**Individuals Survey**

This survey is designed to better understand the experiences of bereaved people and families, and how we can improve the support available for them. Your responses will enable us to ensure that we are accurately representing the key priorities of those who have experienced bereavement and those who work or support bereaved people.

This survey is open to people 18 years or older who have been bereaved in the last five years. The survey asks questions about:

* your experience of bereavement
* your views and suggestions about
	+ practical matters after a death
	+ accessing bereavement support
	+ the impact of the pandemic
	+ support from your community
	+ anything else you wish to add
* some information about you (demographic questions to help us understand who has responded to the survey)

If you are supporting someone else to answer this survey, please complete the answers with their responses, including the demographic questions at the end.

You do not need to answer every question. Sometimes your answer to a question will prompt you to move further through the survey. By taking part in this survey you consent that your anonymous responses may be quoted in public reports.

All information collected during the project will be combined, and no individual will be identified in any report or publication. The information and views you share with us will only be used for analysis and non-identifiable data will be used in recommendations, reports, conference presentations, and research papers. We may share anonymised data with other researchers in the future, but you will not be identifiable in these data sets. Find out further[FAQs](https://bereavementcommission.org.uk/taking-part/faqs/)

**This survey is for people who have experienced a bereavement in the *last three years*.**

The survey **cannot** autosave so please prepare your answers in another document, if you want to save your reflections. This survey should take around 25 minutes to complete.

The call for evidence and survey will close on **Friday 31st December 2021**

Thank you very much for your time.

## Start

Consent for storing submitted data \*

Yes, I give permission to store and process my data

Respecting your story and data \*

I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications. I understand that anonymised data that I provide will be used in reports, research publications and presentations. I agree that my anonymised research data may be used by others for future research. I understand that no one will be able to identify me when this data is shared

Yes, I agree

**We understand that you have experienced a bereavement within the last three years. Please tell us more about this experience.**

E1. Who was it that died? If you have lost more than one person in the last three years, please select all answers that apply:

This could include step or adopted relatives

* My husband or male partner
* My wife or female partner
* My mother
* My father
* My brother
* My sister
* My son
* My daughter
* My grandparent
* My aunt or uncle
* My grandchild
* My friend
* My colleague
* Other, please state

E1a. If you have lost more than one person in the last 3 years, please choose one of these people to write about when answering these next sets of questions. Please indicate below who you have chosen to write about:

* My husband or male partner
* My wife or female partner
* My mother
* My father
* My brother
* My sister
* My son
* My daughter
* My grandparent
* My aunt or uncle
* My grandchild
* My friend
* My colleague
* Other, please state

E2. How old were they?

* Under 18
* 19-24
* 25-29
* 30-34
* 35-39
* 40-44
* 45-49
* 50-54
* 55-59
* 60-64
* 65-69
* 70-74
* 75-79
* 80-84
* 85-90
* 90+

E2a. Were they

* Male
* Female
* Non-binary

E2b. Where did they die?

* In hospital
* In a hospice
* In their home
* In a care home
* I don't know
* The person I knew died somewhere else (for example, at the scene of an accident)

E2c. Please tell us when they died

E2d. Do you know the cause of death?

* Confirmed or suspected Covid 19
* Cancer
* Other terminal/life limiting condition
* Other - please state

**Practical bereavement support**

1. Did you experience any difficulties with the following practical and administrative tasks following the death?

* registering the death
* arranging the funeral
* sorting out financial affairs e.g. bank accounts, payments, insurance
* Other, please state
* no

2. What was the most challenging aspect of these tasks (if any)?

3. What helped you (or would have helped you) to manage these practical tasks?

4. Did the person who died have a will?

* Yes
* No
* Don’t know
* Not relevant e.g. the person was a child

5. Did you have any financial difficulties in connection with your bereavement(s)?

If yes, please say more

6. How well supported did you feel by your employer following your bereavement?

* Very well supported
* Fairly well supported
* A little bit supported
* Not at all supported
* This question is not relevant to me

6a. How well supported did you feel by your education setting (e.g school, college, university) following your bereavement?

* Very well supported
* Fairly well supported
* A little bit supported
* Not at all supported
* This question is not relevant to me

7. What was good about the support you received from your employer and/or your school, university or training provider?

8. What was not good or could have been improved about the support you received from your employer and/or your school, university or training provider?

**Accessing bereavement support**

9. After your loved one died, who (if anyone) provided you with support which helped you cope? [Please tick any which apply]

* family member
* friend/neighbour
* faith community
* colleague
* employer/teacher
* hospital/hospice healthcare professional
* GP or community healthcare professional
* funeral director
* bereavement charity
* counsellor
* no one/none
* other

10. Do you feel that you needed or need support from services offered by the bereavement sector (such as a helpline, support group or counsellor) to cope with your grief following the death(s) of your loved one(s)?

* Yes and I received/am receiving support
* Yes, but I haven’t received any support from services
* No, I didn’t need this type of support
* I am not sure if I need/needed support, but I have received it
* I am not sure if I need/needed support, but I haven’t received it

11. What kind of support did you/are you accessing?

* GP or other member of staff at the GP surgery
* Telephone helpline support (e.g. bereavement helpline)
* Online community support via written comments (e.g. Facebook group, online chat forum)
* Informal support group (e.g. social group for bereaved people)
* Bereavement support group (e.g. group discussions about bereavement guided by a facilitator; or group counselling)
* One-to-one support (e.g. individual counselling)
* Specialist mental health support
* Other

12. Was this support provided to you at the right time?

Yes can you explain why?

