



South west London bereavement services and support: gaps workshops report

Published June 2025

healthwatch
Kingston upon Thames

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South west London bereavement services and support: Gaps workshops report

1. Introduction and background

[Healthwatch Kingston](#) (HWK) and [Kingston Voluntary Action](#) (KVA) were commissioned by [NHS South West London](#) to undertake a community engagement pilot project in 2022, exploring people's experiences of bereavement and support services. The report from this pilot identified gaps, leading to the commissioning of a Phase 2 Gaps Initiative aimed at engaging groups not included in the initial pilot.

The South West London Bereavement Services and Support Community Engagement initiative explored key challenges and gaps in bereavement services and support across diverse communities. Our [Bereavement Services and Support in Kingston – Community Engagement Report](#) (2022) is summarised in [Appendix B](#).

In addition, during 2023–24, Healthwatch Kingston was separately funded by the Royal Borough of Kingston upon Thames, Community Resilience Fund, to create a film which introduced young people to bereavement / grief services and support. Healthwatch Kingston supported Youth Out Loud! (a group of young people helping to improve our local health and social care services, working with Healthwatch Kingston and using their voices to make health and care services better for young people) to engage with 57 young people to develop and produced a short film by and for young people. As part of the work Youth Out Loud! (YOL!) discussed what bereavement meant. 75% did not know and only 25% understood the term. YOL! agreed to use the term 'grief' rather than 'bereavement' in their [Youth Out Loud! film about bereavement / grief services and support](#).

2. Methodology

In 2022, our partnership pilot project adopted a community engagement approach which explored the lived experience of those accessing services and support, what mattered most when grieving and the intersection with culture, language barriers, faith, beliefs and life philosophies. Our Phase 2 Gaps Workshops Initiative continued this methodology so that the Phase 2 report could be published as an appendix to the Phase 1 report, and themes explored.

As Phase 1 of this south west London (SWL) work was piloted in Kingston, we actively encouraged organisations from the other five boroughs in SWL to submit for Phase 2 community grants to run local community bereavement gaps workshops.

To support these workshops, Healthwatch Kingston also conducted an online survey to offer a further opportunity to people across SWL to share their experiences of bereavement services and support, and End of Life Care (EoLC). Our survey ran at the same time as the bereavement gaps workshops. 48 people part completed the survey with 33 people responding to the questions on EoLC. Survey findings are summarised in [Appendix C](#).

2.1 SWL ICB Community Services – Community Engagement

Healthwatch Kingston agreed to add a number of SWL ICB questions to our SWL Bereavement Services and Support Survey 2024-25 which extended time to complete surveys and potentially increased participant 'burn-out'. This may have inadvertently limited participant engagement in the community services elements; however, the anonymised responses provided were shared with SWL to help inform EoLC stakeholders exploring a new Community Services service specification for SWL.

3. South West London Bereavement Services and Support Gaps Workshops

All 13 Gaps Initiative Workshop reports submitted to inform our Phase 2 community engagement are provided for further information in [Appendix A](#). Participating organisations and groups from across south west London were:

1. [ASCA - Addiction Support and Care Agency](#) (Richmond)
2. [Centre for Change](#) (Croydon) Provides counselling, coaching and mentoring to people affected by trauma, discrimination, unhealthy relationships, loss or grief.
3. [Cruse Bereavement Support](#) (Sutton)
4. [Dignitate](#) (Croydon) Dementia charity devoted to addressing dementia through a culturally sensitive and inclusive approach.
5. [JFJ Foundation](#) (Hackney – providing an outreach programme in Croydon) Educates young people on the dangers of knife crime and serious youth violence.
6. [Jigsaw4u](#) (Merton) Provides specialist wellbeing support services for children, young people and families across South West London.
7. [Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit](#) (Kingston)
8. [Mind in Croydon](#) (Croydon)
9. [Rainbows Across Borders](#) (Croydon) Voluntary self-help group for lesbian, gay, bisexual & transgender (LGBT) asylum seekers.
10. [SEEN](#) (Richmond) Support for people facing unplanned pregnancy and baby loss.
11. [St Raphael's Hospice](#) (Merton and Sutton)
12. [Togetherness Community Centre](#) – Adults 60+ (Merton, Wandsworth, Sutton)
13. [Togetherness Community Centre](#) – Young People (Merton, Wandsworth, Sutton).

