

MRC/CSO Social and Public Health Sciences Unit Consultation Response

|  |
| --- |
| **Title of consultation** |
| The UK Commission on Bereavement Survey |
| **Name of the consulting body** |
| The UK Commission on Bereavement |
| **Link to consultation** |
| <https://bereavementcommission.org.uk/taking-part/professionals-organisations/> |
| **Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?** |
| This response is submitted on behalf of the MRC/CSO Social and Public Health Sciences Unit (SPHSU), University of Glasgow and was prepared by Dr Rebecca Phipps. The SPHSU, University of Glasgow is an interdisciplinary group of sociologists, anthropologists, psychologists, epidemiologists, geographers, political scientists, public health physicians, statisticians, information scientists, trial managers and others. The Unit receives core-funding from the Medical Research Council and the Chief Scientist Office in the Scottish Government Health and Social Care Directorates, as well as grant funding for specific projects from a range of sources. We conduct research to understand the determinants of population health and health inequalities, and to develop and test interventions to improve health and reduce inequalities, using a wide variety of methods including qualitative research, the collection, linkage and analysis of social survey and routinely collected data, evidence synthesis, randomised controlled trials and natural experimental studies. Further information about the Unit is available at <http://www.glasgow.ac.uk/sphsu>. |
| **Our consultation response** |
| **Summary of Response:**   * Fathers generally expressed positive attitudes towards formal support; while help- seeking apprehensions predominantly related to informal support. Priority to safeguard family members’ health and wellbeing largely overrode barriers to support engagement. * Workplace ambivalence towards bereaved fathers’ flexible working needs was often unsupportive. Greater recognition of men’s vital involvement in care work by UK workplace policy could better equip employers to effectively support fathers who have been bereaved. * Community members could better support bereaved fathers if they received greater encouragement and guidance on giving emotional support to men. * Fathers suggested that service access could be improved through allocation of a case manager to each bereaved family who would ensure consistency and quality of support information. |

|  |
| --- |
| This response addresses the topics most relevant to the SPHSU’s remit, specific expertise and evidence. Our response is focused on findings from MRC funded PhD research into UK fathers’ experiences of partner bereavement (Phipps, 2021). The study offers valuable insights into the social reality of fathers bereaved of a partner and provides significant knowledge contributions to the area of enquiry. To our knowledge, Phipps’ (2021) PhD research represents the first UK study to examine fathers’ preferences for improving bereavement support in-depth. Before now bereaved fathers’ help-seeking experiences have not been explored through a masculinities lens and Phipps’ research contributes towards better understanding the complexity of men’s decisions around support engagement. Though much can be learnt from studies conducted elsewhere, our 2021 study addresses an urgent need for insights which specifically reflect the UK support landscape. Findings represent the voices of fathers living across 17 different counties in England, Scotland, and Northern Ireland. Despite the modest sample size (18 fathers with dependent age children; aged 38-56 (mean 47 years)) extrapolation and wider inference of findings are enabled by the use of systematic research methods. A summary of the study can be found [here](https://bit.ly/31ZNdY0).  Principal areas 1 and 3 of the consultation are now addressed:  **1. Public attitudes, cultural perspectives and engagement**  Complicating a widely held belief that men are support averse (see: Yopp et al., 2015), Phipps’ research contributes towards a growing body of evidence that suggests men do seek support following partner death (Holmgren, 2019, McClatchey, 2017, Daggett, 2000). The study found the majority of participants recognised a need for help and actively sought formal support; however, appropriate, and timely support were often unavailable to many. Issues of inconsistency in access to bereavement support services are well documented (Breen et al., 2014, Wakefield et al., 2020); and findings by Phipps help to bolster calls for more equal provision and greater consistency in signposting regardless of place of death.  Fathers in Phipps’ study were found to engage with formal support to safeguard family members’ physical and mental health and wellbeing. Urgency to fulfil these custodianship duties largely overcame support-seeking apprehensions with regards to formal support. The findings indicate that practical and conceptual demands related to parenthood likely facilitated the men’s formal support engagement. Among this sample, most fathers’ health assumptions were dismantled by their experiences of illness and/or death, and perceived frailty and feelings of being at risk represented atypical health-related beliefs for men to hold; as did participants’ sense of agency to alter their health trajectory (See scholarship on support seeking and healthcare utilisation by: Courtenay, 2000, 2001, 2003). Phipps’ findings combined to build an understanding of most participants’ willingness toward formal support as situated in relation to other gender divergent practices.  Significantly, Phipps’ research observed a distinction in attitudes between formal versus informal support seeking; wherein the latter was perceived more negatively. Informal support was associated by participants with risk of dependence, deskilling, and indebtedness for many. Help-seeking attitudes and support use were found by Phipps (2021) to be constructed in accordance with social expectations around gender conformity and notions of masculinity. Her findings showed that many viewed informal support in the context of bereavement as offering limited opportunities for reciprocity and feelings of being in permanent receipt of support  undermined social standing. Being a support-seeker was believed to be associated with |

