Cruse Bereavement Support

Outcomes for bereaved people:

Comparing in-person and telephone bereavement support

UNIVERSITY OF BIRMINGHAM

A report compiled for Cruse Bereavement Support

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Acknowledgements:

Thanks are due to all of our wonderful volunteers and staff at Cruse, who support bereaved people day in, day out. Also, to the partner organisations we work with to ensure that people get the right support they need when they need it.

Chiefly however, we want to acknowledge the courage and resilience of our clients.

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Foreword

The COVID-19 pandemic has changed our daily lives in ways we could not have imagined in February 2020. Few areas of life and society have escaped, including the way that bereavement services are delivered. For some services, this involved an acceleration of already-planned changes, shifting their focus towards phone and digital support, while for others it was a complete conversion.

In usual times, these sorts of changes would be preceded by careful service planning, small-scale piloting and eventual roll out. As the country locked down, there simply wasn't time to do this, and service managers and practitioners scrambled to apply their learning and expertise to rapid redesign; working hard to minimise and mitigate the impact on bereaved people.

The pace of change makes the evaluation of these service innovations more important than ever, yet collection of routine outcome and satisfaction data is often a challenge in hard-pressed services working with distressed clients. It is crucial that we honour the time taken completing questionnaires by analysing, publishing and discussing the findings, and using them to review and develop our services even further.

That is why this report from Cruse is so timely, as it contributes important findings to the dilemmas facing many services as we emerge from the pandemic. How we will we deliver our services in the future? What is the right mix of phone, online and in-person support? Learning from evaluation findings such as these help us understand more about what works for which people and in which circumstances.

Dr Alison Penny, Director of Child Bereavement Network and Coordinator of National Bereavement Alliance

1. Aim of this report

The aim of this report is to share publicly comparative outcome measure findings from before the pandemic and during the pandemic, to show how the change of delivery of bereavement support from in-person to telephone bereavement support may have affected client outcomes.

In addition, we present a snapshot of satisfaction findings for the period between 25/9/2020 to 15/12/2020, from 233 clients for three months from 49 Cruse branches across England, Wales and Northern Ireland.

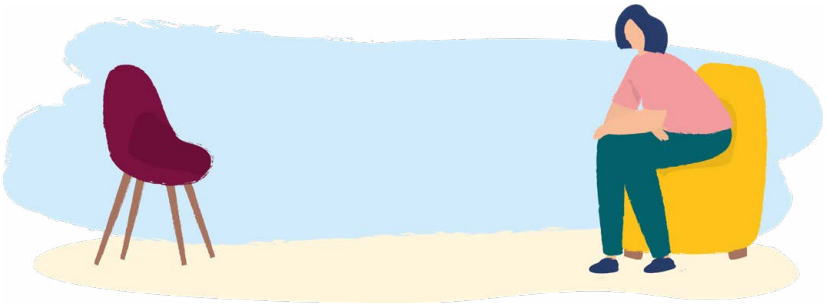
Data has been extracted from the Cruse Bereavement Support Adult Evaluation Form (www.surveymonkey.com/r/9HFVBRM) that offers clients the opportunity to feed back on their experience with Cruse services via closed and open-ended questions.

This period was chosen as it represents a period when moderate to strict lockdown measures were implemented across the UK and Cruse bereavement support was provided mainly by telephone.

2. Bereavement – effects and experience

Everyone will face grief and loss at some point in their lives. Bereavement is the objective state of having experienced the death of a loved one (Stroebe, Hansson, Stroebe, & Schut, 2008). Bereaved people may experience depressive symptoms, which may be severe at first, but these symptoms will usually lessen with the help of social networks.

However, some people who have 'transient reactions' will have depressive symptoms for longer periods of time (Kuo et al., 2017). Although major depression was not previously a valid diagnosis for bereaved people within the first two months of bereavement (what was called 'bereavement exclusion'), it is now recognised that major depression can be present along with other grief symptoms (Pies, 2014). It is expected that Intensive therapeutic and structured bereavement interventions will be required for people with more complex grieving reactions (DH, 2010).