Over 200 people informed this report. 48 survey respondents and more than 150 participants provided insights from the workshops with local people from community organisations, hospices, bereavement charities, faith, belief and life philosophy groups, and the NHS from across south west London. Participants included a wide range of ages, backgrounds, and experiences of bereavement, including loss due to illness, trauma, addiction, pregnancy loss, and cultural displacement.

4. Key recommendations and themes

The following section provides key themes, identifies service gaps, and provides recommendations for consideration to help enhance bereavement services and support across south west London.

"I think having someone listen and being heard makes a difference. It has helped me." (Participant from the bereavement workshop facilitated by ASCA)

Healthwatch Kingston key recommendations:

- A. Expand awareness:** Strengthen outreach efforts through GP surgeries, community centres, social media, and public awareness campaigns.
- B. Improve accessibility:** Reduce waiting times, increase face-to-face support, and ensure bereavement services operate beyond standard working hours.
- C. Enhance cultural sensitivity:** Develop bereavement services that respect and incorporate diverse mourning practices.
- D. Strengthen youth and family support:** Introduce bereavement education in schools and offer structured support for young people.
- E. Provide practical and emotional guidance:** Ensure clear, easily accessible information on legal, financial, and administrative matters after bereavement.
- F. Support community-led bereavement groups:** Fund and expand peer support networks and bereavement-friendly community spaces.

4.1 Expanding the definition of bereavement and Loss

Bereavement is not limited to death it extends to a broad spectrum of losses, including:

- **Cultural and social loss:** Displacement, asylum-seeking experiences, and loss of homeland.
 - *“Loss is not just about death. We grieve for what we leave behind—our home, our people, our way of life.”* (Togetherness Community Centre – Adults 60+)
- **Life transitions:** Divorce, job redundancy, loss of independence, or imprisonment of a loved one.
 - *“Losing a job felt like losing my identity. I didn’t know who I was without my work.”* (ASCA)
 - *“When someone you love goes to prison, it’s like they died. They’re just...gone.”* (Togetherness Community Centre – Adults 60+)
- **Caring responsibilities:** Loss of role identity after a dependent no longer requires care, particularly for dementia caregivers.
 - *“When my father passed, I lost more than him—I lost my purpose.”* (Dignitate)
- **Childhood and youth bereavement:** Young people experience grief beyond familial loss, including the departure of friends or family, loss of schooling environments, and the impact of celebrity deaths.
 - *“When someone famous dies, it hits you differently, like you lost a part of your world.”* (Togetherness Community Centre – Young People)

Bereavement services need to acknowledge and address the varied forms of grief beyond traditional definitions.

4.2 Emotional, physical, and social impact of bereavement

Grief affects individuals on multiple levels:

- **Emotional:** Distress, panic, anxiety, depression, guilt, trauma, and isolation were reported by different age groups including being emotionally impacted due to baby loss and the bereavement of survivors of suicide.
 - *"Death of a child is exceptionally hard."* (Cruse)
 - *"The long wait to see a loved one's body before repatriation or burial was distressing."* (Rainbows Across Borders)
 - *"I felt like I was drowning, but nobody could see it."* (Centre of Change)
 - *"I panic when entering settings with children or seeing an empty nursery in the home."* (SEEN)
 - *"Feeling exhausted, alone, guilty, angry, resentful as left to sort out everything after putting up with his alcohol problem for all those years."* (ASCA)
 - *"I have dual trauma—from experiencing both loss and surgery."* (SEEN)
 - *"I carried my trauma into my next pregnancy."* (SEEN)
 - *"My anxiety persisted throughout subsequent pregnancies."* (SEEN)
 - *"Our traditions give us strength, but when they end, it can feel like you are left alone to navigate the emptiness."* (Dignitate)
 - *"I had an emotional breakdown. I used to talk to my mother every day and losing that daily source of comfort led to deep emotional distress."* (Rainbows Across Borders)
 - *"My partner shut down and wouldn't come to appointments—he thought it was bad luck."* (Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit)