12a. Was this support provided to you at the right time?

No, can you explain why?

13. Did the support you received meet your needs?

No, can you explain why?

13a. Did the support you received meet your needs?

Yes, can you explain why? Partially can you explain why?

14. What prevented you from receiving support? (tick all that apply)

* I didn’t know what support was available or how to access it
* The support I needed was not available
* It wasn’t available at the time I needed
* I didn’t feel comfortable asking for help
* I didn’t believe the support would help me
* Other
* Please explain your response if possible

15. We know that some people don’t access services from the bereavement sector even though they might benefit from it, including people from Black and minority ethnic backgrounds, from the LGBTQ+ community, older people, younger people, or from more disadvantaged areas.

In your opinion, how could we make sure that everyone who would benefit from support is able to access it?

16. Have you been bereaved of a friend or family member during the COVID-19 pandemic (of any cause of death)?

* Yes
* No

17. The pandemic has disrupted our usual rituals around death, dying and bereavement. Which of the following have you found difficult for your grieving and ability to cope? Please tick any that apply.

* Lack of contact with the person who died before their death
* Not being present when they died
* Being unable to say goodbye as I wanted
* Social isolation and loneliness after the death
* Funeral restrictions
* Lack of support from friends and family
* Lack of support from professionals
* Media coverage of deaths during the pandemic
* Social media
* Fears of Covid-19
* Other – please feel free to tell us more about your experiences
* I feel this does not apply to me

18. Was there anything that you found to be helpful for you and/or your family at this time?

19. Is there anything that could have been done differently or managed better to improve any of these experiences?

21. Please tell us about the support that you received from family, friends and your community, including how you think this support could have been improved?

22. What could be done to improve the support available from our family, friends and local community when we are bereaved? For example, through initiatives in schools, workplaces, other community organisations.

## Anything else?

23. Do you have anything else you would like to tell the UK Commission on Bereavement about how people affected by bereavement could be better supported in the future?

**Questions about you**

These questions are to help us understand who answered our questionnaire (for instance different age groups). You will never be identified as we will combine the answers from all the respondents.

D1. How old are you?

* 18-30
* 31-40
* 41-50
* 51-60
* 61-70
* 71-80
* 81-90
* 90+

D2. What is the highest level of formal education that you have completed? (Please select only one)

|  |  |
| --- | --- |
| *No qualifications* |  |
| *GCSEs/ O Levels/ CSEs* |  |
| *A Levels/ GNVQs/BTEC* |  |
|  *Trade apprenticeship* |  |
| *ONC/OND/City & Guilds* |  |
| *HNC/HND* |  |
| *University First Degree (e.g. BA, BSc)* |  |
| *Postgraduate Degree (e.g. MA, MSc, PhD)* |  |
| *Postgraduate Qualification (e.g. certificate or diploma)* |  |
| *Other**Please specify………………………………* |  |

D4. Which of these statements best describes what you are doing at present?

If more than one of these applies to you, please tick the main ONE

* Full-time paid work (30 hours or more per week)
* Part-time paid work (Under 30 hours per week)
* Full time education at school, college or university
* Unemployed
* Permanently unable to work due to sickness or disability
* Fully retired from work
* Looking after the home
* Caring for a family member or loved one
* Doing something else. Please specify

D5. Which part of the UK do you live in?

* Channel Islands
* East Midlands
* East of England
* Greater London
* Isle of Man
* North East England
* North West England
* Northern Ireland
* Scotland
* South East England
* South West England
* Wales
* West Midlands
* Yorkshire & the Humber
* Currently living overseas

D6. Is English your first language?

* Yes
* No

*First language used*

D7. Ethnicity: Place a cross in the boxes which best describes your ethnic group.

* White
* British - English
* British - Scottish
* British -Welsh
* Northern Irish
* Irish
* Gypsy or Irish Traveller
* Any other white background
* Mixed
* White and Black Caribbean
* White and Black African
* White and Asian
* Any other Mixed/multiple ethnic background
* Asian or Asian British
* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background
* Black/African/Caribbean/ Black British
* African
* Caribbean
* Any other Black/African/ Caribbean background
* Arab
* Other ethnic group

D8. Please select the following option that reflects your religious or spiritual beliefs

* Agnostic
* Buddhism
* Christianity (all denominations)
* Hinduism
* Islam
* Judaism
* Sikhism
* Spiritual but not religious
* Other, please state
* No religious or spiritual beliefs
* Do not wish to say

D9. Please complete the following: I identify as:

Previous research has indicated that some LGBTQ+ people have faced challenges when seeking bereavement support. This is why we are asking participants to share their gender and sexual orientation, if willing to do so.

* A woman
* A transgender woman
* A man
* A transgender man
* Non-binary/gender fluid
* I'd prefer not to say
* As something else

D9a. Is your gender identity the same as the sex you were assigned at birth?

* Yes
* No
* I’d prefer not to say

D10. Please describe your sexual orientation:

* Bisexual
* Gay/ Lesbian
* Heterosexual/straight
* Other, please state
* I’d prefer not to say

### Thank you and please now submit your answers

We know that thinking about your own bereavement may mean you need someone to talk to. There is support available for you from a wide range of organisations.