



Ata**Loss**

Helping bereaved people
find **support** & **wellbeing**

Impact Evaluation Report of *The Bereavement Journey*®

With accompanying signposting

August 2025 | Statistical analysis compiled by Dr Becky Ward,
Youthrive Research Consultancy



I think the course can help
people understand...
like maybe why they're
keeping things or why
they behave as they do.

Participant

It gave people light bulb
moments of making sense
of their unfamiliar feelings.

Feedback form

My outlook on bereavement
[has improved now] because
it has given me some tools
to use to help me to deal
with stuff.

Participant

Author: Dr Becky Ward, You thrive Research Consultancy

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Acknowledgements

With thanks to all the participants and course leaders who provided feedback and took part in interviews used in this evaluation. Sharing these views and experiences required considerable time and effort and are invaluable in evaluating the work of *The Bereavement Journey*® and the signposting provided by AtaLoss.

It is a place to talk and be listened to, to feel their grief matters and it is not forgotten. (Feedback form)

I think it gave me a language to use and to feel even more confident in sharing how bereavement affects you. (Participant)

Knowing that a lot of the feelings I had, although all circumstances were different...just sharing that in that safe environment was really helpful for me because sometimes you feel like you're cracking up. (Participant)

It enabled me to sit down actually and stop the physical things blocking it out. (Participant)

It has helped me to avoid just going down into depression and just help me to avoid that, because if I hadn't gone on the course, that is probably where I'd be. (Participant)

There were people there who have lost their partners a long time ago. So, it just shows that when you haven't processed this loss, it's a big thing and that's what the course helped each and every one of us with anyway. (Participant)

I personally think that the longer that gap goes on and people don't get support with their grief...it could spiral, and they could end up again at the GPs or just in a place that they needn't gone to if they've been able to process it in a healthy way. (Course leader)

I have been sort of struggling for quite some time with the processing of all that...I decided to join it to see if it could help me further on my journey... the course was just absolutely brilliant. (Participant)

I didn't miss a week, and we went every week and built up quite a nice relationship with everybody within the group...It put my mind at rest and like I wasn't going through it on my own, you know, and getting frustrated. (Participant)

They feel it's a safe place and when they see other people upset and emotional and struggling, they just feel that it's not just them and that there is hope that they'll, you know, that they can move forward. (Course leader)

The senior nurse for bereavement came to me after one of the sessions...and she said, 'I've been watching them every single week and they are visibly starting to look different as they leave.' And at the end, she came back to me and she said there is a massive change. (Course leader)

The culture has so little to say, really, about grief. That's why I think we need courses like that. (Participant)

I think the impact on the whole country could be quite significant actually. (Course leader)

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Read the full Evidence Base for this
Impact Evaluation Report here

AtaLoss – who we are and what we offer

In 2008 as a senior clergyperson, I was suddenly widowed and realised then how little I and those around me knew about bereavement, and the range of ways in which a death can impact: practically, emotionally, physically, behaviourally, socially, psychologically and spiritually. No-one directed me to support, and my life went into freefall; I went from high functioning to job loss, home loss and suicidal thoughts over just a few months. The turning point came when I encountered an informal, community-based bereavement group and a service specialising in help for young widows. These provided me with important understanding and helped me to re-build my life.

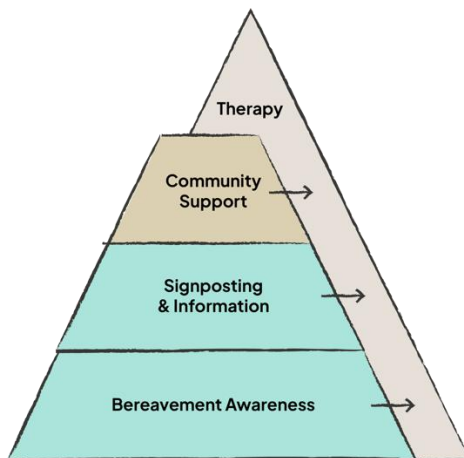
Since the two World Wars death has been taboo, leading to death avoidance, grief illiteracy and neglect of bereavement support. We are a society where people have grown up not expecting death and where we have lost the art of support. In forgone years death was encountered, the grief journey was understood and expected, and the various ways that a death can impact were known and supported across a community, enabling grieving people to re-build their future. Today, society hardly allows time off work to attend a funeral, let alone support in the holistic way that bereavement requires. If a person is struggling after a death, counselling is usually the only help that is suggested, yet most bereaved people used to grieve healthily with the timely, understanding support that the community offered. Due to society's lack of help, many bereaved people have suppressed their grief or put it on hold. We have yet to discover the lifelong cost to individuals and, in turn, the public purse from decades of unprocessed loss.