- *"We often forget about the emotional impact on younger children. They, too, need support. Creating a memory box with letters and sentimental items can help them preserve the memory of their loved ones."* (Rainbows Across Borders)
- *"Bereavement due to murder or suicide is particularly difficult, especially when the press is involved."* (Cruse)
- **Physical:** Exhaustion, sleep disturbances, brain fog, and stress-related illnesses such as high blood pressure, and weight loss/gain.
 - *"My body just shut down. I wasn't eating, I wasn't sleeping."* (Cruse)
 - *"The stress made my migraines unbearable, and I couldn't sleep."* (Dignitate)
 - *"I lost so much weight. I just didn't feel like eating anymore."* (Cruse)
 - *"When I was looking after my dad with dementia, the stress made my own health decline. My blood pressure shot up after he passed."* (Dignitate)
 - *"Internalising grief doesn't just affect your mind—it starts impacting your body, too. It becomes an illness."* (Dignitate)
- **Social:** Some participants described reduced invitations, changing family dynamics, and feeling abandoned by friends over time. Others shared the benefit of talking and sharing.
 - *"People disappear after the funeral. They don't know what to say, so they just stay away."* (St Raphael's Hospice)
 - *"After 'Nine Nights,' everything goes quiet. That's when it gets really hard."* (Dignitate)
 - *"I tended to isolate myself. My social life became more limited, and I felt desperate to talk to someone."* (ASCA)
 - *"Talking helped because when you open up, others open up too. I found out my brother's wife had four miscarriages—I didn't know*

until I shared my own experience.” (Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit)

- *“It takes a weight off your shoulders when you share something.” (Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit)*
- *“I think it’s important to have people understand what you’re going through. For me, having my own space with my pets and children helps keep me going and feeling alive.” (Centre for Change)*
- **Economic:** Financial burdens following bereavement include funeral costs, lost income, inheritance disputes, and legal complexities.
 - *“I had to choose between paying for the funeral or paying my rent.” (JFJ Foundation)*
 - *“I lost my husband, who was the breadwinner. He held everything together. He gave me confidence. It’s all gone.” (ASCA)*
 - *“I’m going to have to sell the family home. My memories of him are in the house.” (ASCA)*
 - *“Bereavement impacts people’s finances quite drastically. It might affect their property too, and all of these things have to be taken care of while you’re juggling everyday life—it’s really difficult.” (Centre for Change)*
 - *“In Africa, mourners often bring items to the deceased’s home, and the community collectively bears the financial burden”. (Rainbows Across Borders)*

The above impacts underscore the need for holistic bereavement care, integrating emotional, medical, and financial support.

4.3 Barriers to accessing bereavement support

Common barriers included:

