



**Independent
Age**

Grief encounters

Experiences of bereavement
support in later life

Executive summary

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All of us will experience bereavement at some time in our lives, and this becomes more likely as we get older.

Many of us will seek support from friends, family and the wider communities we are part of when we are bereaved.

However, for people who lack these connections, or whose experiences leading up to and following the death of someone close to them are particularly traumatic, bereavement support services may be necessary to help them process their grief.

Methodology

Our research looked at the experiences of bereavement during later life, and attitudes towards different forms of emotional support for bereavement. We interviewed 25 older people and three professionals working with bereaved older people, and conducted nationally representative polling about attitudes towards bereavement support in different age groups. We also benefited from discussions with colleagues in the bereavement sector and insights from our Lived Experience Advisory Panel.

Key findings

Grieving in later life

- Experiences of grief are highly diverse and will be affected by many factors, particularly the circumstances of the death and the nature of end-of-life care.
- There are some specific challenges more likely to be experienced by those grieving in later life: the impact of having been a carer, the loss of a life partner of many years, and increased loneliness and reflections on one's own mortality.

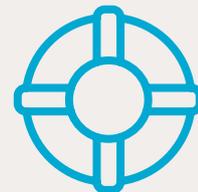
Bereavement support: Attitudes, signposting and access

- Underlying attitudes to emotional support mean some people in later life are more reluctant to seek help to cope with their bereavement.
- Signposting to support options is currently not happening systematically, especially for people who have not accessed hospice care. Information about bereavement support needs to be given proactively.
- Even where people know what support is available, there can be challenges accessing it.

Experiences of bereavement support: What helps people move through grief in later life

- For many older people, support from their existing networks of family and friends is most significant and provides all they need.
- However, there are many reasons why this support may not be available, sufficient or appropriate. We cannot assume that everyone will cope with this support alone.
- For those who accessed more formal bereavement support, we heard diverse views about the types and formats they felt to be most effective. The key point is that there is a range of options available to meet different needs.
- Beyond more formal bereavement support services, opportunities for greater social connections will play an important role for people bereaved in later life.

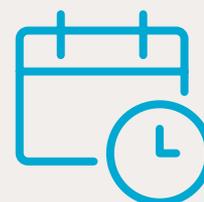
Key polling findings¹



Just 4% of people aged 65 and over who had been bereaved in the past five years sought extra support, compared with 9% of adults aged under 65



Only 20% of over 65s who had been bereaved in the past five years were given information about emotional support after the bereavement



Of the 8% of adults of all ages who sought extra support following a bereavement, just over half (57%) went on to receive it in a reasonable timeframe. Just over a tenth (12%) were not able to access support at all, and 7% said that they were still waiting for support at the time of the survey

Our recommendations for action

Our vision is that everyone in later life can access the informal and formal types of support they need to help them cope with a bereavement. For this to be realised, we have identified four key areas for action.

Better leadership and coordination at multiple levels to improve access to bereavement support

We are calling for a government-led strategy for the whole system of bereavement support that clarifies responsibilities and sets out a plan for how more investment will be secured. As part of this strategy, we would like to see a named bereavement lead within each integrated care system (ICS) structure and a named bereavement lead within NHS England. This clarification of responsibilities at both the ICS and national NHS England levels would be one key step towards ensuring the activities that can lead to a more consistent and comprehensive support offer for bereaved people are prioritised.

Improved signposting to support options, especially for those in later life

Clear, consistent and proactive signposting to support options is crucial for people in later life, particularly given the attitudes we commonly found, which suggest a reluctance to seek out support without encouragement. Health and care professionals will play a key role in this signposting and should also be aware of the factors that may make an individual likely to need extra support after a bereavement, including being socially isolated or having had caring responsibilities for the person who died. Beyond professionals, information about bereavement support should be readily available in all those places where people already spend time, such as supermarkets, libraries, hairdressers and faith centres.

A greater focus on tackling loneliness as one way to support people bereaved in later life

Activities that reconnect people and build up their social contact are a key part of an effective response to the challenge of bereavement for some people in later life. There should be greater recognition of the role that social prescribing can play in identifying where bereaved older people

would benefit from accessing opportunities for more social connection. This should include ensuring link workers receive training on supporting bereaved older people. We also want to see funding for bereavement support providers to deliver training to voluntary and community sector organisations working to tackle loneliness, so that those organisations and their volunteers can support bereaved people with confidence.

Improved access to mental health services when they are needed

For a minority of people, bereavement is a trigger for a longer-term mental health problem that will require specialist support. However, there are still challenges accessing appropriate mental health support such as talking therapies for people aged over 65. To improve the uptake of the NHS talking therapies (IAPT) programme among older people, the Department of Health and Social Care, NHS England and ICSs should review the current barriers to accessing IAPT for people aged over 65, and work with the voluntary sector on targeted communication plans to increase the number of people in later life who receive this treatment. NHS England should also review local areas where access to IAPT services is higher for people aged over 65 and proactively share best practice examples with ICSs.

These recommendations are wide ranging and will require collaboration from all parts of government, health and care systems, and the community and voluntary sector. However, we think, taken together, they set a clear programme of action to improve access to bereavement support for people in later life for the long term.



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Grief snapshot: Margaret

Margaret is 65 years old and lives in North West England. Her brother William died of a heart attack within the past year, and Margaret had been his carer for the last four years of his life. While William had had a number of long-term health conditions, his death was unexpected and came as a shock.

Margaret described struggling with feelings of guilt after her brother's death, because she hadn't checked in on him over the weekend when he died. This was even though her brother preferred his own space during the weekend and had urged her not to worry about him if he didn't answer his phone.

"Because I looked after him for so long, and cared for him so much, to then have him die on his own, it was terrible. It still is. It still hurts me a great deal."

Margaret initially attended a bereavement support group at her church but didn't find it very helpful to hear other people's stories, saying she just felt "surrounded by other people's grief".

She found it more helpful to join informal online support groups for people who had very similar experiences of bereavement to her own.

"I found that there was one [online group] in particular that was just for a sibling relationship, and I found that very cathartic because a couple of the people there had had a similar experience in that they'd lost somebody that they'd cared for for a good while, and they'd felt as though they could've done more."

While Margaret felt she still had a way to go to come to terms with the circumstances of her brother's death, she strongly recommended seeking out online groups to others who were bereaved of a close relative.



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The images seen throughout this report are posed by friends of Independent Age.



Independent Age
18 Avonmore Road
London
W14 8RR

020 7605 4200
charity@independentage.org
independentage.org
Helpline 0800 319 6789

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