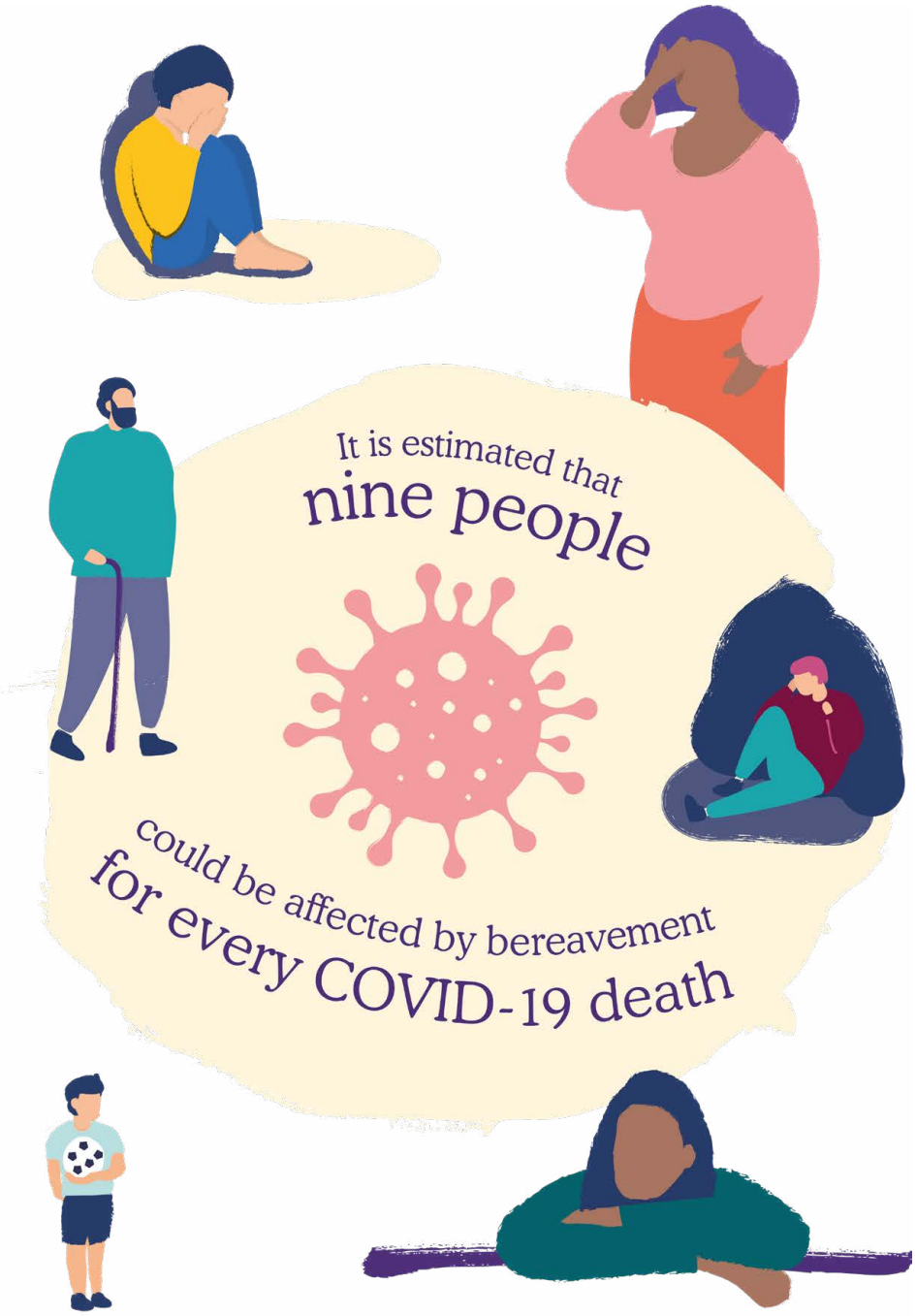


Bereavement can impact people both physically and emotionally, hence it can cause clinical depression, anxiety states, panic syndromes, and posttraumatic stress disorder (Murray Parkes, 1998), as well as neuroendocrine activation, altered sleep, immune system imbalance, and heart problems (Buckley et al., 2012). Bereavement is also associated with increased risk of mortality, greater use of health services, and subsequent poor mental and physical health (DH, 2010). Certain age groups, such as the younger generation and older people, are less likely to seek bereavement support, which may result in experiencing long term symptoms, such as complicated grief (Co-op Funeralcare, 2018; Independent Age, 2018).

Across the world, the need for compassionate and effective bereavement support is recognised. Policy in the United Kingdom (UK) has recognised the importance of good care after death consisting of appropriate and comprehensive bereavement support (DH, 2008). The importance of providing bereavement care and services has also been highlighted in a number of documents and reports (National Palliative and End of Life Care Partnership 2015; The Choice in End of Life Care Programme Board 2015; Department of Health 2016; Penny & Relf, 2017). Yet, the lack of provision and the need for improved support remain issues of concern. Dementia Voices (2018), for example, identified that support to carers when caring ends was a largely neglected area, with carers not been acknowledged into bereavement.

Evidence is appearing slowly on how the COVID-19 pandemic is affecting the experience of bereavement. Previous evidence has shown that pandemics tend to cause losses directly related to the death itself and other symbolic losses, such as the change of status from married to widowed (Mayland et al., 2020). It is estimated that nine people could be affected by bereavement for every COVID-19 death (Verdery et al., 2020). The daily reporting on the virus's development and the number of deaths in the UK and around the world has raised public awareness of death, dying, and bereavement. Factors such as deaths that were sudden and unexpected, patient isolation, visiting restrictions in most care settings resulted in more traumatic bereavement experiences, which are more likely to create complex grief reactions (Kokou- Kpolou et al., 2020). It is expected that the impact of this grief will continue for months and potentially years to come.

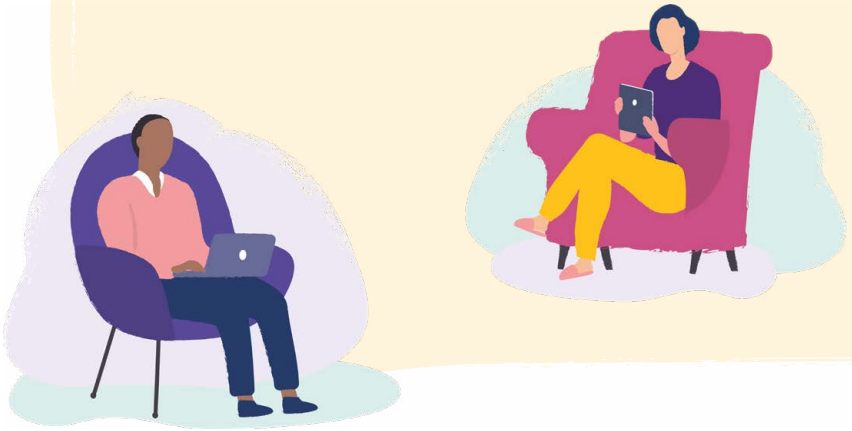
In response to the challenges posed by previous concerns about the availability of bereavement support and the impact of COVID-19, a UK Commission on Bereavement through and beyond COVID-19 was established to explore a number of priority areas. Priority areas include, challenges faced by bereaved people during the last five years, models of good practice that could be adopted widely, and the impact of using technology in supporting bereaved people. This indicates that much still needs to be done with regard to the provision of bereavement support services.



2.2 Changes in Bereavement Support Provision

For individuals requiring bereavement support interventions, meeting with a professional physically (referred as in-person in this report) , has been the norm in the past. A meta-analysis of 32 randomised controlled trials of in-person psychological therapies for bereaved people experiencing grieving symptoms found them to have small but substantial effects in reducing symptoms, which were maintained at follow-up (Johannsen et al., 2019). However, the COVID-19 pandemic posed a number of obstacles in terms of providing bereavement support, leading to broad adjustments in bereavement support methods (Penny & Nibloe, 2020).

A study conducted in August-September 2020 in the UK and Ireland found that the predominant mode of bereavement care delivery had shifted to telephone, video, and other types of remote support (reported by 90% of 805 respondents), and that these modes had become the primary source of support (Pearce et al., 2021). Limited access to the necessary equipment and personnel training, as well as the requirement for governance systems and confidentiality, were all recognised as concerning issues in the same study.