- **Lack of awareness:** Many participants were unaware of available bereavement services until they personally experienced loss.
 - *"You don't know where to go until you need help, and by then, it's too late."* (Cruse)
 - *"Support should be made clearer, as sometimes people are unaware of what support is available. For example, I did not know St. Christopher's could support my family while we were losing my dad, as I believed it was only for end-of-life care and cancer patients. Especially if you do not have family support, it is important to have more awareness of what is available."* (Centre for Change)
- **Access for all:** Participants shared that the needs of some older adults were dismissed, parents who had lost babies often struggled to find appropriate services and support, cultural community stigma existed, and neurodivergent people needed additional support to manage the emotional and practical aspects of bereavement.
 - *"I was told I was too old for bereavement support. Does grief have an age limit?"* (St Raphael's Hospice)
 - *"Grief support should be structured for all ages, from young children to the elderly".* (Togetherness Community Centre – Adults 60+)
 - After experiencing a second or third miscarriage, participants described feeling as though a physical barrier had been placed in front of them, making it impossible to move forward: *"If you are hit in one leg, you limp on. If you are then hit in the other leg, you are forced to stop!"* (SEEN)
 - *"In our community, you're supposed to fast and pray. But sometimes, fasting and praying isn't enough."* (Dignitate)

- "I felt like I couldn't open up to them because they might judge me or spread my story within our circles." (Dignitate)
- *"It's great that you work with autistic people—social stories help them understand, as they think in pictures."* (Jigsaw4u)
- **Limited accessibility:** Impact of long wait times (3–6 months for counselling), lack of evening/weekend support, and financial costs were significant obstacles.
 - *"By the time I got an appointment, I had already learned to just cope on my own."* (Mind in Croydon)
 - *"It's hard to get an appointment with a GP for support now—there's no accessibility."* (Centre for Change)
 - *"People who actually respond and don't just leave you on a waiting list. It is important that when you seek help, someone is there to listen. If the response time is too long, you may shy away from getting the help and support you need."* (Centre for Change)
- **Healthcare system gaps, triggers and other issues:** Some GP services were inconsistent or dismissive of grief-related health concerns, with a preference for prescribing medication instead of addressing emotional needs. Others noted how attending a series of clinical appointments could trigger emotions and exhaust them.
 - *"The doctor gave me antidepressants and sent me home. I just needed someone to listen."* (Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit)
 - *"I became emotionally exhausted due to numerous clinical appointments and scans, which often felt unhelpful in moving forward."* (SEEN)
 - *"I relived the loss at future scans and doctor's appointments."* (SEEN)

- **Exclusion of young people:** Young people reported being left out of bereavement discussions, with adults deciding what information was “appropriate” for them.
 - *“They didn’t tell me my granddad was dying because they thought I wouldn’t understand. But I knew. And I felt alone.”* (Jigsaw4u)
 - *“Not knowing the truth can be worse than hearing difficult news.”* (Togetherness Community Centre – Young People)
 - *“My friend passed away and left children behind. The children said they couldn’t understand why their mother died, and no one could truly understand how they felt. It is important to have support for those left behind, especially children, as their emotions and needs can be difficult to navigate.”* (Rainbows Across Borders)

Improving access to culturally competent, age-inclusive, and widely promoted bereavement services is essential.

4.4 What effective bereavement support should look like

Participants consistently highlighted the following needs:

- **Face-to-face support:** Many found online or telephone services inadequate, preferring to meet in-person for counselling and peer support groups.
 - *“I needed to sit with someone, not just talk through a screen.”* (ASCA)
 - *“Personalised care is more effective.”* (Togetherness Community Centre – Adults 60+)
 - *“Prefer in-person discussions over written materials.”* (Togetherness Community Centre – Adults 60+)

- *"To go somewhere where I will be met with warmth, understanding, knowledge, and kindness. I felt exhausted, frightened, and lost – unsure where to go for what – so confused."* (ASCA)
- **Community-based support:** Places of worship, social groups, and cultural organisations were seen as essential bereavement support hubs.
 - *"In our culture, we grieve together. We need spaces where we can do that."* (Dignitate)
 - *"Adjusting to life without their partner is the greatest challenge, and finding community support through bereavement groups was essential."* (St Raphael's Hospice)
 - *"Religious leaders and community figures should be equipped to offer emotional support."* (Togetherness Community Centre – Adults 60+)
- **Practical guidance:** Participants identified a clear need for structured information on legal, financial, and administrative tasks before and following a loss is crucial.
 - *"It is also difficult when people die without writing a will, as family members often end up in conflict. For me, it is important that proper arrangements are made in advance so that survivors are not left with the burden of legal disputes."* (Rainbows Across Borders)
 - *"I didn't know where to start. The paperwork was overwhelming."* (Centre of Change)
 - *"[I needed] practical guidance on organising a funeral, claiming benefits I might be entitled to, and other financial support—what I need to do immediately and in the following months."* (ASCA)
 - *"Family conflicts and breakups are common after a death. When my grandparents died, it caused major disagreements over assets and money."* (Rainbows Across Borders)

