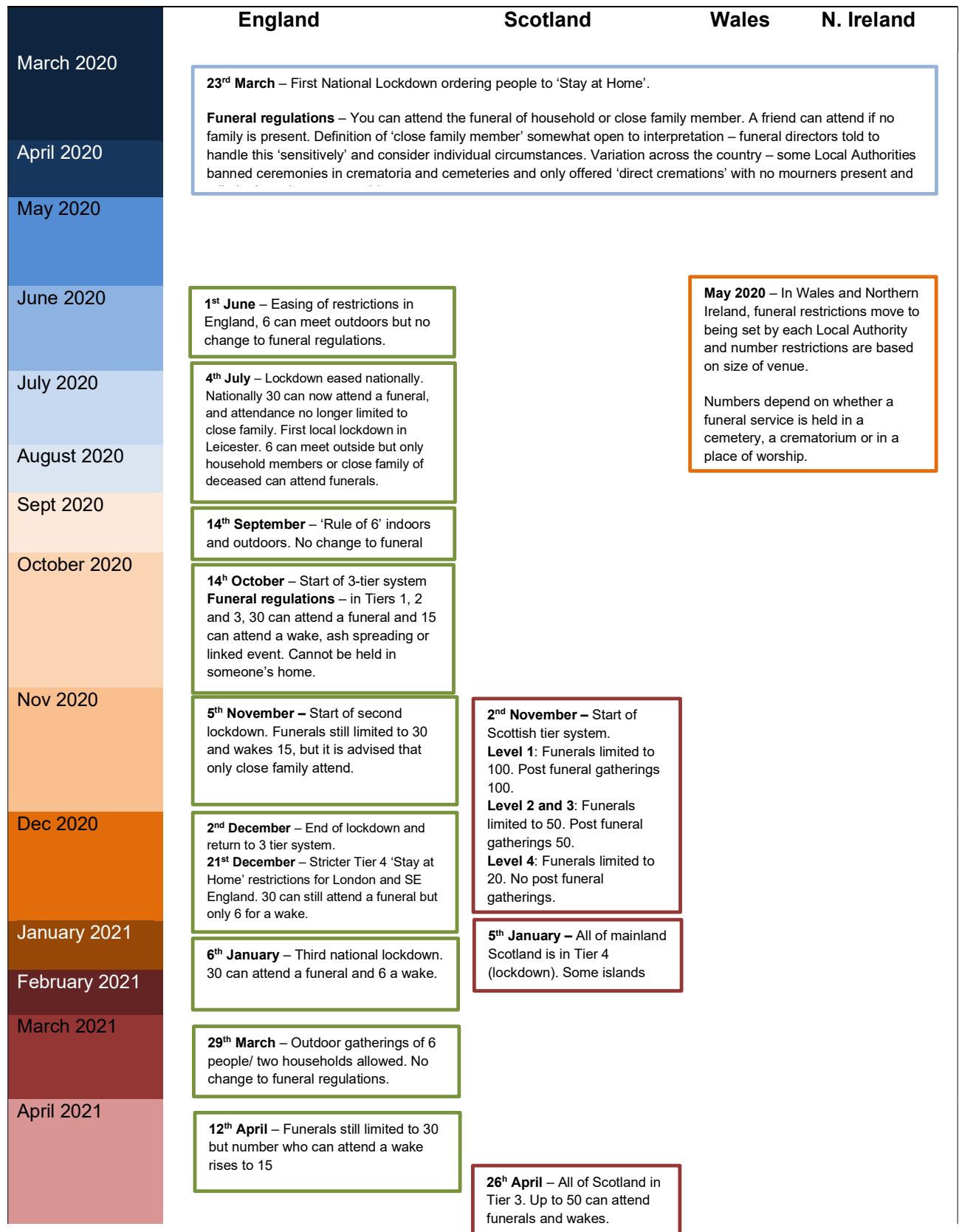
- Funerals should not be delayed, even if restrictions are in place
- It is advised that rituals or practices that bring people into close contact with the body should not take place. Where this is required for aspects of faith, PPE should be worn
- Those organising funerals should limit the number of mourners as far as possible to allow a safe distance
- Apart from funeral staff, only the following should attend (up to the maximum number permitted): members of the deceased's household, immediate family members/close friends
- Mourners should follow advice on social distancing when travelling to and from the venue
- Any mourner showing COVID-19 symptoms should not attend the funeral
- If a mourner is required to self-isolate after returning from abroad, attending a funeral of a family member or close friend is an exemption to this
- If a mourner has been asked to self-isolate due to being in close contact with someone who has tested positive for COVID-19, they may still attend if they do not have symptoms, although online attendance is encouraged and other guests must be informed

⁷¹ The information presented in Appendix A was gathered during the pandemic from official sources (such as Gov.co.uk). However, most of it is no longer available because removed to avoid confusion with subsequent regulation