I established AtaLoss in 2016 to attempt to address this national problem, with the aim of ensuring that all bereaved people have access to timely and holistic support, to enable them to navigate their grief and various challenges for a healthy 'new normal'.

We do this by addressing the first three tiers of the adult bereavement care pyramid:

- Raising awareness of the effect of bereavement and advocating for policy change
- Providing a central signposting and information service for everyone bereaved and those offering support – AtaLoss.org
- Training and equipping community support, in particular *The Bereavement Journey*® programme offered by churches – in over 400 communities across the UK.

It is our hope that this will relieve pressure on public services and free specialists for complex needs.



People ask me ‘why churches?’ There are several reasons. First, they are in every community. Second, they provide a rich source of caring volunteers. Third, faith groups are often wanted at times of bereavement for funerals and/or spiritual support. Fourth, spiritual support has been especially neglected. If we are to truly help bereaved people, then support must be provided for all needs. It is our hope that through *The Bereavement Journey*® and our signposting website AtaLoss.org, we are doing that. This report was commissioned to establish how well we are doing, and the results are very encouraging. I commend them to you.

Yvonne Tulloch

Founder and CEO, AtaLoss

1. Introduction and context

This independent evaluation of *The Bereavement Journey*® was commissioned by AtaLoss to understand the effectiveness of the charity's *The Bereavement Journey*® programme, as relaunched in September 2023 as a newly devised model of structured volunteer-led community bereavement support, with accompanying signposting. This report summarises the key findings and recommendations from a mixed methods evaluation as outlined below. The full report with the evidence base, including data sources, and detailed analysis can be accessed from the AtaLoss website.

The aim of the evaluation was to assess:

- the effectiveness for future wellbeing on adults faced with bereavement who attend *The Bereavement Journey*®
- the support provided by the charity's signposting website AtaLoss.org to adults on *The Bereavement Journey*® programme.

The Bereavement Journey® is a pioneering, volunteer-led, structured bereavement support programme, run by churches for their communities. It comprises 7 sessions of films and peer group discussion, in person or online, which guide adults bereaved in any way and at any time through the range of ways grief and bereavement can impact, enabling them to process their loss. The seventh session uniquely explores commonly asked questions of faith following a bereavement from a Christian perspective, and finishes with a time of quiet personal reflection with the lighting of candles, thereby offering spiritual support. This session is strictly optional following the main material, enabling the programme to be accessible and suitable for adults of any faith or none.

Participants take responsibility for their own grief journey, supported by trained facilitators and a manual. Devised by grief counsellor Jane Oundjian MBE and delivered for many years in original form at Holy Trinity Brompton, the material was revised by AtaLoss in 2022 for wide inclusivity, and to support past as well as current bereavements. It was trialled in 2023, then re-published in packaged form in September 2023, with training, step-by-step instructions and the requirement of counsellor oversight.

The charity's signposting website AtaLoss.org was launched in 2017, directing bereaved individuals and those supporting them to helplines and tailored support according to the circumstances of the death. In 2023 this began to be offered as part of *The Bereavement Journey*® programme to provide wider help during and after the 7 sessions. The charity aims for a 'gold standard' of signposting through its website, with access to the range of support services –

specialist and general, national and local – to provide holistic support. This enables choice to suit preferences, affordability and availability, along with comprehensive and up to date information for swift and easy access to help.

By providing the two services together AtaLoss is attempting to regain understanding, self-help and community support in bereavement, to enable bereaved adults to process healthily the many ways bereavement can impact for their future wellbeing.

1.1. Methodology

This analysis examined research into grief and effective bereavement support and assessed the *The Bereavement Journey*® courses delivered from April 2023 to March 2025 against that research. 370 locally delivered courses were examined across all regions of the UK plus 7 nationally delivered online. Settings included churches, charities, prison, hospices and hospitals, where courses were advertised in local communities with posters, leaflets and banners, as well as community newsletters and social media. Additionally, referrals were found to be made from health professionals, including GPs, social prescribers, wellbeing services, hospices, hospitals and bereavement services.