- *"When someone passes away, they often take important family details, documents, or history with them—especially in communities where record-keeping is rare. Death is considered a taboo topic, so no one talks about preparations, leaving survivors struggling to piece together information."* (Rainbows Across Borders)
- *"Setting up financial support initiatives for bereaved families could ease financial burdens."* (Rainbows Across Borders)
- *"Bereavement impacts people's finances quite drastically. It might affect their property too, and all of these things have to be taken care of while you're juggling everyday life—it's really difficult."* (Centre for Change)
- *"Create simplified guides explaining legal, financial, and funeral arrangements in multiple languages."* (Rainbows Across Borders)
- *"My GP service was unhelpful; I wasn't offered practical support."* (St Raphael's Hospice)
- **Long-term support:** Grief has no set timeline, and participants emphasised the need for personalised bereavement services beyond the standard six-week counselling model, however, home visits from a midwife for six-weeks was appreciated.
 - *"There is no set time for grief. It can last for years, with triggers such as a second death or life event reigniting emotions."* (Cruse)
 - *"Six weeks isn't enough. Grief doesn't have a deadline."* (Mind in Croydon)
 - *"Home visits from a midwife for six weeks in a subsequent pregnancy were immensely helpful."* (SEEN)
 - *"Inquests delay and extend the grieving process."* (Cruse)
 - *"There are time limits on support (e.g., services only last for six weeks), but there is no time limit on grief. It might make people feel like there's no point in seeking support if they feel they need at least*

12 months of services. The beginning sessions of counselling, for example, are spent getting comfortable with the person, and before you know it, your sessions are over, and you haven't even fully opened up yet." (Centre for Change)

- **Diversity and inclusion:** Services should provide more outreach and culturally specific support services and information that caters to diverse communities, including neurodivergent people, people with learning disability, LGBTQ+ groups, and those with faith, belief, life philosophy or cultural mourning practices.
 - *"We need services that understand our beliefs and respect our traditions."* (Rainbows Across Borders)
 - *"As a gay man, whose older partner had died, I was very isolated."* (Cruse)
 - *"LGBTQ+ asylum seekers and refugees have reported feeling particularly disconnected from available resources."* (Rainbows Across Borders)
- **Improved workplace policies:** Participants expressed frustration with bereavement leave policies, particularly for those on zero-hour contracts.
 - *"There is a need for better general information on death and grief, particularly for employers and healthcare professionals."* (Cruse)
 - *"I had to go back to work after a week like nothing happened."* (SEEN)
 - *"Grief doesn't just affect your heart—it affects your whole life. Support needs to reflect that."* (Dignitate)
 - *"...I sometimes feel like I'm living in a bubble, feeling lost, believing I could have done something differently. Yet, I try to live a normal life by keeping busy with my job."* (Rainbows Across Borders)
 - *"Sick leave policies do not consider grief as a valid reason."* (Cruse)

- *“Employers vary in their support—some are compassionate, others expect employees back after a week, even after the death of a child.” (Cruse)*
- *“There is a need for improved bereavement leave policies, especially for suicide, sudden deaths, and child loss.” (Cruse)*

Creating a multi-access, culturally sensitive, and long-term support framework is essential for effective bereavement care.

