

**Exploration of understanding of the economic
implications of bereavement**

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Abstract

The submission draws together work conducted to explore understanding of economic implications of bereavement. The publications include a monograph and peer reviewed articles based on empirical research on economic implications of death of a partner. This study involved an experimental mixed methods research approach; tested an innovative model of psychotherapeutic support for researchers working on sensitive topics, made a contribution to current theorisation of the experience of bereavement, and enabled reflection on role and identity in end-of-life care. Related publications submitted arose from this study and further general scholarship on the significance of economic issues for families when one member dies.

From this body of work arose a particular interest in bereavement and the workplace, which is represented here in the submitted chapter in an edited volume on death and social policy. Most recently, political and media focus on bereavement benefits and problems related to funeral costs provided an opportunity for exploratory research on the concept of 'funeral poverty', and the report from this study forms the final item in the publications submitted.

My expertise lies in qualitative research but much of the above work has benefited from a close working partnership with a colleague with quantitative skills, with shared interest in opening up and exploring topics which had attracted little previous attention. Many of the publications presented are thus jointly authored, and in each case I provide full explanation of my own contribution.

Publications presented are a selection from the outcomes of my long stream of research and scholarship in this area. Substantive findings on the economic implications of death have brought new understanding of the experience of bereavement, previously conceptualised largely within psychological and emotional process. My empirical work and subsequent scholarship has contributed to knowledge on methodological, conceptual and ethical issues and informed national and international policy and practice.

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The publications submitted for consideration follow page 44. They are presented in order of discussion in the narrative chapter. In each case, the pagination is that contained within the actual publication. The six publications submitted are separated by title pages.

- First submitted monograph: *Financial implications of death of a partner*
- Three articles in peer reviewed journals, related to work conducted in the study of Financial implications of death of a partner
- Submitted book chapter: *Bereavement and the workplace*
- Second submitted monograph: *The meaning of funeral poverty: an exploratory study*

List of publications submitted for consideration

Monograph

Corden, A., Hirst, M and Nice, K. (2008) *Financial implications of death of a partner*, Social Policy Research Unit, University of York.

Articles in peer reviewed journals

Corden, A. and Hirst, M. (2008) Implementing a mixed methods approach to explore the financial implications of death of a life partner, *Journal of Mixed Methods Research*, 2, 3, 208-220.

Corden, A. and Hirst, M. (2013a) Economic components of grief, *Death Studies*, 37, 8, 725- 749.

Corden, A. and Hirst, M. (2013b) Financial constituents of family bereavement, *Family Science*, 4, 1, 59-65.

Book chapter

Corden, A. (2016) Bereavement and the workplace in Foster, L. and Woodthorpe, K. (eds), *Death and Social Policy in Challenging Times*, Palgrave Macmillan, Basingstoke.

Monograph

Corden, A. and Hirst, M. (2016) *The meaning of funeral poverty: an exploratory study*, Social Policy Research Unit, University of York.

Related publications, not submitted but referred to

Corden, A. and Hirst, M. (2011) Partner care at the end-of-life: identity, language and characteristics, *Ageing and Society*, 31, 217-242.

Corden, A. and Sainsbury, R. (2011) Bereavement and sickness absence: submission to the DWP Sickness Absence Review from the Social Policy Research Unit, Working paper DWP 2481, Social Policy Research Unit, University of York.

Corden, A. and Sainsbury, R. (2012) Bereavement Benefits for the 21st Century: submission to the DWP consultation, from the Social Policy Research Unit, University of York.

Corden, A., Hirst, M. and Nice, K. (2010) Death of a partner: financial implications and experience of loss, *Cruse Bereavement Care*, 29, 1, 23-28.

Corden, A., Sainsbury, R. and Sloper, P. (2001) *Financial implications of the death of a child*, Family Policies Study Centre, London.

Corden, A., Sainsbury, R. and Sloper (2002a) When a child dies: money matters, *Illness, Crisis and Loss*, 10, 2, 125-137.

Corden, A., Sainsbury, R. and Sloper, P. (2002b) Financial effects for families after the death of a disabled or chronically ill child: a neglected dimension of bereavement, *Child: Care, Health and Development*, 28, 3, 199-204.

Corden, A., Sainsbury, R., Sloper, P. and Ward, B. (2005) Using a model of group psychotherapy to support social research on sensitive topics, *Int. J. Social Research Methodology*, 8, 2, 151-160.

Hirst, M. and Corden, A. (2010) Change in living arrangements following death of a partner in England and Wales, 1971 to 2001, *Population Trends*, 141, autumn, 130-150.

RGU (2013) *Socio-Economic Costs of Bereavement in Scotland*, Main Study Report, Robert Gordon University, Aberdeen.

SPRU (2010) Financial implications of death of a partner, in Firth, L. (ed.) *Bereavement and Grief Issues*, 192, p.33, Independence Educational Publishers, Cambridge.