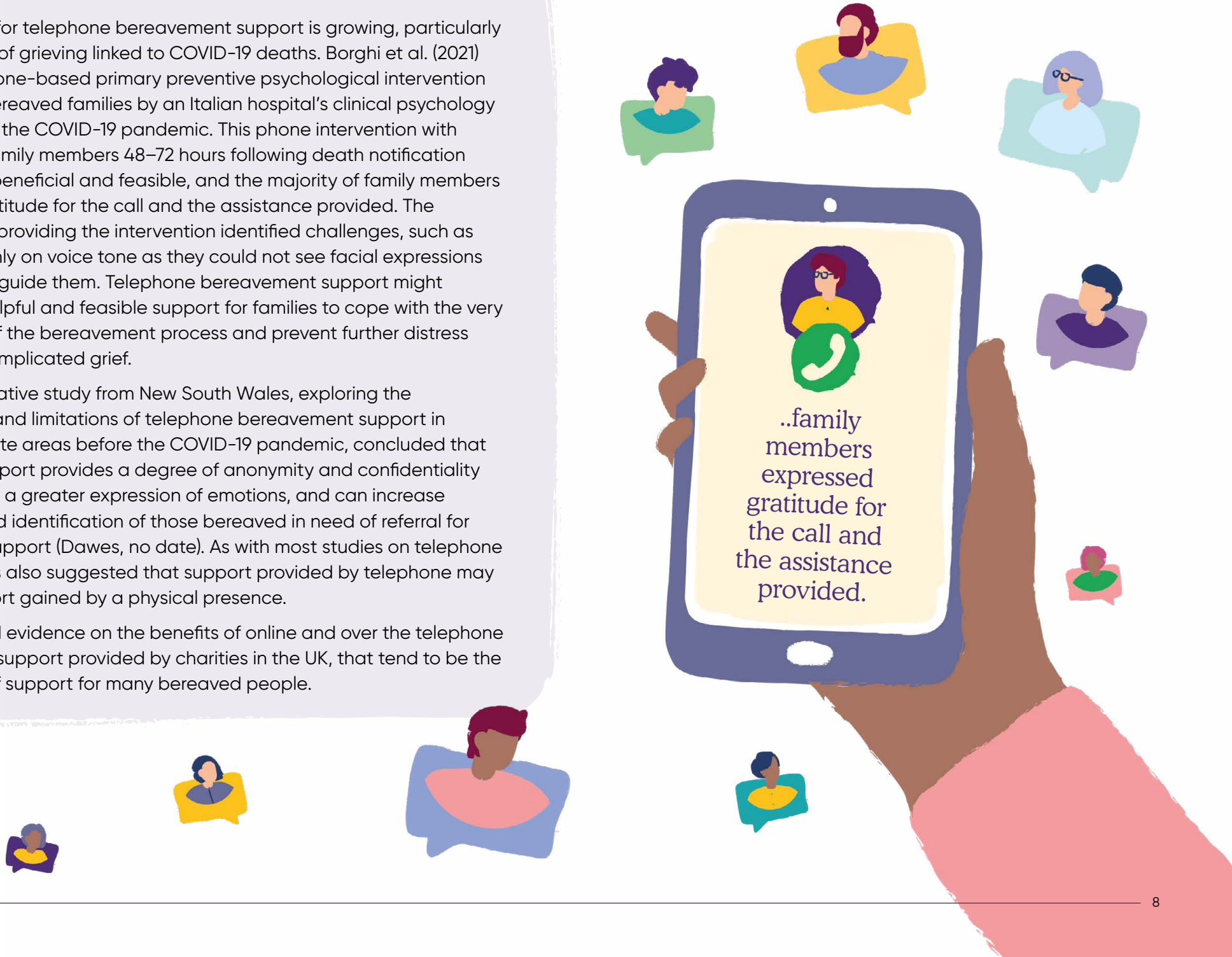
Even before the COVID-19 pandemic, it was evident that the landscape of bereavement support was changing, with a large number of digital resources becoming available for grief and bereavement support. Beaunoyer et al. (2020) through a Google Chrome browser search, identified 323 bereavement websites in UK, among the highest number in Europe, offering practical support, information, resources and services. Services included individual or group support in the main, but overlap with other offerings was evident.

Web-based bereavement support has a number of advantages, such as broader geographic reach, a user-friendly and flexible approach, and support that can be relatively anonymous allowing people to confront themselves with feelings of guilt or disclosure of painful feelings. Web-based cognitive behavioral therapy (CBT) for bereaved people has shown moderate to large effects for symptoms of grief and posttraumatic stress disorder (PTSD) (Wagner et al., 2020). A systematic review on the effectiveness of online support groups on grief related symptoms by Robinson and Pond (2019), suggested that the quality of the evidence does not allow us to make conclusions, however in most cases bereaved users found online support groups valuable.

The evidence for telephone bereavement support is growing, particularly in the context of grieving linked to COVID-19 deaths. Borghi et al. (2021) report of a phone-based primary preventive psychological intervention provided to bereaved families by an Italian hospital's clinical psychology section during the COVID-19 pandemic. This phone intervention with 246 grieving family members 48–72 hours following death notification proved to be beneficial and feasible, and the majority of family members expressed gratitude for the call and the assistance provided. The psychologists providing the intervention identified challenges, such as the reliance only on voice tone as they could not see facial expressions or gestures to guide them. Telephone bereavement support might represent a helpful and feasible support for families to cope with the very early stages of the bereavement process and prevent further distress and risks of complicated grief.

Another qualitative study from New South Wales, exploring the effectiveness and limitations of telephone bereavement support in rural and remote areas before the COVID-19 pandemic, concluded that telephone support provides a degree of anonymity and confidentiality that facilitates a greater expression of emotions, and can increase awareness and identification of those bereaved in need of referral for professional support (Dawes, no date). As with most studies on telephone support, it was also suggested that support provided by telephone may limit the comfort gained by a physical presence.

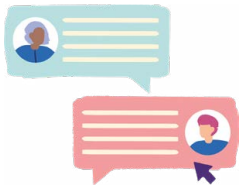
There is limited evidence on the benefits of online and over the telephone bereavement support provided by charities in the UK, that tend to be the main source of support for many bereaved people.



During the COVID-19 pandemic, Cruse Bereavement Support responded by:

- Switching services from ongoing in-person support, to telephone and online support (this is usually for up to 6 sessions with the option to extend)

- Creating new material on the website to support those grieving through Covid-19 and making all our leaflets free and downloadable



- Making it possible for bereaved people to access a Chat function on the Cruse website, for immediate support

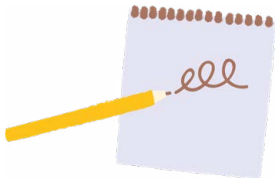
- Providing more advice and signposting via social media channels

- Staff and volunteers working from home with greater use of technology

- Adapting and delivering volunteer training and supervision online and developing a suite of remote training courses