The research consultant used a mixed methods approach which incorporated both quantitative and qualitative data. The routinely collected feedback data received between April 2023 to March 2025 was provided for analysis: feedback from 214 course leaders (some of whom had delivered a number of courses) and who together reported a total of 2,995 participants. Feedback came directly from 439 participants, 94 who attended an online course delivered by AtaLoss, and 345 who attended a locally delivered course.

A computer-generated randomised sample of 7 course participants and 11 course leaders from both online and in-person courses then joined an individual video or phone call with the consultant for collecting the qualitative data.

Participants were found to be from all age groups and a variety of ethnicities, although the majority were women. 23% were under 50 years of age, and 26% identified as other than White British.

The range of bereavements were covered: parent/stepparent (198), spouse/partner (185), sibling (63), child (45), friend (25), aunt/uncle (15), grandparent (12), niece/nephew (9), cousin (5), grandchild (4), ex-partner (1), other (30).

Although most bereavements were within 2 years of attending the course, at least 22% were from before. There were more historic bereavements on locally delivered courses than online courses and proportionally more sibling bereavements on online courses.

Differences between participants in nationally delivered online courses in comparison to locally delivered courses were most striking in age and ethnicity. 31% of participants in locally delivered courses were over 70 years of age compared to 4% of participants in nationally delivered online courses. 11% of participants in nationally delivered online courses identified as Black, Black British, Caribbean, or African compared to 3% in locally delivered courses.

Four key questions framed the evaluation:

1. How did *The Bereavement Journey*® make a difference to participants in terms of their mental health, spiritual health and general wellbeing?
2. How effective do facilitators consider *The Bereavement Journey*® programme to be in terms of pastoral support and social transformation?
3. What could be the potential of available signposting for bereaved adults?
4. What might be the Public Health Return on Investment of *The Bereavement Journey*® with accompanying signposting if offered to all bereaved adults?

The course participant data included how participants heard about the course, outcomes related to understanding of bereavement, personal reflections on general wellbeing, mental health and spiritual health, and feedback on the course materials and delivery.

Further questioning explored their views on their motivation to join the course, and how it helped them in terms of their general wellbeing, mental health, and spiritual health. They were also asked about other, if any, bereavement support they had received.

Course participants were invited to consider ways in which their life had improved since the course, and anything the course had helped them to avoid. Perspectives on the AtaLoss.org signposting and information site were also collected.

Questions for course leaders explored their perspectives on how *The Bereavement Journey*® made a difference to participants in terms of their general wellbeing, mental health, and spiritual health; and, how effective they considered *The Bereavement Journey*® programme to be in terms of pastoral support and social transformation. They were also asked their views on the signposting and information provided on the AtaLoss.org website.

1.2. Evidence Base for Bereavement Support

Bereavement describes the state in which a significant person has been lost by death, and encompasses the emotional, cognitive, physical, spiritual and behavioural responses to the death – known as grief – as well as the practical and relational challenges that can be faced. It is an individual experience with some common ground.

The experience of grief is complex, and the circumstances of the death and those of the person who has been bereaved may result in different forms of grief, such as anticipatory grief before a death, normal grief, or complicated grief arising from traumatic or multiple bereavements or complicated relationships.¹

It is now widely accepted that each person follows their own path with some going backwards and forwards through different stages, or missing stages out altogether.^{2,3}

Grief can be delayed with unexpected responses, it can be masked by physical symptoms, or it can be chronic. Unresolved, it can be triggered by many different things at different times.⁴

Bereavement is often seen primarily in emotional terms, yet grief can affect us in physical, psychological, behavioural and spiritual ways, which may impact each other. After a loss, people may also face practical changes, such as changes in living arrangements, finances, employment and social circles.⁵

Loneliness and isolation are experienced by many people following a bereavement, particularly those over 65 years and those who have been carers. Isolation may also come from the topic of death and bereavement still being relatively taboo and uncomfortable. Family and friends are often relied upon, but they may not always be available or may be grieving as well. Having people to talk to and share memories with is key to combatting loneliness and social isolation.^{6,7,8}

For people who lose a loved one by suicide, significant impact on their lives and mental health have been reported, including family problems, relationship breakdown and financial difficulties.⁹

An added complication is that common symptoms of normal grief can be medicalised or pathologised because of their similarities with diagnoses of Major Depressive Disorders (MDD) or Prolonged Grief Disorder (PGD).¹⁰