UK Government guidance for funeral staff during the pandemic

- Funeral staff should advise that only close family and friends should be invited to funerals and commemorative events
- Venue capacity should allow 2 metres between those in different households and face coverings are required for all indoor services
- Time should be put aside to clean and disinfect the area a service has taken place in after a service
- Funeral staff should recommend remote participation for those who are clinically vulnerable
- Funeral staff should facilitate strict adherence to processes to minimise the risk of virus transmission
- Venues should consider options such as live streaming to allow more people to watch the service. This should be facilitated particularly for those self-isolating or shielding
- Funeral details should not be posted online to avoid mourners arriving unexpectedly
- In Northern Ireland, it is recommended that there is a single point of contact with the family and funeral arrangements should be made by telephone and not in person
- In Wales, those attending a funeral should not have any contact with the coffin, including carrying it on their shoulders

Figure 8.1: funeral restrictions in the United Kingdom from March 2020 to August 2021





17th May – Any number of mourners allowed at funerals with social distancing

19^h July– All of Scotland moves to Tier 0 and up to 200 people can attend

9^h August– All legal requirements for physical distancing removed. Any number of mourners allowed at funerals and wakes.

8.2 Appendix B. Topic Guides

Summarised versions of the topic guides used in interviews with bereaved people and funeral staff are provided below.

8.2.1 Topic guide for bereaved people

Introductions and background

- About them
- The person who the participant lost

Experiences after the death

- Any support received after the death
- Involvement in arranging the funeral / other ritual / service
- Experience (or someone else's) of arranging the service
- How this experience compared to previous experiences of organising a service of this nature – areas of similarity and difference

The service

- Experience of the service
- Impact of the pandemic on the service

Future commemoration plans

- Future plans for commemoration services

Impact of public health messaging

- What public health messaging they were aware of
- Views on the public health messaging throughout the pandemic
- Extent to which public health messaging about the pandemic impacted on actions following the death

Impacts on wellbeing

- Feelings about the service organised / attended
- Feelings about any changes made because of the pandemic
- Whether they feel that their grieving process has been disrupted by the pandemic
- Impact of disruptions to grieving (personally)

Receiving support

- Support received for mental health and wellbeing (formal and informal)

Reflections and recommendations

- Overall reflections on the services planned / conducted during the pandemic
- What, if anything, could be improved about the way services are planned and conducted during the pandemic

-
- What, if anything, could be improved about public health messaging, and the way that changing regulations are communicated
 - How can bereaved people be better supported for bereavement, mental health and wellbeing
 - Recommendations for continuation of service provision and support

Closing the interview

- Final closing comments

8.2.2 Follow-up topic guide for bereaved people

Interview recap

- Give summary of what was discussed during first interview
- Opportunity to add anything at this stage

Experience since initial interview

- How would they describe their experience of grief at the moment
- How, if at all, has their experience of grief changed since the first interview
- How does their experience of grief impact on their emotions

Formal support

- Formal support needs since first interview
- Have they sought any / additional support since first interview

Informal support

- Informal support needs since first interview
- Have they sought support for these needs
- How did they experience this support
- How, if at all, has their support network been affected by the pandemic

Commemorations

- (If participant mentioned plans in first interview) experience of planned activities
- Have they taken part in any other commemorative activities i.e. charity fundraising, awareness raising, media work, anniversary of death

Recommendations

- Overall reflections of their experience
- Thinking about their experience what, if anything, could have made things easier for them

Closing the interview

- Final closing comments

8.2.3 Topic guide for funeral staff

Introductions and backgrounds

- Their role in organisation's work

Experiences of arranging funerals during the pandemic

Funerals prior to the pandemic

- Usual process of organising a funeral (before the pandemic)
- What usually happens at the funeral

Changes since the pandemic

- How has the pandemic changed the process of organising a funeral
- How funeral services themselves have changed
- Impact of COVID-19 restrictions
- Impact of changes
- Impact on overall workload

Other services offered

- How other services related to funerals have changed due to the pandemic.

Impact of public health messaging

- Nature of public health messaging about COVID-19 restrictions and safety
- Impact of public health messaging on their behaviour or behaviour of staff / colleagues in the workplace during the pandemic
- Impact of public health messaging (about COVID-19 restrictions and safety) on customers
- Views on public health messaging during the pandemic (for both staff and customers)

Impacts on wellbeing

- Feelings about the services they have provided during the pandemic
- Impact of the changes to services on them and colleagues
- How do customers feel about the changes made to funeral services

Impact of the pandemic on the grieving process

- Whether grieving processes have been impacted by the pandemic
- Whether bereaved people have had adequate support during the pandemic

Reflections and recommendations

- Overall reflections on the services planned / conducted during the pandemic
- Recommendations
- Going forward

Closing the interview

- Final closing comments