- Delivering external training through webinars

- Focussing on income generation to secure sustainable funding



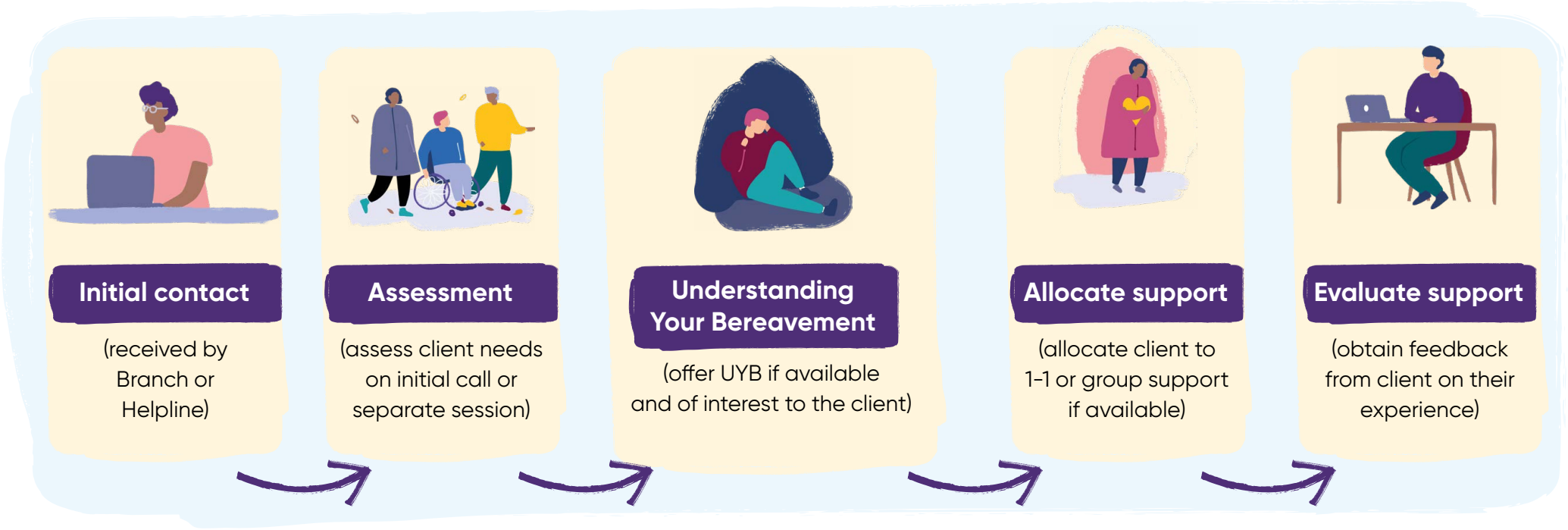
- Increasing PR and Communications work in the media

- Working with bereavement and a wide range of other organisations e.g. Mind, Mayor of London's office, Royal College of Psychiatrists

Figure 1: Cruse Client Pathway for Adults

Many bereaved people access useful content via the Cruse website and social media channels, and also support through Cruse's chat service. For people wishing to access more support, an initial conversation can take place through the National Helpline or through a one of Cruse's local Branches.

For many people, the initial conversation provides the support they need. However for others, a further assessment and then additional support is helpful.



Understanding Your Bereavement sessions are explained in the Appendix and are provided in some locations, and most recently on-line.

3. Findings

3.1 Comparison figures for in-person and telephone bereavement support

In many cases, Cruse has used CORE-10 (Clinical Outcomes in Routine Evaluation–10) to assess psychological symptoms before and after bereavement support. CORE-10 is a short screening tool which was developed to assist practitioners in their decision-making when assessing people presenting with general psychological distress, particularly depression, in primary care settings (Barkham et al., 2013).

The clinical cut-off score for general psychological distress is 11, while for depression the cut-off score for the CORE-10 is 13 (Barkham et al., 2013).

Paired data (CORE-10 scores at the start and end of bereavement support) was available for 252 clients for the period 2019-2020 when bereavement support was provided in-person, and for 374 clients for the period 2020-2021 when bereavement support was provided by telephone.

We used a statistical test called a 't-test' to compare the mean CORE-10 scores (all scores added together and divided by the number of clients) for the clients before and after bereavement support.

We undertook this for each of the two sample groups. A t-test is often used in hypothesis testing, to determine whether a process or treatment actually has an effect on the population of interest. A statistically significant result means that the result (for example difference in scores) is not attributed to chance (Laerd Statistics, 2015).

In this case, the hypothesis we are testing is that the support provided a statistically significant improvement. In both in-person and telephone support we can conclude from the test that relief from distressing symptoms resulting from bereavement, was evident to similar extents, when support was provided in-person or over the telephone.

3.1.1 CORE-10 findings during in-person bereavement support

For the period 2019-2020, on the first contact with Cruse 53% of clients received a score of more than 20 on the CORE-10 questionnaire, indicating significantly intense grief symptoms.

After support only 17% received a score of more than 20, with 83% of clients receiving a score of less than 19 (Table 1).

On average, the score received after the completion of the in-person bereavement support was 7.4 points lower than when first contacted Cruse.

Almost three quarters (72%) of clients reported a decreased score, with 34% reporting a decrease of over 10 points (Table 2, Figure 2).

This points to a significant reduction in distress for people receiving support.

Table 1: CORE-10 scores for 2019-2020 before and after Cruse in-person bereavement support

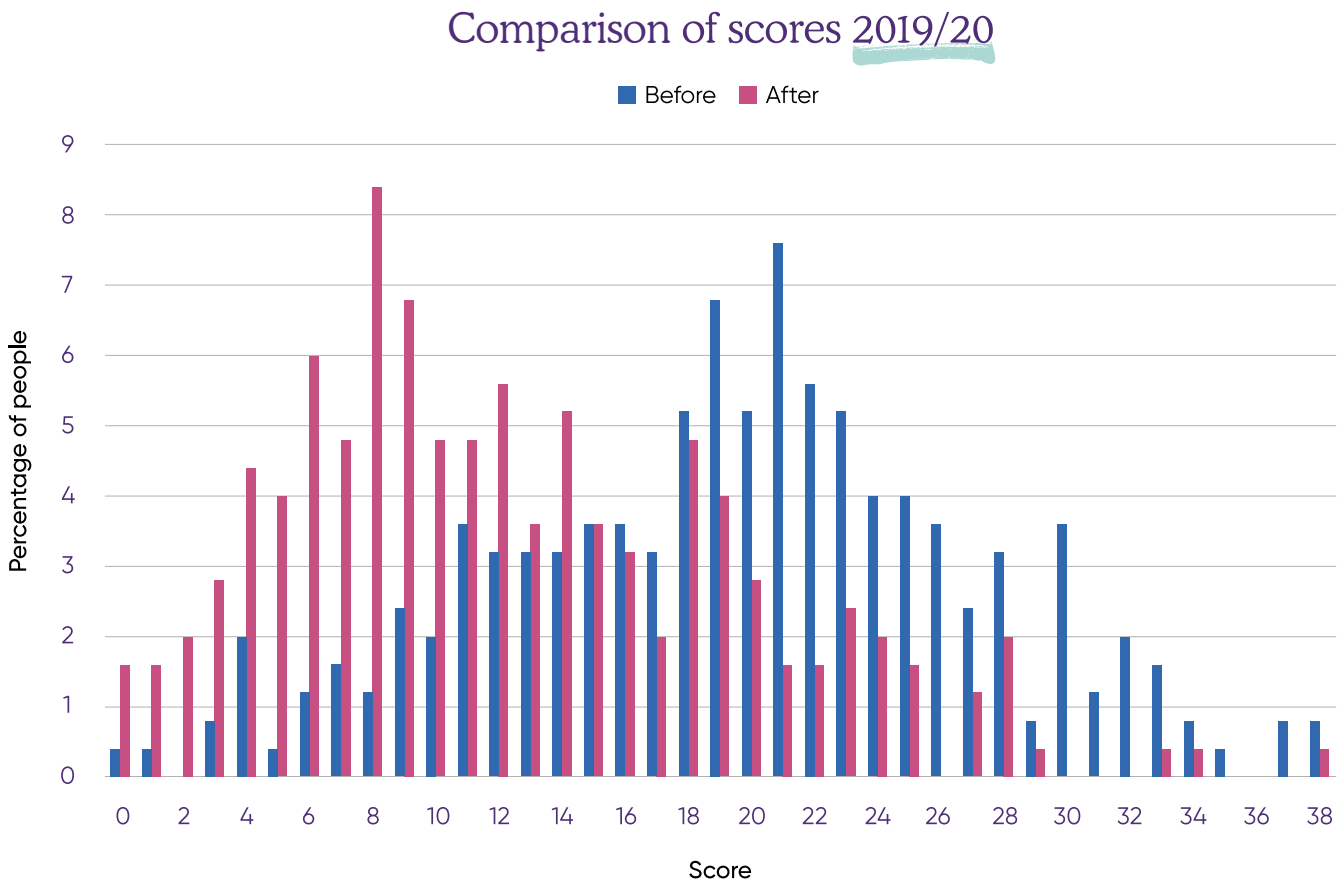
Recorded CORE-10 score	Number (%) of people before support	Number (%) of people after support
0-9	26 (10%)	106 (42%)
10-19	94 (37%)	104 (41%)
20-29	104 (42%)	39 (16%)
30+	28 (11%)	3 (1%)