Research suggests that while it is certainly the case that grief can escalate into a clinical condition requiring specialist intervention in 10–15% of the population, the significant majority of people who have been bereaved will not require or benefit from a clinical intervention for “normal grief”.¹¹

There are wider social implications of unsupported and unprocessed grief which are well researched and documented, such as a growing body of evidence showing how unprocessed or unsupported grief can contribute to criminal behaviour, particularly among young people.¹²

There is also strong evidence that unsupported or unresolved grief is linked to an increased risk of substance abuse, especially in young people and adults who have experienced traumatic or complicated losses.¹³

The link between unsupported grief and homelessness is also increasingly acknowledged in both academic research and frontline service work, though it remains under-researched compared to topics like trauma or substance abuse.^{14, 15}

Bereavement may also result in a drop in income, especially for women, with the additional costs of a funeral and the estate.¹⁶

Grief can also take its toll physically. It can lead to a lack of appetite or difficulty swallowing, which in turn leads to weight loss and lack of energy. Disrupted sleep and painful dreams are common, and fear of going to sleep.¹⁷

Increased blood pressure, headaches and dizziness are also common following a bereavement, additionally affecting energy levels and general health, and immunity has been shown to be affected with higher levels of inflammation and reduced antibody responses.¹⁸

The physical toll is seen especially in older people, who are more likely to die within three months of their partner than someone who has not been bereaved.¹⁹

There can be a number of psychological impacts. Many people feel overwhelmed by the systems that need to be navigated at a time of emotional and psychological stress and may feel unable to cope with the administrative burden.²⁰

Anxiety is also very common for people in bereavement, triggered by thoughts of their own or others' mortality, and the burden of administrative duties. Anxiety may manifest in symptoms of breathlessness, heart palpitations and panic attacks.²¹

Cognitive function is also known to be impacted, often associated with feelings of anxiety and stress, and creating difficulties with memory and decision-making.²²

Although grief is not a mental health disorder, a lack of support or ability to cope may lead to people becoming more isolated or suffering from prolonged mental distress.²³

Losing a loved one by suicide can also significantly impact mental health, including self-harm, anxiety and panic disorders, post-traumatic stress disorder and depression, plus misuse of substances and alcohol. Suicide contagion is also a well-researched phenomenon.²⁴

It is also common in grief for changes to happen in people's spiritual identity. Not only are many people faced with the spiritual challenges of arranging funerals but the big questions of life and a search for meaning, purpose and understanding following the death of a loved one often arise.²⁵ Spiritual belief has also been found to help people resolve their feelings following bereavement, particularly for those mourning the death of a child or in widowhood for older people. Strong spiritual beliefs seem to contribute to the resilience needed to cope with the intensity of emotions, regain the sense of personal control, and provide a community of social support.²⁶ Although spirituality does not necessarily remove the challenges and difficulties of managing grief, there is some evidence that it can be helpful in meaning making from the death.²⁷

It is important to recognise that certain groups have specific needs in their bereavement.

Older people are more likely to experience bereavement, and partner loss is common in this age group, but they are less likely to seek bereavement support and may not be offered help. Loneliness for older people is a common problem, together with overwhelm from the various financial and practical tasks that need to be addressed following a death. A bereavement pathway has been identified as needed for this age group with available bereavement support and better signposting.²⁸

Sudden and violent losses, including suicide, can lead to mental ill-health including post-traumatic stress disorder and prolonged grief disorder, and slow recovery times. People experiencing bereavement in this way may especially need signposting to specialist support.²⁹

Minoritised communities, such as LGBTQ+, may face stigma and alienation in their grief, and loss of friends may be highly significant yet not recognised as such. It may be difficult for people to find safe spaces and support in statutory services.³⁰

Child loss can be particularly challenging, and people who have had multiple losses may no longer have a close family member or friend to turn to for support.³¹

The importance of community support following a bereavement, including family, friends and faith communities, has been highlighted. However, 28% of adults do not receive support from family, 46% do not receive support from friends, and 18% do not receive support from any informal source.³²

Effective signposting enables people to find the information and support they need as a means of self-help when it is needed.³³ A range of bereavement support services exist providing help with the variety of ways that bereavement can impact but the same few organisations are often cited leading to waiting lists for help. Grief illiteracy and lack of information can mean people do not access the help they need for their short and long-term wellbeing.

- 51% report feeling severe vulnerability in their grief.
- 59% have not sought help from bereavement services.
- 60% have not sought help from their GP.
- Of those that have sought support, 56% report experiencing difficulties in accessing bereavement services.
- 52% experience difficulties accessing support from their GP.

