



Bereavement in the time of Covid-19

Introduction

The recent *Loneliness in the time of Covid-19* session brought together organisations working to address loneliness and social isolation to discuss how they have been supporting people who have been bereaved and to consider the challenges ahead.

Bereavement has been a common theme in conversations throughout our series of discussions – with many more organisations supporting people who were bereaved, seeing loss within their communities, and dealing with the interplay between grief and loneliness among many of their service users and members.

Polling during the event confirmed that for 72% of the organisations at the event, bereavement had become a more prominent issue for service users during the Covid-19 pandemic.

Our discussions brought together experts in bereavement and in addressing loneliness and isolation to share what they had learned about supporting people during the Covid-19 pandemic. In this report we set out the principles we explored in our session and the practical hints, tips and techniques that our participants had found useful in this unique context. This has been a period of significant learning and innovation which should inform the work we all do in future.

72% of organisations at the event said that bereavement had become a more prominent issue for service users during Covid-19



Bereavement during the Covid-19 pandemic

During the Covid-19 pandemic many people have been bereaved – some as a direct result of coronavirus, while others have lost people to other causes. For many there has been additional trauma attached to this bereavement – some deaths were sudden and unexpected. In many cases people were not able to be with their loved ones as they would have wished at the point of their death, or to grieve with others due to restrictions on meeting and social contact. Many of the normal ways we mark deaths and support each other through bereavement have not been possible through the pandemic.

The pandemic has also reawakened feelings of grief among people who were bereaved months or years before – the sense of a national crisis and the isolation of lockdown has led to many more people struggling with feelings associated with loss.

“People have put their grief on hold”

Bereavement has long been understood as a potential risk factor for loneliness, and many people supported by organisations working on loneliness and social isolation are bereaved.

As a result, it is little surprise that the interplay between bereavement and loneliness has come to the fore during the Covid-19 pandemic.



Supporting people through bereavement

At the event, we heard from experts in addressing bereavement. Cruse Bereavement Care shared insights around the complex web of thoughts, behaviours, feelings and physical sensations that accompany grief.

“You can be powerful even when you’re fragile”

Understanding Grief



Thoughts

Disbelief
Confusion
Preoccupation
Sense of presence
Hallucinations



Behaviours

Sleep disturbance
Loss of appetite
Absent mindedness
Dreams/
Nightmares
Searching
Sighing/crying
Hyperactivity
Treasuring objects
Avoiding reminders



Feelings

Sadness
Anger
Helplessness
Anxiety/fear
Yearning
Numbness
Shock
Jealousy
Social loneliness
Guilt
Depersonalisation
Tiredness
Relief
Worthlessness
Emancipation



Physical Sensations

Hollowness in stomach
Tightness in chest
Tightness in throat
Breathlessness
Lack of energy
Dry mouth
Oversensitivity to noise



Both Cruse Bereavement Care and St Christopher’s Hospice highlighted actions that organisations working with people who are lonely can take to better support people who have been bereaved. The experts at our event were keen to emphasise that all the practices we use to provide company

and foster a sense of value for people who are lonely can be adapted to help address bereavement.

They shared advice for engaging effectively with people through bereavement.



Acknowledge and engage:



A key message from our experts was to engage directly with people who have been bereaved, being present and offering them space to talk.



- **Ask, and ask again**



- **Allow and encourage emotions**



- **Don't try to "fix"**
A key principle was recognising that you can't "fix" someone's grief, instead we need to create space for people to go through it. It's important to allow people to be sad.



- **Be there – don't avoid**



- **Mention the name of the person who has been lost**

"We can't fix things for people, we walk alongside them"

Communicate in different ways:



People like to communicate in different ways. We may not be able to offer a hug, but there are plenty of other ways we can communicate:



- Letters



- Cards



- WhatsApp messages or texts



- Phone calls



- Dropping round with flowers



- A socially-distanced walk

Enable peer support:



Peer support was a critical theme. Sharing our own experiences of bereavement and bringing people who have been bereaved together to support each other and share experiences can be very powerful.

Give people space:



While it's important to be alongside people, it's also important to give people space to grieve. Giving people a chance to say when and how they want support and company is important.