4.5 Immediate and Long-term bereavement support needs

Participants identified several urgent gaps in bereavement support:

- **Healthcare improvements:** Participants identified the need for further training for GPs and hospital staff in appropriate and empathetic care and communication, along with timely administrative support (e.g. receipt of Baby Loss Certificates) and follow-up calls after loss/bereavement.
 - *“Hospitals provide some good information, but better community links with chaplains and bereavement officers would help.” (Cruse)*
 - *“The nurses were kind, but the doctor barely looked at me.” (Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit)*
 - *“Delays in obtaining death certificates and necessary paperwork create additional stress for bereaved families.” (Rainbows Across Borders)*
 - *“A&E medical pathway was inadequate – staff did not read patient notes or understand their history.” (SEEN)*
 - *“A plan was created for my next pregnancy, but not all clinical staff followed it, forcing me to relive the trauma by repeating my story.” (SEEN)*

- Being placed in a waiting room with other pregnant women after learning about a miscarriage was described as *"torture."* A complaint to PALS resulted in the creation of a separate waiting area. (SEEN)
- The layout at Kingston & Richmond NHS Hospital was problematic—*"The neonatal department and EPU [Early Pregnancy Unit] are positioned too close together."* (SEEN)
- *"One specialist reassured me that my mental health medication was safe, despite my GP and hospital midwife repeatedly advising against it."* (SEEN)
- *"Being handed a leaflet made me feel like just another administrative process."* (Cruse)
- *"A call a week later to check in would have been really helpful."* (Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit)
- *"Hospice support is only available if the person dies in the hospice, leaving gaps in support for others [grieving family, friends and carers]."* (Cruse)
- **Awareness campaigns:** Clear, widely distributed information on bereavement services via social media, community hubs and healthcare settings.
 - *"Unless you're already in bereavement, you don't know what's out there."* (Togetherness Community Centre – Adults)
 - *"The [Croydon Death Literacy] project has helped us see hospices not as places of fear but as hubs of care and connection."* (Dignitate)
 - *"We need better promotion of available bereavement services within refugee and LGBTQ+ communities."* (Rainbows Across Borders)
 - Use the Accessible Information Standard to ensure *"Clear, accessible information about available bereavement services and support."* (Cruse)

- **Youth-focused bereavement education:** Incorporating bereavement discussions into all schools, personal, social, health and economic (PSHE) education curriculum, and youth programmes.
 - *"We talk about sex and drugs in PHSE, why not grief?"* (Jigsaw4u)
 - *"I witnessed my Ugandan cousins transition from excellent to poor schools after their father—who was the primary provider—passed away. Their well-off friends distanced themselves, leaving them even more isolated."* (Rainbows Across Borders)
 - *"I believe all schools should have pastoral care."* (Centre for Change)
 - *"When my sister passed away, she left behind three children. They couldn't cope with staying in the same house and had to change schools and move to a different area."* (Rainbows Across Borders)
- **Culturally inclusive practices:** Recognising diverse mourning traditions and expanding culturally competent bereavement services.
 - *"It is important to recognise different mourning practices and provide culturally sensitive counselling and support options."* (Rainbows Across Borders)
 - *"Some religions celebrate death instead of feeling grief and a sense of loss, as it symbolizes the meaning of a new journey."* (Centre for Change)
 - *"Our traditions give us strength, but when they end, it can feel like you are left alone to navigate the emptiness."* (Dignitate)
 - *"We celebrate life, even as we mourn. It's not just about tears—it's about connection."* (Dignitate)
 - *"In my culture, you're expected to keep it together, to show strength."* (Dignitate)
 - *"Once the ceremonies are over, you're left alone. It's like the world expects you to just carry on."* (Dignitate)