Bereaved people cite the barriers to accessing the support they needed as being limited availability, lack of appropriate services, discomfort asking for help or not knowing how to access services. They also desire physical and online spaces where they can go for reflection, prayer, remembrance and the lighting of candles.³³

Increased provision has been identified as needed, including tailoring of bereavement services for specific needs and areas, improved information and signposting, and social and educational initiatives to bolster support.³³ Although there is a wide network of bereavement support providers, both generic and specialist, these are principally charities, where income streams are under extreme pressure, and levels of financial support from the public sector are diminishing, partly due to the lack of evidence in returns on investment.

Evidence Base Conclusion

The analysis showed significant research evidence both in the UK and internationally that unsupported and unprocessed grief from bereavement have wide social implications for the health and welfare of both individuals and wider communities.

Developing communities which are grief literate could radically enhance the provision of bereavement care in our society. The significant majority (85-90%) of bereaved people who do not require or will benefit from a clinical intervention may be helpfully supported by participating in *The Bereavement Journey*® and/or being signposting to suitable information and support services.

However, the research evidence cited tends to relate to specific areas such as older people, children, offenders in the criminal justice system, the homeless and substance misuse. The independent researcher was not able to find any meta-analysis or population-based longitudinal research into the economic and social implications of unsupported bereavement, including the ongoing impact of adults bereaved as children.

Whilst the report refers to the economic cost to the UK economy of bereavement for working-age adults, the researcher was otherwise unable to find any health economic analysis to support

the case for comprehensive bereavement support and recommends the engagement of a health economist to research potential returns on investment at a public health population level.

There would be further benefit in researching the return on investment for employers in terms of employee welfare and productivity.

This report therefore recommends a meta-analysis of the research evidence relating to the impact of grief and death in the UK and an economic analysis of the impact of comprehensive bereavement support in line with the Treasury Green book assessment of Return on Investment.

2. Findings From *The Bereavement Journey*® Analysis

i) Participants

Participants consistently reported improvements in general wellbeing, including more coping strategies, reduced loneliness, and the support and skills to express their grief. They shared a common sense of hope and connection from the course:

- 96% said *The Bereavement Journey*® helped them to understand why they were feeling the way they were and how their bereavement was affecting them.
- 96% also said it helped them to realise that talking with other bereaved people is helpful
- 86% reported reduced loneliness
- 93% said the course had helped them to cope better with their bereavement
- 95% said it had helped them to process their loss.

People talked about the course giving them a safe space to process their grief with direction to consider different perspectives as they talked. This helped them to sort through their confusion and unsettling feelings. Others described how the space enabled them to express their grief and begin to process their loss.

Sharing common feelings and thoughts with peers was very comforting to participants and the empathy, plus the stories of being able to move forward in some way as seen in the films, helped people to feel that there was hope and that things could get better.

90% or more of participants reported that *The Bereavement Journey*® had helped them to:

- understand bereavement generally

- be more able to talk about their grief to other people
- feel more positive about the future.

Over 80% reported that *The Bereavement Journey*® had helped them to:

- feel more connected in their community
- decide about further support that might help them.

In addition

- 87% of participants realised that their grief could, or was, affecting their mental health, with
- 73% reporting an improvement in their mental health, feeling more resilient and being able to manage the distressing thoughts and feelings they had been experiencing.

Interviews with participants gave some insight into how and why *The Bereavement Journey*® contributed to their improved mental health such as going somewhere safe, other people's experiences giving them hope, space to process their grief and changed thinking. One of the most powerful indicators of these improvements was the change in countenance of participants, from a place of anxiety and low mood, to feeling calm and hopeful.

Participants reflected on how their thinking had changed over the course. For some, it was beginning to look for a new perspective and find positive ways of thinking. For others, it was engaging with negative thoughts and feelings that they had tried to suppress. However, most people talked about a new understanding of grief, of thinking differently about loss and how to deal with their feelings. They talked of knowing they were not on their own, and of being able to move forward and use the tools they had learnt on the course to 'live well again'.

Loneliness was particularly noticeable for older people and the group provided a much-needed place to meet with others.

The most important aspect of the course which was repeated again and again was the support of the group, of people that understood their feelings, and were walking the same path together. Participants talked about their friends and family wanting to change the subject or avoid conversations – perhaps through fear of not knowing what to say or saying the wrong thing – and how the mutual support of the group helped them to keep going to the course, even when they did not want to go out. The overwhelming feeling was that people had found a safe space where they felt they were able to share the thoughts and feelings that were weighing them down.