Offer practical support:



While emotional support is vital, offering help with practical issues can help people feel less alone. This includes:



- Making meals and treats



- Offering help with caring responsibilities



- Supporting people with practical arrangements and administration



- Shopping

Think about timing:



We heard it was important to offer people support over time, including at key moments such as anniversaries. Thinking about when to offer support was important.



- **Save the flowers** – often people experienced a “crash” after the funeral



- **Remember the landmarks** – recognising the impact of key dates such as birthdays, anniversaries and major holidays

Case study 1

Beth Johnson Foundation: Bereavement Help Points project

The Bereavement Help Points project was set up in North Staffordshire and Stoke on Trent by the Beth Johnson Foundation to fill a gap in local bereavement support for older adults.

The model developed by St Giles Hospice involved establishing small bereavement support groups in communities across their area. However, the Beth Johnson team established their groups during the Covid-19 pandemic and so these were initially set up on Zoom.

The team experienced some challenges, partly because many of the normal routes to publicise groups like these – such as community events and local spaces such as libraries – were not available. Some people were not able to access Zoom.

In response the Beth Johnson team have further developed their offer. They now have a short-term telephone befriending service for people who have been bereaved, delivered by volunteers. This receives referrals from a range of sources including social prescribing link workers. The team have found link workers are effective in reaching people who are very lonely and isolated, and who may not have seen community-based publicity as they rarely go out. The team find that speaking to a volunteer one-to-one at first can help individuals to build their confidence to join one of the groups.

The team also wanted to offer a group to people who could not use Zoom. After experimenting with different methods, they now run a telephone-based group. This is run via Zoom, but no group members use video. Instead, the team dial members in

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individually and link their calls via a mobile phone teleconferencing function. This saves service users from having to grapple with complex access codes or pay call charges. Over time a small number of group members have gained enough confidence to dial in directly (and the team have provided simple guidance to do this), but the flexible routes of access mean barriers are low.

While the team initially had some reservations about a telephone-based group, they have found that the group works together very well and has been perhaps more willing to make disclosures and discuss complex emotions than the video-based groups.

In response to feedback from the people involved, groups are now known as “Bereavement Friendship Groups”. Members help to lead and shape the work and over the course of the project they have developed a range of resources which they have shared with the wider community through their [Facebook page](#). As lockdown eases the groups are making plans to meet in person – initially outdoors. In future, they would like to develop more social activities and start to expand the groups offer to the wider community.

Supporting people remotely

Our participants shared a range of practical ideas they had found helpful in supporting people through bereavement in the context of the Covid-19 restrictions.



Talking and listening

- Bereavement “cafes” over Zoom
- Zoom / group call peer support groups
- Befriending by phone or zoom



Practical engagement

- Sewing, knitting and crafting – e.g. making “love hearts” to share with families with loved ones in hospital
- Making and sharing meals
- Cooking and cookbooks



Memorialisation and remembering

- Memory boxes
- Art-making
- Poetry and writing
- Gratitude journals
- Story boxes
- Mandalas



Connecting with others and places

- Supporting people to get involved in volunteering
- Going for walks and engaging with the natural environment
- Laughter sessions



Case study 2

Voluntary Action South Leicestershire: Coping with Loss sessions

When the Covid-19 pandemic hit, Voluntary Action South Leicestershire's Community Champions project had to move its services and activities from face-to-face to remote delivery. While the project managed to set up a range of services including telephone and zoom based support, they found that many of their service users were struggling with grief and loss in one form or another.

The project decided to create a bespoke offer for people dealing with loss – whether of loved ones, pets, relationships, or jobs. The Community Champions were already working with Linda, a soul midwife who offers non-medical support to people who are dying. They worked together to develop a Zoom-based “Coping with Loss” workshop.

This was advertised through the organisation's networks and in the end 8 women joined the group. The aim was to help the participants develop coping skills to manage loss. The initial focus of the group was on storytelling – a powerful way of helping people to hold on to who they are through the process of loss.

The workshop also involved journaling with mandalas – a creative way of developing a non-linear “journal” of people's stories. It can help to bring into focus thoughts and feelings that might otherwise be difficult to access and express. Helping people to “see” their experiences of loss in this way can make it easier for people to accommodate them into their sense of self, or to change the story if they wish to do so.