Table 2: CORE-10 change in scores for 2019-2020 after Cruse in-person bereavement support

Change in score	Number (%) of people
-12 to -1	29 (12%)
0	16 (6%)
1 to 9	119 (47%)
10 to 19	69 (28%)
20 to 29	16 (6%)

The table below shows the comparison of how much people's CORE-10 scores moved from when they engaged with Cruse, to when they completed their support.

Figure 2: Comparison of CORE-10 scores for 2019-2020 before and after Cruse in-person bereavement support



We used a paired-samples t-test to determine whether there was a statistically significant mean difference between the CORE-10 scores before and after the in-person bereavement support.

Clients had lower CORE-10 scores following in-person bereavement support (before mean= 19.62, SD±7.5, after mean=12.4, SD± 7.2), a statistical significant decrease of 7.2 (95% CI, 6.3 to 8.1), t(251)=15.3, p<.001.

3.1.2 CORE-10 findings during bereavement support by telephone

For the period of 2020-2021, on the first contact with Cruse, 48% of clients received a score of more than 20 on the CORE-10 questionnaire, indicating significantly intense grief symptoms.

After telephone bereavement support, only 17% received a score of more than 20, with 83% of clients receiving a score of less than 19 (Table 3).

On average, the score received after the completion of the telephone bereavement intervention was 7.65 points lower than when first contacted Cruse.

Eighty-seven percent of clients reported a decreased score, with 36% reporting a decrease of over 10 points (Table 4, Figure 3). Once again, this is a significant change for people.

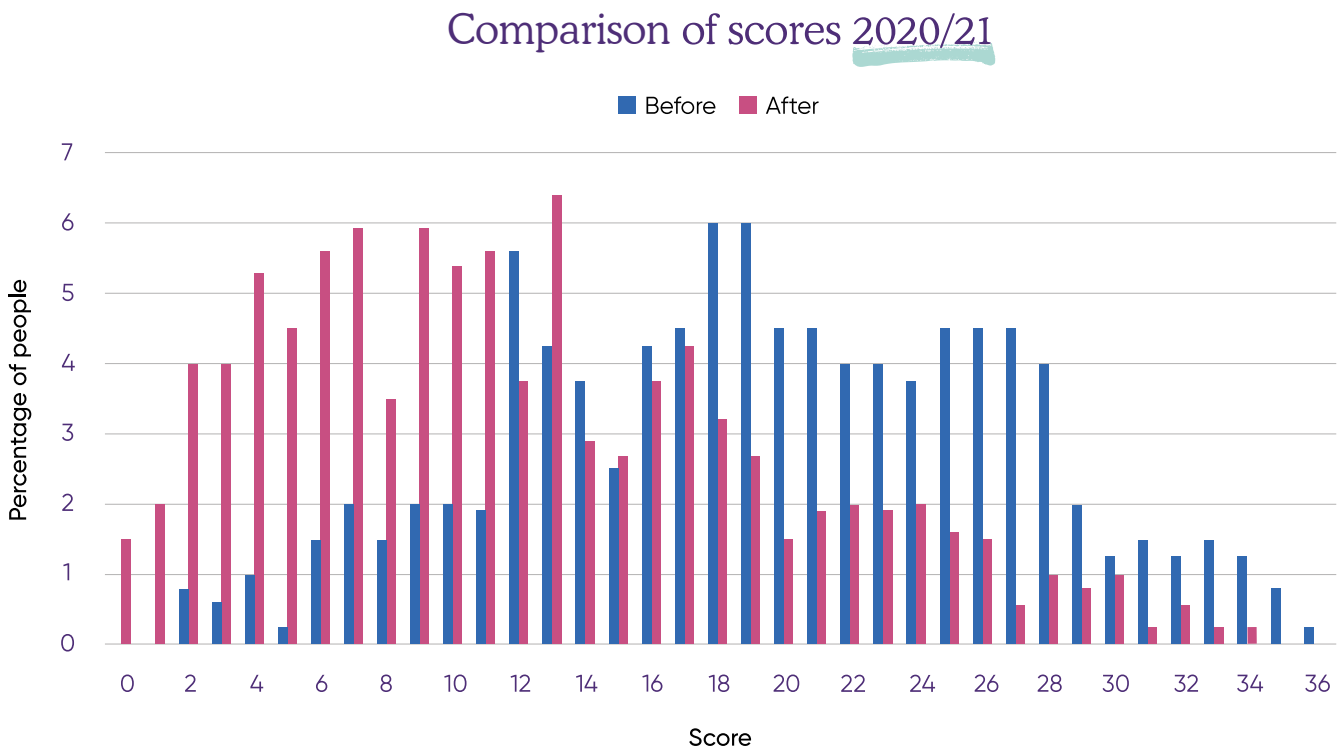
Table 3: CORE-10 scores for 2020-202 before and after Cruse bereavement support by telephone

Recorded CORE-10 score	Number (%) of people before support	Number (%) of people after support
0-9	38 (10%)	158 (42%)
10-19	152 (41%)	152 (41%)
20-29	153 (41%)	55 (15%)
30+	31 (8%)	9 (2%)

Table 4: CORE-10 change in scores for 2020-2021 after Cruse bereavement support by telephone

Change in score	Number (%) of people
-12 to -1	25 (7%)
0	26 (7%)
1 to 9	188 (50%)
10 to 19	116 (31%)
20 to 29	19 (5%)

Figure 3: Comparison of CORE-10 scores for 2020-2021 before and after Cruse bereavement support by telephone



We used a paired-samples t-test to determine whether there was a statistically significant mean difference between the CORE-10 scores before and after the bereavement support intervention by telephone.