Participants were able to look at their lives in a positive way and contemplate going back to activities and work that they had done before. In addition, they felt they would be better able to support their family and friends through grief in the future.

Additionally, the optional faith session was a significant source of comfort for many people, creating a safe space for participants to reflect and think through the bigger questions of life. and derive hope for the future.

- 79% of all participants attended the optional faith session, from a variety of faith or no faith backgrounds.
- with 95% finding the session helpful, and 50% reporting that it helped them 'a great deal'.

Although some course leaders were hesitant over the faith session, participants were overwhelmingly positive. Their responses varied according to differing faith perspectives, but they described a general sense of comfort from Session 7, in which they benefitted from considering questions of faith and praying, even when they had difficult feelings. One participant described Session 7 as having helped them to feel closer to God after feeling distant since their bereavement. Another felt that the session helped them focus on the big questions of faith and bereavement.

For participants who were Christian or connected to a church, it was generally well received and enabled people to talk through their feelings about God and their faith. For those who did not profess a faith, people often appreciated the time to pause and reflect.

ii) **Course Leaders**

Course leaders noted the benefit of being able to provide pastoral support and the social transformation they perceived, including the normalising of experiences of grief for many people, creating a supportive community for sharing the journey of grief, and in participants finding the tools and support to move forward positively. This was felt to address a gap in their communities where often grieving people felt isolated and misunderstood or were at the mercy of long waiting lists for counselling.

They felt that the programme provided dignity to bereaved people by demonstrating that grief was an issue worth hosting a course to discuss, and that it helped participants by

- showing them they were not the only person who had felt that way,
- gaining new strategies to deal with loss, and
- feeling connected with other people, particularly at a time where they were vulnerable to loneliness and isolation.

Overwhelmingly, having a safe space in which to share with others who understood was found to be the most helpful element of the course. They said providing a course which was designed to talk openly, share memories of loved ones, and enable better understanding of bereavement

demonstrated the importance of providing bereavement support. It also showed people that their grief matters and is not forgotten. The films in the course materials gave voice to people's experiences and provided springboards for participants to describe their grief.

They noted that the programme provided time and space, together with structure, for people to learn how their grief was affecting them on a day-to-day basis, to recognise where their loss had contributed to negative thoughts and behaviours and begin to work through difficult emotions. Not all participants were able to articulate how their grief was affecting their mental health, but from discussing their experiences and changes in behaviours on the programme, it highlighted to them that their grief was having an impact on their mental health.

They also noted the difference over time as participants found relief and solace in being part of an understanding community with shared experience, and how strong relationships were developed within the groups, with participants meeting up after the course ended and continuing to support each other.

A significant part of the course was for participants to see the longer-term process of accepting the journey they were on and the steps forward they could take. Added to this was the benefit of developing new friendships which helped those feeling lonely and isolated since their loss, particularly the elderly.

The group times also normalised different time frames, and by listening to each other's stories, emphasised the unique journey each person is on and yet the common experiences too. By being listened to, participants were able to see their own progress and to take hope from that. The company of peers who shared many of the same thoughts and feelings also gave people hope as they could see others move forward.

iii) **Social Transformation**

There was a sense that in our society bereavement and grief are often hidden away, unspoken and misunderstood, and that it needed to be brought out into the open. This meant that often people did not have the language or ability to talk about loss or understand grieving people's behaviours. Course leaders described the relief of participants when they realised they were not alone in their feelings or thoughts, even though their bereavements may have been quite different. Finding company and solidarity in the midst of their lowest point and having others to walk this journey alongside them was immensely powerful. Peer support was described as one of the most valuable aspects of the course, building connections in the community and breaking down barriers. The benefit of a structured course added to the support grieving people felt by giving them knowledge and skills to navigate their bereavement and face subsequent losses.

It was noted that grief could be felt acutely for many years and that people in our communities are not well versed in how to support family and friends who are grieving, often unhelpfully suggesting that people should have been “over the loss” by now and should have moved on in a shorter timeframe. And that it was quite common for there to be few other bereavement support options in the local area, or long waiting lists, and so running *The Bereavement Journey*® provided a vital community need.