This was a hands-on approach to grief and loss, which also offered people an opportunity to share their own experiences and stories with one another.

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While VASL was initially concerned that delivering the sessions over Zoom might make it harder to create connections between participants, some fed back that they had felt safer talking about difficult issues in this format. The organisers took steps to ensure that the Zoom space felt safe – offering people the opportunity to turn off their cameras and step away if they needed, and offering an opportunity to “step out” into a breakout room if they needed to do so.

VASL recognise that these courses will not work for everyone, and are very conscious that they may need to further adapt the offer to appeal to men. They also recognise the limitations of the course for those who lack digital skills. However, they have found the experience positive, and would urge others thinking about working in this area to take the plunge and try something!

Gaps and challenges

While organisations had come up with a range of creative ways to support people through bereavement during the pandemic, a number of common challenges emerged.

Challenges included:



Nowhere to go

- Gaps in local specialist bereavement support – so people who needed more specialist support were not able to access it
- Community mental health services such as IAPT are often over-subscribed, with extremely long waiting lists – so people who needed additional support with their mental health had nowhere to go
- A lack of support for people with special needs – e.g. for people with learning disabilities
- Many other services are closed – it can be hard for organisations to help people to “move on” when many community services, group activities and social / leisure facilities are not operating

“It’s killing us not being able to support people the way we used to”



The digital divide

- Lack of digital access, skills and confidence continued to create a barrier for people providing support to people who were bereaved
- Although many organisations offered alternatives including telephone-based support, letter writing and doorstep chats and visits, this was more limited than the offer available to those who were able to access digital services



Supporting men

- We heard it could be hard to support men, who tended to be less attracted to services based around conversation – which has been the primary mode of support through the pandemic – some organisations have tried targeted sessions such as “Men’s Dens”

Things that help delivery

Supporting people through bereavement is demanding for both staff and volunteers, especially those who were unused to supporting people with complex, emotionally-charged issues – for example those who had previously been engaged in delivering activities, or in companionship conversations as part of befriending services.

Organisations shared ideas and resources that they'd found helpful in overcoming these issues. These included:



- Working with others with more experience of bereavement – 18% of organisations at our event had accessed support from national bereavement charities, and 29% from local bereavement charities



- Accessing training and resources for staff and volunteers – 31% of organisations had organised additional training, and 27% had accessed online resources on bereavement (see next section)



- Seeking specialist advice – 26% of organisations had received support from an individual with specialist knowledge of bereavement



- Specialist oversight and support, including clinical supervision



- Providing mental health support for staff



- Offering self-care and peer support sessions for volunteers



- Being explicit that it's OK not to be able to "fix" things



- Helping people to create memorial places / opportunities for the community to join in with funerals (at distance) to make loss visible

Helpful resources

- Cruse resources on bereavement in the pandemic: <https://www.cruse.org.uk/get-help/coronavirus-bereavement-and-grief>
- Signposting for bereavement support: <http://ataloss.org/>
- Resources of the loss of an adult child: <https://www.tcf.org.uk/ftb-grieving-for-adult-child/>
- A bereavement course run by churches: <https://thebereavementjourney.org/>
- Resources on memorials and memory activities:
 - o <https://madeamarkcharity.com/>
 - o <https://www.liverpoolmuseums.org.uk/house-of-memories>
- Guidance on working with older men: <http://www.ageingbetterincamden.org.uk/latestnews/2021/1/12/report-working-with-older-men>

Case study 3

Irish Chaplaincy – Clinical Supervision

The Irish Chaplaincy supports people of Irish origin across London, providing holistic practical, social, emotional and spiritual support, including through befriending services.

During the Covid-19 pandemic, staff and volunteers have provided remote support, primarily through regular telephone calls. These have become a lifeline to service users who have been dealing with a range of complex situations and emotions.

The organisation has supported many service users through bereavement. For some people, their loss has been compounded as they have grieved alone away from family and friends in Ireland, and have been unable to hold wakes and funerals – which would normally have been significant community events. The Chaplaincy has also lost 23 of its service users since the start of the pandemic. Coping with grief and loss has therefore been a significant issue for the organisation itself.