Clients had lower CORE-10 scores following in-person bereavement support (before mean= 19.4, SD±7.4, after mean=12.1 SD± 7.6), a statistical significant decrease of 7.3 (95% CI, 6.6 to 8.02), t(373)=20.138, p<.001.

3.1.3 Comparison of in-person vs telephone bereavement support CORE-10 scores

Average scores before intervention and after intervention for both periods are similar (indicating the presence of psychological distress and depression), and clients appeared to experience similar effects in reduction of psychological symptoms at the end of the intervention regardless of the mode of delivery (Table 5).

Table 5: Comparison of in-person vs telephone bereavement support CORE-10 scores

	2019/20 (In-person)	2020/21 (Telephone)
Total number of cases	252	374
Average score before support	19.5	19.4
Average score after support	12.4	12.1
Average change in score	7.4	7.65

For the 252 clients who completed the in-person bereavement support (CORE-10 mean = 12.4, SD± 7.2) compared to the 374 clients who completed the bereavement support by telephone (CORE-10 mean=12.1 SD± 7.6) an independent t-test demonstrated no significant difference on CORE-10 scores t (555.1)= -.443, p = .658.

3.2 Satisfaction with telephone bereavement support

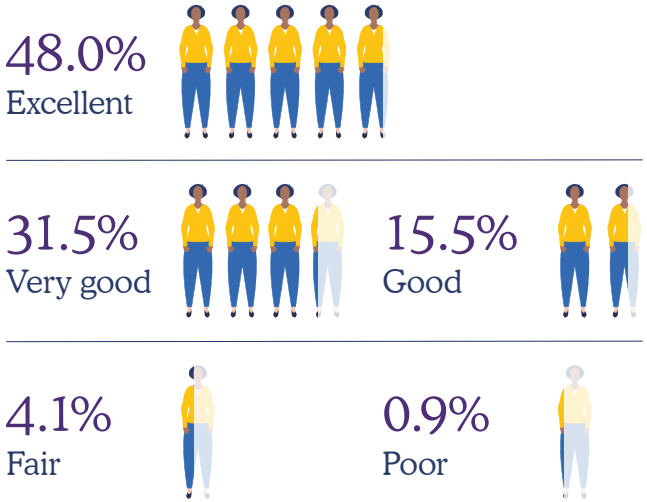
During the period between 25/9/2020 to 15/12/2020, the majority of the 233 clients (98.2%) who completed the satisfaction questionnaire following ongoing 1-1 telephone or video support, rated their experience of contact with Cruse as excellent, very good or good. Only 1.8% of clients rated it as fair or preferred not to say (Figure 4).

Figure 4: My overall experience of contact with Cruse has been (from a sample of 233 clients):

The experience of first contacting Cruse was rated as excellent by almost half (48.5%) of the clients. For 4.7% of the clients their first contact with Cruse was rated as fair or poor (Figure 5).

In the few instances where a poor rating was recorded, clients indicated that whilst they could see the service was valuable for others, it was not the right time for them to talk about their grief.

Figure 5: When you first contacted Cruse, how did you find the experience?



More than three quarters of the clients (75.7%) rated Cruse volunteers who supported them as 'excellent' (Figure 6).

Clients who rated their support as 'Fair' (1.8%) or lower still said they would recommend Cruse to others, but found that the support offered did not work for their particular circumstances.

Figure 6: How helpful have your Bereavement Volunteers been, who have supported you?

Two hundred and nineteen clients rated individual services they received. The Helpline, e-mail, and telephone support were the services mostly accessed. All services were rated as 'excellent' by most of the clients (Table 6).

Table 6: Evaluation of Cruse Bereavement Support services

Service	No of clients	Excellent	Good	Fair	Poor
National Helpline	164	63.4%	31.7%	3.7%	1.2%
Email	152	64.5%	30.3%	4.6%	0.7%
Web chat	28	78.6%	14.3%	3.6%	3.6%
Understanding Your Bereavement session	191	73.8%	24.6%	1.0%	0.5%
1-1 Telephone support	205	83.4%	13.7%	2.4%	0.5%
In-person 1-to-1 support	43	88.4%	9.3%	2.3%	0.0%
Online video 1-1 support	1	100%	0.0%	0.0%	0.0%
Group support	5	80%	20%	0.0%	0.0%

(see Appendix for explanation of services)

Clients are asked to rate on a scale of 0-10 (10 being most positive) how they feel when they first approach Cruse for support, and how they feel when support is completed. The average of ratings when first approach Cruse for support was 2.75. Upon finishing the average rating was 7.0. Ninety-six percent (96%) of clients reported an improvement from the start to the end of the service. The 3% who reported a non-changeable score still reported Cruse's support as being 'Excellent' or 'Very good', and so did the 1% who reported a decreased score. For those who did not experience any change, they explained Cruse's support did not work for them, but they could see how it would be very helpful for others.

All clients (100%) would recommend Cruse to others. Indeed, 96.5% of clients opted to leave comments demonstrating why they would recommend Cruse to others, sharing a great deal of positive feedback.

Below are a few examples of feedback clients have opted to share, but each branch or service receives individual responses too.

> My bereavement counsellor was so understanding, supportive and encouraging. She listened with such empathy and was able to guide me through my grieving, helping me to understand my feelings and cope with various situations. I cannot rate her input and kindness highly enough. I have been helped enormously from this input, thank you so very, very much. I value all the hard work and commitment from all involved.

> X has helped me enormously. She is an excellent listener, was intuitive and showed understanding of how I was feeling. I am very grateful to X for supporting me through this overwhelming time. I feel there has been a shift and she has helped me take some important steps forward, feeling stronger, lighter, and more empowered.

> For starters I have already recommended them to another person. The reasons I chose to do this is because sometimes you need someone to talk too who has no connection to the situation you are in. Therapy can be quite scary and also expensive whereas Cruse offers people who need them an effective and free way of talking through their bereavement.

> The support Cruse gives through the bereavement process is second to none. They help you take on the grief journey no matter where you are in it. Both times I have used Cruse I have found myself having a lot more good days than bad because they support you to embrace every day and your journey.

"I had a lot of different emotions (sadness, guilt, anger, depression, numbness) which I had suppressed for quite some time in order to survive getting through each day. With X's help I was able to let these emotions out and deal with them, and she helped me to form strategies in order to take a more positive (but still realistic) approach going forward to help me keep the feeling of having a connection with my Mum. I do not think I could have got through this, the worst time in my life, without having X's support. I am so very grateful to her for everything she has done for me."