In addition, course leaders noted that professionals in healthcare, including Social Prescribers, had identified a need for bereavement care, with a lack of provision and long waiting lists for what is available. If bereavement care is not timely, professionals could see how a lack of support could lead to longer term difficulties for grieving people. Several course leaders had been approached by local healthcare providers enquiring about the course, explaining that it was much needed and wanting to know how to refer people. Those that saw participants during or after the course noticed a significant difference in their demeanour and wellbeing.

Other healthcare professionals had shared with leaders how impressed they were with the course, seeing tangible results for participants, and knowing it was meeting a vital need in the community.

It was felt that equipping participants to cope with their own bereavement also equipped them to support others in the future and to gradually impact their communities. *The Bereavement Journey*® was therefore felt to address a gap in communities where often grieving people felt isolated and misunderstood and that it helped to kick start the cultural and behavioural change necessary to help people process bereavement in a healthier way in our society.

To enable ongoing community support over half of programme leaders were considering, or had adopted, AtaLoss’ Bereavement Friendly Church Charter, designed to demonstrate the church’s accessibility and support for bereaved people in their communities.

The social transformation the analysis revealed, therefore, was in the form of understanding how bereavement was impacting people, reduced loneliness, processing grief and improved wellbeing, along with improved coping strategies and resilience, being able to live well again, ability to return to work and to support friends and family in the future. The analysis was not able to address wider social impacts or longer-term effects such as homelessness, substance abuse or crime.

iv) **Accompanying Signposting**

AtaLoss has pioneered a ‘Gold Standard’ for signposting. This quality framework aims to ensure support and information is made available to bereaved people in a timely manner, providing up-

to-date comprehensive, holistic and accessible support. The dedicated, free-to-access, online platform of AtaLoss.org sets a new benchmark in bereavement care.

The benefit of the charity's accompanying signposting to broader information and support did not form part of the course feedback forms, so was explored in the qualitative interviews. From this it was found that only 33% were accessing the website, with course leaders not promoting the resource. Only 22% of participants in church run courses were accessing the website compared with 72% of participants on the national online courses run by AtaLoss. However, where it was accessed, it was found to be helpful by users: 93% on the nationally delivered online course, and 79% of those who attended locally delivered courses.

It seems that the website is complementing the support *The Bereavement Journey*® offers and contributing to some extent to the wellbeing findings, but course leaders are not appreciating the value of its further information and support.

It should be noted that participants on *The Bereavement Journey*® courses in this analysis were alerted to the original AtaLoss.org website. Since then, the website has been upgraded with the aim of making it more helpful for bereaved people by being more accessible and comprehensive and easier to navigate.

Participant feedback reflects the impact of this service as 86% of users overall found the signposting and information website helpful.

2.1. Economic Value

From a wider societal and economic perspective, *The Bereavement Journey*® was found to offer a strong potential return on investment (ROI).

Grief often results in compassionate leave but can also affect mental and physical health, leading to sick leave and lost productivity. Grief is more than an emotional response; it affects memory, concentration, and decision making.

The 2020 report by Sue Ryder estimated the economic cost of bereavement to be £23bn with an additional £8bn in additional healthcare, reduced tax revenues and benefit costs.

According to the UK Commission on Bereavement, 1 in 10 employees are grieving at any given time.³⁴ Without the right support, grief can lead to increased absenteeism, and staff turnover; 58% of grieving workers report decreased performance for months after a loss, and 51% leave their job altogether within a year.^{35, 36} According to Gaia Workforce Wellbeing, 81% of organisations say they prioritise employee wellbeing and many have counselling provision but community grief support and signposting remain a critical gap.³⁷

Effective bereavement support could have a positive impact for employees. Mental health and wellbeing investment for employees has been shown to increase productivity and reduce absenteeism, as well as reducing staff turnover.

The World Health Organization estimates that for every \$1 invested in the treatment and support of common mental health issues, a \$4 return is seen in terms of improved health and productivity.³⁸

Wellbeing is seen as important to the economic growth of our society, and preventative health and social care is vital.

Given that *The Bereavement Journey*® participants report reduced loneliness, better coping strategies, and improved mental health, it is likely that the programme would demonstrate a significant Return on Investment. The Green Book supplementary guidance: wellbeing published by HM Treasury in 2021 sets one WELLBY (a wellbeing-adjusted life year) as a person increasing their score of 1 on a 10-point life satisfaction scale, and where one WELLBY is valued at £13,000.³⁹

Though the value of improvements in life satisfaction, mental health, productivity and community connection can only be formally costed with longitudinal data, this analysis shows *The Bereavement Journey*® programme is highly likely to make a meaningful contribution to society and the wider economy. At least 86% of participants in this study reported they had been able to process their loss, were feeling less lonely, were coping better and were feeling more positive, so it is likely that they would have increased at least one point in life satisfaction following the course.