The Chaplaincy has worked hard to support volunteers, reassure them that they should not feel guilty if they need a break, and help them to maintain boundaries. To ensure that volunteers and staff were supported in maintaining their own wellbeing and mental health, the organisation started holding twice monthly meetings for volunteers with a clinical psychologist, as well as weekly sessions for peer support among volunteers and also a monthly self care reflective session for volunteers.

“To ensure that volunteers and staff were supported in maintaining their own wellbeing and mental health, the organisation has started holding monthly meetings for volunteers with a clinical psychologist.”

These have proved highly valuable for the entire team, but particularly for those volunteers and staff who live alone and who were previously having to cope by themselves with the complex emotions that were coming out in their conversations.

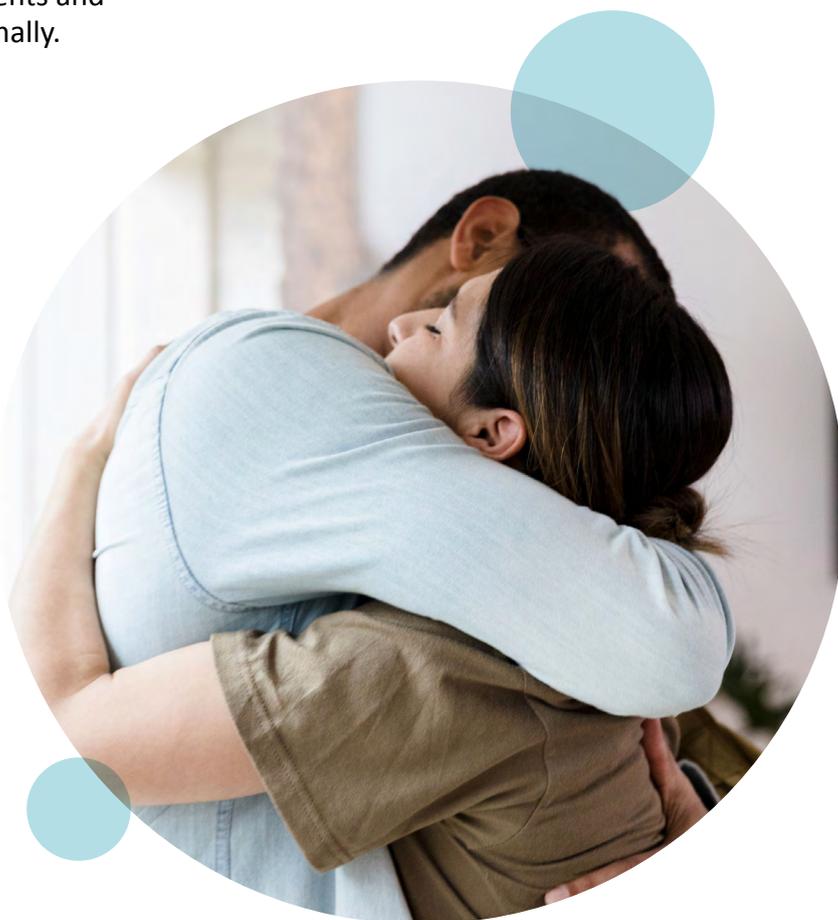
The pandemic has taught the organisation how important the befriending support they provide has been – people are desperate for contact and having a regular call makes a huge difference in making people feel they matter and that they are valued.

Looking to the future

While organisations had worked hard to support people with bereavement through the pandemic, there was a sense that many people had put their grieving process “on ice”.

Organisations envisaged an **ongoing need** for additional bereavement support. As one of our participants said, while most people are preparing to return to “normal”, for those who’ve been bereaved during lockdown, there is no “normal” to go back to.

We also heard that it would be important to create opportunities for people to **express their loss communally**, with monuments and memorials in communities and nationally.



The logo for the Campaign to End Loneliness, featuring the text "Campaign to End Loneliness" in white and green on a dark grey rectangular background. The word "End" is in green, and "Loneliness" is in white. The background of the entire page is a light blue color with several overlapping circles of varying sizes and shades of blue.

Campaign to
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Campaign to End Loneliness

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