"Exceptional counselling, very, very thoughtful, and helpful. Weekly sessions worked extremely well. My life changed - I had somebody to talk through very difficult things with, at a time when I felt very Isolated (Covid restrictions and caring for my mum). I'm very grateful to my counsellor, who is a brilliant listener, and to Cruse. Tactics she shared continue to help me as I move forward. Thanks - I never thought I could have coped - and I did thanks to my counsellor."

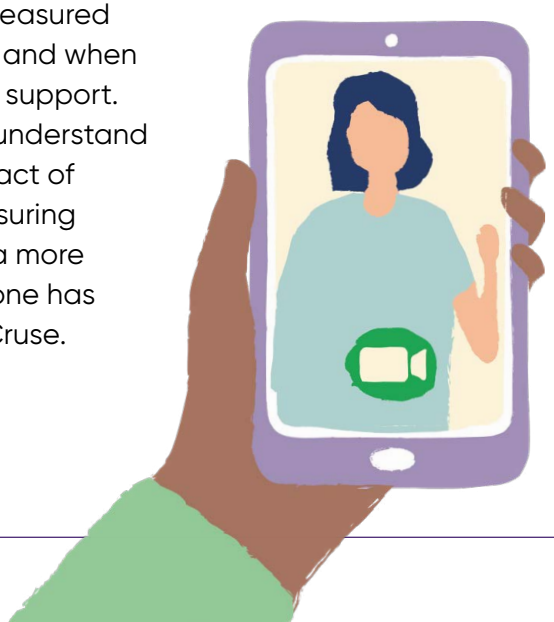
"In my case, after the loss of my Dad I found it difficult to talk to my close family about the concerns I had as they were grieving as well, and I didn't want to worry them. My Cruse counsellor listened and understood the emotions I was going through and helped me pinpoint what they were. I now feel more prepared to talk to my family about it and cope with future loss."

4. Limitations and discussion

One purpose of this report is to prompt further discussion and enquiry around the changing landscape of bereavement support. There are some limitations of the methods used and the findings produced for this report, where additional exploration may be useful.

The sample groups of clients who completed the outcome monitoring were experiencing two different variables: different mediums of support and different contexts. The data used is not strictly from 'control samples'. We have analysed what was available from the Cruse database given two set timeframes. The first group was engaging in-person with Cruse prior to the COVID-19 pandemic. The second group was engaging within the context of the COVID-19 pandemic, during social restrictions, and largely over the telephone. It would be useful to compare mediums of support provided within a similar context, to discern to what extent (if any) the medium of support affects the eventual outcomes.

Psychological symptoms are measured when ongoing support begins, and when a client reaches the end of this support. However, it would be useful to understand more about the long-term impact of bereavement support, by measuring psychological symptoms over a more protracted period, once someone has completed their support with Cruse.

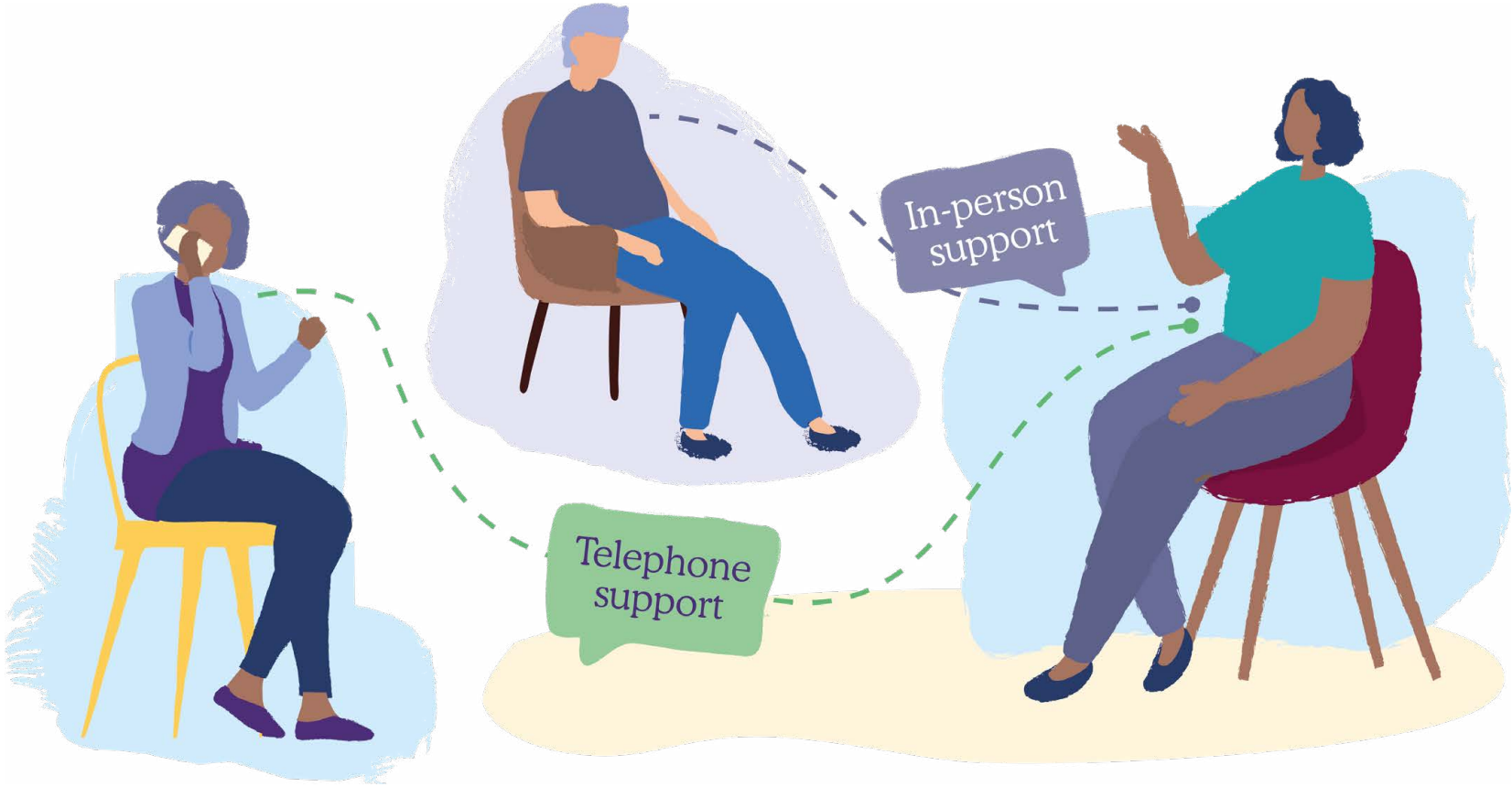


Furthermore, Cruse has made considerable use of the CORE-10 outcome scale. Whilst this is widely accepted as a robust means of numerically measuring some outcomes, it is not specific to bereavement. Cruse is considering how a more bereavement-specific outcome scale can be used across services.

