

Bereavement Services: Digital and in-person support are both needed

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About the research

In the current policy environment, digital health is not an optional add-on, but a core pillar of transformation. This shift, boosted by the challenges of the COVID-19 pandemic, comes as a response to growing demands for better patient care and the need to address complex healthcare challenges efficiently.

During the pandemic, bereavement support services shifted to online and telephone provision in response to increased demand, while in-person support was severely restricted. Little is known about the experiences of bereavement service providers during this time, or how lessons learnt during the pandemic can inform future practice. Given the continued expansion of remote services post-pandemic, this evidence can inform the design and delivery of remote bereavement support.

This mixed-methods study examined how UK bereavement services adapted to provide online and telephone support during the COVID-19 pandemic. Drawing on national survey data from 147 voluntary and community sector bereavement services and in-depth interviews with 24 service providers across 14 services, it assessed what worked, what didn't, and what lessons can be applied to future bereavement care.

Remote bereavement support offered a vital lifeline during the pandemic and helped increase access for some groups. However, online services are not universally appropriate, and over-reliance on remote provision may compound known inequities in bereavement support. Bereavement services need to offer both digital and in-person support.

Policy recommendations

- **NHS commissioners and bereavement services should invest in hybrid models of bereavement support.** Bereaved people should be offered options based on need and preference, recognising that online support is not appropriate for everyone.
- **Government and regulatory bodies must address digital exclusion.** This should include investing in training, equipment, and connectivity support for older people, low-income households, and those with limited digital skills.
- **Local authorities and health boards should support the bereavement sector** by including digital technology, and training to use it, in funding arrangements.
- **The National Bereavement Alliance should encourage providers to collect and report data** on reach, impact, and equality of access across service models, and educate and support funders and commissioners to require this.

Bereavement services should:

- **Support clients to access online services** and offer flexibility regarding types of technology or platform.
- **Ensure quality and safeguarding online.** National sector leaders should develop guidance and standards for the provision of effective and appropriate digital bereavement support, including privacy, safety, and professional supervision.
- **Support their workforce.** Provide training for counsellors and volunteers in digital delivery, trauma-informed care, and managing online boundaries, and invest in staff wellbeing.

Key findings

- **Rapid adaptation maintained continuity.** Most bereavement services successfully shifted to online or telephone delivery within weeks of the first lockdown, preventing widespread service collapse.
- **Digital support improved reach for some.** People with disabilities, caring responsibilities, or difficulties travelling found remote options easier to access. Online support was preferred by some (particularly men and younger people) and increased reach in rural communities.
- **Exclusion remained significant.** Older adults, those with low income, and people with limited English proficiency were less likely to engage with digital formats. Remote support was less appropriate for very young children, people with communication difficulties or with very high/complex needs.
- **Loss of physical connection.** Providers emphasised that non-verbal cues and human warmth were harder to convey online, affecting the perceived depth of support.
- **Workforce fatigue and adaptability.** Staff and volunteers showed remarkable commitment, but providing and using new forms of remote support could have a considerable impact on their mental health and wellbeing, underlining the need for sustained support and resources.
- **Smaller organisations were hit harder.** Organisations with fewer resources, many of which were hospices, found the adaptations required to shift to remote support provision particularly difficult to accommodate.
- **Hybrid delivery is the future.** Combining digital flexibility with in-person options was widely viewed as the most effective and equitable model for bereavement support.

Further information

This briefing summarises findings from "[Shifting to online and telephone bereavement support provision during the COVID-19 pandemic: A mixed methods study of bereavement service provider perspectives and lessons learnt for current practice](#)," by Professor Lucy Selman and colleagues. The study was conducted in collaboration with the National Bereavement Alliance, and funded by the Economic and Social Research Council.

Project website: <https://www.cardiff.ac.uk/marie-curie-research-centre/research/research-portfolio/becovid>

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