|  |
| --- |
| seemingly undesirable personality traits related to marginalised masculinities and femininities. Despite this, help from community members was viewed as essential by most of Phipps’ study participants and the majority were considered support engaged. Network members were often forthcoming in *offering* their support; and thus, informal support engagement predominantly involved *acceptance* of support offers rather than active pursuit of help. Findings suggest that high levels of support engagement and reluctance towards help-seeking can coincide.  It has been assumed that fathers’ challenges in adjusting to life following partner bereavement largely reflect their inexperience in the domestic setting, however findings of reasonable prior involvement by Phipps (2021) challenge these assumptions. Findings evidence the challenges fathers particularly face in negotiating breadwinning with considerable increased demands upon their time, often in the context of unsupportive workplace structures. Findings suggest there is much need for improvement in this regard. It is possible that if lesser emphasis were placed upon fathers to be providers by UK workplace policy this may translate to a greater expectation of men’s involvement in care work generally, as well as more supportive mechanisms in place at times of acute role strain and reduced breadwinning burden. By securing men’s position as caregivers in the public sphere such changes could lessen experiences of gender related alienation during bereavement.  Findings of Phipps’ study highlighted the preponderance of informal networks to provide fathers with mostly practical support (such as meal preparation, cleaning, and childcare). Phipps’ participants most largely welcomed the support as it offered valuable respite from childcare; and facilitated the continuation of aspects of their pre-bereavement lifestyle. However, the majority found emotional support from community members lacking and - in recognition of feelings of loneliness and acknowledgement of a need to talk with an expert or empathising peer – sought formal support to compensate for shortfalls in informal support. Findings indicate there is a need for greater guidance targeted towards community members on how to better support bereaved fathers emotionally.  **3. Infrastructure and intervention**  Phipps (2021) found a clear preference among participants for greater facilitation of bereavement support access. Many expressed bewilderment at the expectations placed upon bereaved persons to navigate an unfamiliar and complex bereavement support landscape without significant guidance. Numerous participants consequently outlined an idea for support which primarily joins-up place of death and support provider (if they are different). To offer a single – human – point of contact, to ensure consistent signposting to the most appropriate support for their family. Fathers’ perspectives on support improvement provided by this study help to strengthen calls by Wakefield et al. (2020) to “bridge the gap” (p. 4) between knowledge of services and support accessibility.  Findings from Phipps’ research suggest that the timing of much role transition may commence sooner than commonly thought and extend over a prolonged period. Having a more complete understanding of which challenges are faced when may better inform the specificity and timing of appropriate support. Findings evidence the significant impact intimate encounters with severe illness and death can have on fathers’ ongoing conceptualisations of their own health. Greater support, ideally prior to bereavement, is needed to better reconcile the meaning of relatives’ life limiting diagnoses for survivors. Findings indicate that effective support received  by family members prior to death fosters greater belief in being supported during bereavement |

|  |
| --- |
| and appears to increase the likelihood of fathers’ support engagement afterwards. Therefore, where possible, it is vital to provide effective support to families during the illness period to establish rapport. |
| **When was the response submitted?** |
| January 2022 |
| **Find out more about our research in this area** |
| Find out more [here](https://bit.ly/31ZNdY0). |
| **Who to contact about this response** |
| Dr Rebecca Phipps [rebecca.phipps@glasgow.ac.uk](mailto:rebecca.phipps@glasgow.ac.uk) |

**References**

BREEN, L. J., AOUN, S. M., O'CONNOR, M. & RUMBOLD, B. 2014. Bridging the Gaps in Palliative Care Bereavement Support: An International Perspective. *Death Studies,* 38**,** 54-61.

COURTENAY, W. H. 2000. Engendering health: A social constructionist examination of men's health beliefs and behaviors. *Psychology of Men & Masculinity,* 1**,** 4-15.

COURTENAY, W. H. 2001. Counseling men in medical settings: The six-point HEALTH plan. *The new handbook of psychotherapy and counseling with men: A comprehensive guide to settings, problems, and treatment approaches, Vol. 1 & 2.* Hoboken, NJ, US: Jossey-Bass/Wiley.

COURTENAY, W. H. 2003. Key determinants of the health and well-being of men and boys. *International Journal of Men's Health,* 2**,** 1+.

DAGGETT, L. M. 2000. *Living with loss: The lived experience of spousal bereavement in men aged 40 to 60.*

60, ProQuest Information & Learning.

HOLMGREN, H. 2019. Life Came to a Full Stop: The Experiences of Widowed Fathers. *OMEGA - Journal of Death and Dying***,** 0030222819880713.

MCCLATCHEY, I. S. 2017. Fathers Raising Motherless Children: Widowed Men Give Voice to Their Lived Experiences. *OMEGA - Journal of Death and Dying,* 76**,** 307-327.

PHIPPS, R. 2021. *Fatherhood, Bereavement and Masculinity: An exploratory study of partner loss.*

Doctorate of Philosophy Thesis, University of Glasgow.

WAKEFIELD, D., FLEMING, E., HOWORTH, K., WATERFIELD, K., KAVANAGH, E., BILLETT, H. C., KILTIE, R., ROBINSON, L., ROWLEY, G., BROWN, J., WOODS, E. & DEWHURST, F. 2020. Inequalities in

awareness and availability of bereavement services in North-East England. *BMJ Supportive &amp;amp; Palliative Care***,** bmjspcare-2020-002422.

YOPP, J. M., PARK, E. M., EDWARDS, T., DEAL, A. & ROSENSTEIN, D. L. 2015. Overlooked and underserved:

Widowed fathers with dependent-age children. *Palliative & Supportive Care,* 13**,** 1325-1334.