Within Cruse, satisfaction results following receipt of bereavement support are historically high. There is often little feedback concerning what could have been done better, or how outcomes and satisfaction could have been improved for the client. Whilst there are some examples of positive feedback, it would be useful to understand more about the individual personal client experience of support, and how this may vary depending upon medium and context using a qualitative study. Such an investigation may also reveal other factors that influence client outcomes.

Two themes within the outcome measures are increased emotional wellbeing and decreased vulnerability. Considering the uniqueness of each person's bereavement experience, it would be useful to further understand what shape these take, for people living through the COVID-19 pandemic, having experienced the death of someone close.

The psychological outcome scales each have a number of items within them (particular factors that are measures, such as mood and coping). There could be a further investigation into which factors saw the most variance, least variance, and which stayed the same, within each sample group and context. Furthermore, there is a need to explore what these variances mean for clients recording such outcomes.



5. Conclusion and learning points

Cruse provides flexible and adaptable bereavement services to those experiencing grief. There are some key learning points that come from the conclusions we are drawing out of the data.

The response from clients to the work of Cruse volunteers is overwhelmingly positive. Despite the move to remote services during the pandemic, clients expressed satisfaction with the support they received. Where there was dissatisfaction in a small minority of cases, this was due to clients realising that ongoing support was not what they needed at that point in time. Cruse has reviewed the assessment process that takes place prior to allocation of ongoing support, to facilitate a clear discussion about what a client can expect from 1-1 in-person, telephone or video support.

There seem to be comparable levels of vulnerability, for clients presenting before and during the pandemic (which included lockdown restrictions). This may be accounted for by the fact that all clients completing the outcome measures were engaged in ongoing support, and therefore were initially assessed as benefiting from an additional space and some more time to work with their grief, in a structured manner.

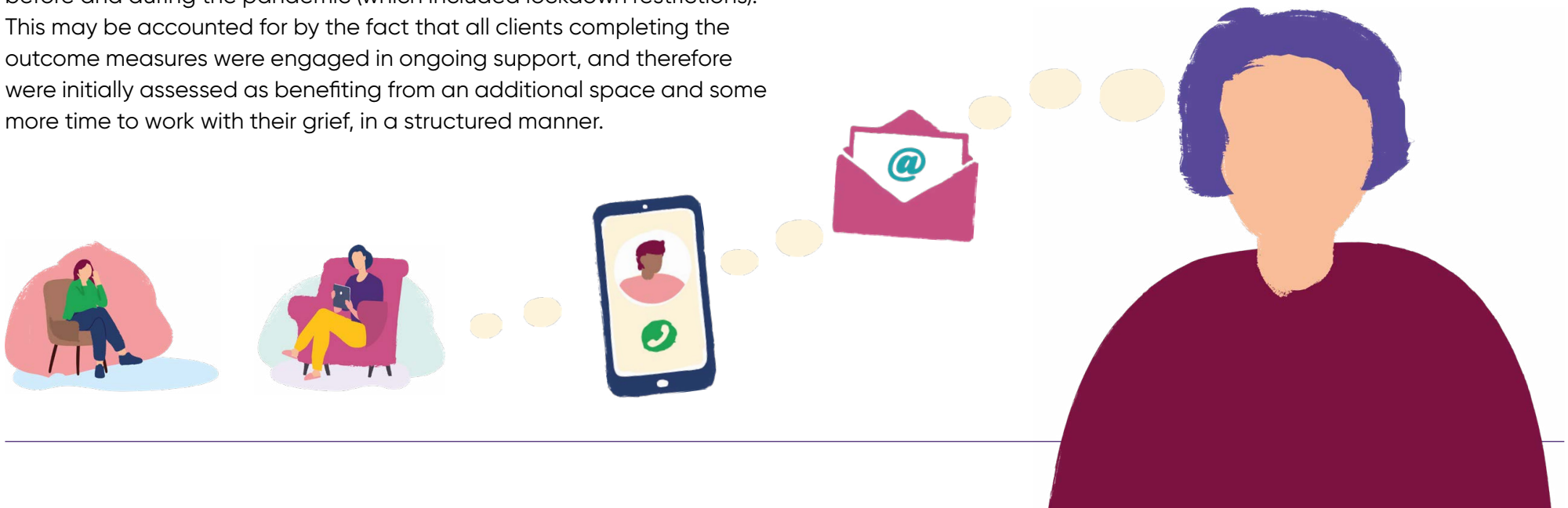
Importantly, remotely delivered and in-person services appeared to be equally beneficial to clients. Outcome scale changes from beginning to end of service were comparable, and demonstrated a reduction in vulnerability. The actual decrease in vulnerability was slightly proportionately higher when clients engaged remotely via telephone.

Most importantly, in the case of both in-person and telephone support, clients have generally reported that their distress and vulnerability has decreased, since engaging in support from Cruse.

Thank you

We would like to thank all the volunteers and staff for continuing to support clients so well!

Their work clearly makes a very important impact on the clients who contact Cruse for support.



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Appendix

Explanation of services presented in Table 6.

National Helpline:
Cruse's National Helpline provides emotional support to anyone affected by grief. An initial call offers a space to talk and be listened to. Advice and signposting is provided, and people can access further support if needed. The Helpline is open at set times throughout the week, including weekends.

Email:
Brief advice and signposting is provided over email. Many people choose this means of accessing Cruse if they are seeking some practical advice or want to ask about a specific aspect of bereavement and grief.

Web chat:
People can access synchronous chat via the Cruse website. They can hold a private chat with a trained counsellor, available from 9am to 9pm Monday-Friday. Advice, support and signposting are provided.

Understanding Your Bereavement:
These sessions – available in-person and on-line – provide a short presentation informing people about what is often experienced when grieving. Facilitated discussion between participants is sometimes included. Many people have found that this way of normalising grief can be helpful, as well as knowing where to turn if their situation worsens and it becomes more difficult to cope.

1-1 Support – telephone, in-person and online video:
This is usually referred to as 'ongoing support', and lasts for up to 6 sessions. It can be extended depending upon what is most beneficial for someone. This support is an opportunity for someone to explore and understand their grief in more depth, identify how they are coping, and develop new ways of accessing support and self-care. Support is provided over the telephone, on-line or in-person, depending upon client need, preference, availability and (as has been the case due to the COVID-19 pandemic) any local or national restrictions.

Group support:
Some groups meet in-person and others on-line. Group discussion provides opportunities for people to share their grief experiences and learn from each other, in a facilitated and nurturing environment. Some are discussion focused, and others involve an activity, such as walking or working with creative materials.

Cruse Bereavement Support

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