On this basis a conservative estimate would suggest that the people who attended *The Bereavement Journey*® courses between April 2023 and March 2025 contributed to at least 2,575 WELLBYs at an overall value of £33.5m. With inflation, this is likely to be closer to £39.4m. And within this the value of signposting is not fully realised.

Taken in the context of over 7 million people significantly bereaved in 2024 alone, the potential return on investment for *The Bereavement Journey*® with its accompanying signposting nationally is highly significant.

2.2. Overall Conclusion

The Bereavement Journey® is addressing a national need for bereavement support – ideal for the significant majority (85-90%) of bereaved people who do not require or will not benefit from a clinical intervention.

The evaluation has found that the newly devised programme is demonstrating a profound and wide-reaching impact on adults of all ages – some of whom were bereaved several years beforehand – and in turn on their communities and our wider society.

Participant feedback and course leader reflections have evidenced the improvements to general wellbeing, mental health, and spiritual health for those taking part in the programme – people bereaved in the range of ways and of any faith or none.

It provides a safe space to navigate what is for many a very difficult time in their lives, normalising their grief, helping them to deal with their various challenges and enabling them to feel less lonely, cope better and feel more positive.

It is transforming society in understanding how bereavement is impacting people, reducing loneliness and processing grief, along with participants having improved coping strategies and resilience, being able to live well again and ability to return to work.

AtaLoss' accompanying signposting with access to specialists and further support complements *The Bereavement Journey*®. It sets a new benchmark in bereavement care and is transforming the signposting landscape. It is greatly appreciated by those who use it on *The Bereavement Journey*®, as is the optional session on spiritual support, although course leaders are not fully appreciating the holistic help these two elements offer.

The benefits go beyond individuals on *The Bereavement Journey*® courses as participants are also better equipped to support others in the future, and they are all people for whom there is potential for a wide range of negative outcomes if their grief is not processed.

The Bereavement Journey®'s new structured volunteer-led community support programme is therefore a highly effective model of bereavement care, making a meaningful contribution to society and the wider economy, empowering individuals and communities to build resilience in coping with the range of ways bereavement impacts. Along with its accompanying signposting, it has great potential for return on public investment.

3. Recommendations

1. Disseminate Learning from the Evaluation.

Actively share the findings of this report to encourage wider understanding of the value of *The Bereavement Journey*®'s structured, volunteer led community model of bereavement support,

to inform national strategy. This should include raising awareness of the popularity and helpfulness of the optional spiritual session for those of any or no faith background.

2. Connection between *The Bereavement Journey*® programme and the AtaLoss.org signposting website.

Review how effectively *The Bereavement Journey*® course and course leader training create the necessary connection between *The Bereavement Journey*® programme and the accompanying signposting website and improve signposting usage throughout *The Bereavement Journey*® programmes.

3. Evaluation of Website Usage.

Create a means for evaluating the AtaLoss.org website individually to capture its helpfulness to visitors. This could be done by creating a survey for website visitors to complete when leaving the site, capturing user views on usability, trust, and helpfulness.

4. Expand Delivery and Accessibility.

Increase the number of *The Bereavement Journey*® programmes being delivered across the UK and online, to ensure accessibility of bereavement support regardless of location or background. A means of doing this might be to position *The Bereavement Journey*® within NHS and public health bereavement pathways, supported by professionals such as GPs, social prescribers, and palliative care teams.

5. Continue to Strengthen and Promote High-Quality Signposting.

Advocate for national adoption of AtaLoss' Gold Standard for Bereavement Signposting ensuring universal quality referral routes to support for all bereavement needs.

6. Formal Evaluation of Economic Impact of *The Bereavement Journey*®.

Commission an independent cost-benefit analysis using the WELLBY framework to assess the actual financial and social return on investment of *The Bereavement Journey*®. The purpose of the research would be to evidence the case for funding and integration into public health strategies.

7. Commission Research into the Wider Impact of Unsupported Bereavement.

Commission independent research into the economic and social implications of unsupported bereavement, including the ongoing impact of adults bereaved as children – to raise the profile of bereavement support as a public health priority and advocate for investment in bereavement services as prevention.

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