- *"If they don't understand our traditions, it's hard to trust them with something as personal as grief." (Dignitate)*
- *"Many participants noted that in their cultures, the body remains in the home until burial, unlike in the UK, where it is taken to a mortuary." (Rainbows Across Borders)*
- **Community-based peer networks:** Developing ongoing bereavement support groups that continue beyond initial grief stages.
 - *"Talking with others who understand makes all the difference." (St Raphael's Hospice)*
 - *"Spaces where individuals from diverse backgrounds can share their experiences and support one another would be helpful." (Rainbows Across Borders)*
 - *"Hospices should refer clients to community bereavement services when they cannot provide direct support." (Cruse)*
- **Bereavement-friendly care and spaces:** Empathy and understanding from health and care providers were as important as creating separate waiting areas in hospitals for pregnancy loss and other bereavement-sensitive environments to help reassure.
 - *"A doctor who acknowledged the loss and said, 'It's so awful, I'm sorry you are here,' made a difference." (Kingston & Richmond NHS Foundation Trust – Early Pregnancy Unit)*
 - *"Community centres or designated spaces for collective grieving are beneficial." (Rainbows Across Borders)*
 - *"Being reassured that my mental well-being was a priority was motivating and aided my healing." (SEEN)*

A comprehensive, long-term strategy is needed to ensure bereavement services are accessible, inclusive, and responsive to community needs.

5. Conclusion and considerations

The South West London Bereavement Services Community Engagement initiative revealed a critical need for expanded, inclusive, and well-publicised bereavement services. The findings highlight the importance of acknowledging diverse grief experiences, addressing systematic barriers, and ensuring long-term support. As one participant powerfully stated: *"Grief doesn't just affect your heart—it affects your whole life. Support needs to reflect that."* (Participant from the workshop facilitated by Dignitate)

To build a more effective bereavement care system, services should consider:

- A. Expanding awareness:** Strengthen outreach efforts through GP surgeries, community centres, social media, and public awareness campaigns.
- B. Improving accessibility:** Reduce waiting times, increase face-to-face support, and ensure bereavement services operate beyond standard working hours.
- C. Enhancing cultural sensitivity:** Develop bereavement services that respect and incorporate diverse mourning practices.
- D. Strengthening youth and family support:** Introduce bereavement education in schools and offer structured support for young people.
- E. Providing practical and emotional guidance:** Ensure clear, easily accessible information on legal, financial, and administrative matters after bereavement.
- F. Supporting community-led bereavement groups:** Fund and expand peer support networks and bereavement-friendly community spaces.

By implementing the above recommendations, the south west London health and care system can build a bereavement services and support framework that is compassionate, inclusive, and reflective of the diverse needs of its communities.

6. Appendices

Appendix A: South West London Bereavement Services and Support Gaps – Submitted Workshops Reports (2024-25).

Appendix B: Summarised Bereavement Services and Support in Kingston: Community Engagement Report (2022).

Appendix C: Healthwatch Kingston South West London Bereavement Services and Support Survey 2024-25 feedback summary (including End of Life Care).



Healthwatch Kingston is an independent statutory service (not part of the NHS nor Kingston Council). You can find out more about us on the [Healthwatch Kingston website](#).

Healthwatch Kingston was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care.

We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us.

As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the government put people at the heart of care nationally.

[Tell us what you think about your NHS and social care](#)

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Kingston Voluntary Action is an infrastructure organisation that provides a wide range of support to the voluntary sector. We support local charities and community groups at all stages of their development.

Our Vision: Communities and people that KVA works with are empowered to drive social change towards a fairer, more inclusive, healthier and happier society.

Our Mission: Meeting the needs of community organisations and individuals by equipping them with relevant tools, skills, knowledge, confidence and voice to drive positive change.

Our Values: We are Collaborative, Resilient and Creative.

Our Strategy: [2025–2028: Stronger Organisations, Healthier Communities](#)

Our Role: KVA is part of a national network of over 250 local infrastructure bodies, known as Councils for Voluntary Service (CVS).

We believe that infrastructure has a crucial role in helping to build strong, connected communities.

We see infrastructure as based on three complementary and intertwined strands: capacity building, connecting and representation.

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