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Systemic reform needed to make bereavement support equitable for ethnically diverse communities

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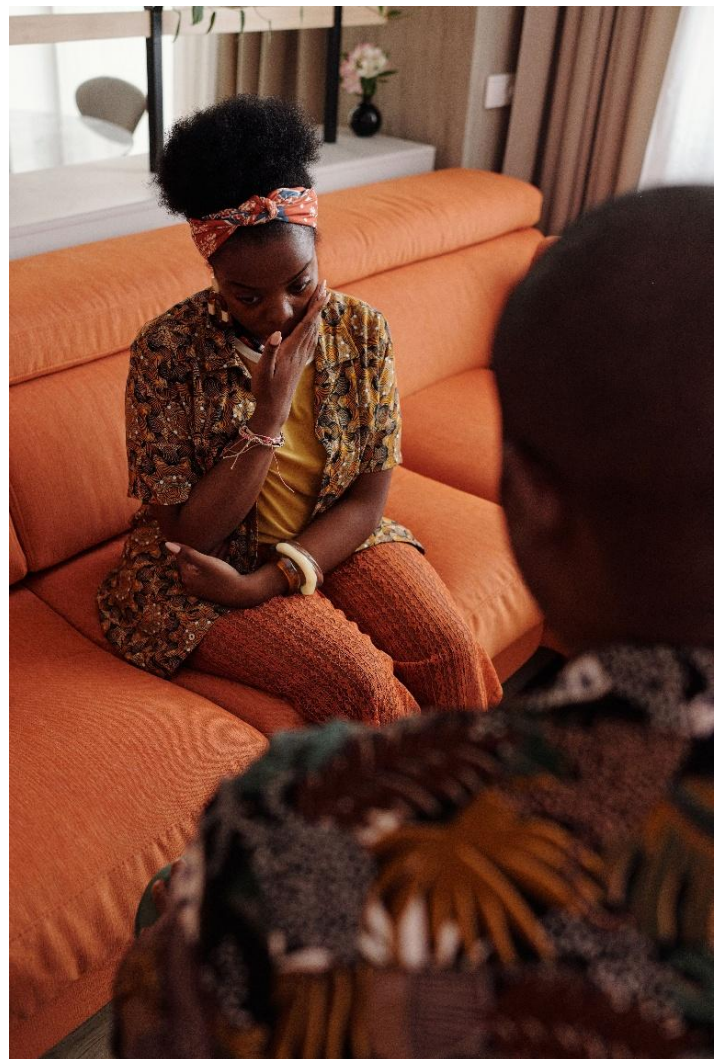
Professor Lucy Selman, University of Bristol; Dr Emily Harrop, Cardiff University; Dr Sabrina Bajwah, King's College London; Dr Catriona Mayland, University of Sheffield; on behalf of the Equitable Bereavement Care for All study team.

About the research

This timely briefing draws on the largest and most in-depth UK study of access to bereavement support among ethnically diverse communities: the [Equitable Bereavement Care for All study](#).

Researchers spoke with 121 bereaved people from 13 ethnic backgrounds across England, interviewed 23 staff and volunteers from 12 bereavement services, and co-designed recommendations with 53 stakeholders. **The evidence shows that inequitable access is produced by how services are designed, funded and delivered, and can be changed.**

Bereavement affects everyone, but access to support is unequal. The UK Commission on Bereavement (2022) found that people from Black, Asian and minoritised ethnic communities face barriers to bereavement support, and half of UK bereavement organisations report fewer than 5% of clients from these communities (Selman et al. 2023).



Integrated Care Boards must commission palliative and end-of-life care. National guidance places bereavement support within that duty (Health and Care Act 2022; NHS England 2022), and the final Modern Service Framework for Palliative Care and End-of-Life Care is due in Autumn 2026.

Unsupported grief costs the UK economy an estimated £23 billion a year (Sue Ryder 2021); services and commissioners need to know what to change.

Policy Recommendations

1. UK Government should recognise bereavement in health inequalities strategies, and lead systemic reform through a national framework for equitable bereavement care, such as a National Equitable Bereavement Care Charter. This should include community representation, independent oversight and annual public reporting on equity outcomes.
2. NHS and local authority commissioners should fund community-led 'by and for' bereavement organisations equitably and sustainably, through accessible funding processes and multi-year commissioning, treating them as equal partners, not short-term subcontractors.
3. Commissioners and regulators should require services to monitor access, experience and outcomes by ethnicity, through contract reporting and inspection frameworks, so inequities are visible and measurable, in line with [Core20PLUS5](#).
4. Bereavement services should embed cultural safety and anti-racism across the organisation, led from senior levels: training and supervision, review of policies, language and venues, and support delivered in trusted community spaces and community languages, addressing the barriers bereaved people consistently report.
5. Services and commissioners should build workforces and partnerships that reflect the communities served, recruiting diverse staff into leadership and frontline roles, commissioning community connectors, and working with community and faith organisations in genuine partnership.

Key Findings

1. **Inequitable access is driven by service design, not community reluctance.** Barriers were concentrated in how services are designed, staffed, funded and described; assumptions that communities 'look after their own' conceal unmet need.
2. **Racism affects every stage of access.** Experiences and fear of racism affected referral, trust and willingness to engage; some bereaved people avoided services altogether.
3. **Services lack cultural relevance and representation.** Unrepresentative workforces, Eurocentric models of grief, and service names and terminology signalled who support was intended for; a sense of belonging depended on meeting staff who reflected the community. Representation determined whether support was trusted and used.
4. **A poor fit between support offered and support needed.** Some bereaved people were offered medication when they sought emotional, practical or culturally meaningful help; waiting lists and language barriers compounded the problem.
5. **Community-led organisations are trusted but under-funded.** 'By and for' organisations were the most trusted and best placed to help, yet operate on short-term, insecure funding, while equity work in mainstream services fell to a few isolated staff.
6. **Effective approaches exist but are not spread.** Trusted community venues, community connectors, warm handovers and support outside formal therapy all enabled access, mainly in small community services. Expanding them means changing the system.

Further information

This briefing summarises findings from '[How to tackle inequities in bereavement support for ethnically diverse communities: A national qualitative study using experience-based co-design](#)' by Lucy Selman and colleagues, BMC Medicine, October 2026

Companion paper: Mayland CR et al., '[Development of the Culturally Informed Ecological Model of Grief - a national qualitative study of bereavement experiences among ethnically diverse communities](#)', BMC Medicine, July 2026.

Related briefing: PolicyBristol Policy Briefing 185 [Bereavement: Systemic reform and targeted action needed to better support Black communities](#), December 2025

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The study was conducted with 12 participating bereavement services, including community-led 'by and for' organisations, and with Community Researchers and public contributors throughout. Study website: <https://www.kcl.ac.uk/research/equitable-bereavement-care-for-all>