Stephen, A.I., Macduff, C., Petrie, D., Tseng, Fu-Min., Schut, H., Skar, S., Corden, A., Birrell, J., Wang, S., Newsom, C and Wilson, S. (2015) The economic cost of bereavement in Scotland, *Death Studies*, 39, 3, 151-157.

Acknowledgements

The work presented had origins in a small study for the children's hospice movement, funded by the Joseph Rowntree Foundation.

This early work led to a two year study funded by the Economic and Social Research Council (RES 000 23-1530) on which was based the first submitted monograph. The second submitted monograph, on funeral poverty, reports a study funded by Marie Curie.

At the University of York Professor Roy Sainsbury took part himself in the early study for children's hospices, and went on to give valuable support in both the further commissioned studies, and subsequent government consultations on sickness absence and bereavement benefits in which I took part. Other colleagues in the Social Policy Research Unit contributed to the overall stream of work: Professor Patricia Sloper in the children's hospice study, and Katharine Nice in the ESRC funded study. Michael Hirst has been an invaluable working partner in much of my stream of research, as described in the author's declaration which follows, and in relevant parts of the narrative chapter. He has enriched my intellectual and personal development. Thanks are due for encouragement and supervisory advice from Professor Gillian Parker

From the University of Utrecht, Henk Schut and Margaret Stroebe, authors of the 'dual process model' of bereavement, provided encouragement and gave valuable commentary on findings.

Bernard Ward, an independent psycho-therapist, worked with the researchers in an innovative model of psycho-therapeutic support during both the ESRC study, and the earlier study for children's hospices.

Professor Rebecca Boden, Professor of Business and Accounting in the University of Roehampton shared ideas for research on employers' approaches to bereavement, and her knowledge and interest were important in stimulating my further scholarship and thinking in this area.

My work has depended on the generosity of numerous other people, including research participants; representatives of services and support organisations; people in academic and policy arenas, and the business world; and the stream of research has been enabled by the administrative and technical support continuously provided within the Social Policy Research Unit.

Author's declaration

Financial implications of death of a partner

I and Michael Hirst were the lead researchers in this study and the main authors of the submitted monograph. My own expertise is in qualitative work and methodology while Michael is experienced in quantitative research, including the design of large-scale surveys and statistical analysis of complex data sets. We worked together on the initial literature search for this study and on the mixed methods design, which was influenced by our particular mix of skills and expertise. I conducted the preliminary enquiries and interviews with organisations in touch with people whose partner had died or was approaching death. I had overall responsibility for all the qualitative components of the work, including design of instruments, recruitment of participants and building the study group and pilot interviews. I conducted most of the main-stage interviews with bereaved people, and qualitative data analysis (all reported by me in Appendices D-F). Michael Hirst joined me for one of the early interviews, in order to understand better the qualitative approach. Michael had overall responsibility for the management of the large scale data sets and the statistical analyses (reported by him in (Appendices A-C, and the Annexes). We combined our findings, and wrote the report together, in an integrated mixed methods approach described in the narrative chapter. We wrote the first two chapters together. In the four chapters of substantive findings I took initial lead in structuring chapters 5 and 6, and Michael chapters 3 and 4, with subsequent iteration, adjustment, additions and amendments between us. I took the lead in chapter 7. Katharine Nice was the junior member of the team. She took part in the discussions which formed an essential part of the mixed methods approach, helped prepare research instruments and conducted some of the qualitative interviews and subsequent data extraction.

The three submitted peer reviewed articles arising from this study are all jointly and equally authored by Michael and myself, but the initial conceptions of the articles were mine.

This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

Bereavement and the workplace

I am the sole author of this book chapter.

The meaning of funeral poverty

I had main responsibility for the design and management of this study, including recruitment of participants. I designed the workshop programme, and the topic guides for steering discussion, which was moderated by Michael and myself. We worked closely together on data extraction, and I wrote the first draft of the report, for Michael's comments and suggestions, which were then incorporated.

1. Introduction

The doctoral work presented here shows development of a stream of work to increase our understanding of the economic implications of bereavement and death. The body of work had origins in small-scale exploratory research with bereaved parents, and has been developed in a number of different directions, according to opportunities within changing funding environments and changes in policy focus. My thesis is that financial, economic and material impacts of death of a significant person are key components in people's experiences of bereavement and grief, demanding societal recognition and policy response.

My interest arose from a request to the Social Policy Research Unit (SPRU) from the children's hospice movement (then, in late 1990s, a relatively small and developing sector) to help them understand why so many families faced financial problems following death of their child. Hospice staff found it hard to know how to approach such issues in their support services and how much attention should be paid to financial matters in staff training and preparation. The Joseph Rowntree Foundation funded a small-scale exploratory study, as a first step in opening up this area, and putting financial aspects of death of a child onto the agenda for discussion and professional and political scrutiny. Drawing together varied expertise available within SPRU, I undertook the study with a colleague within the Social Security team, and a colleague within the Children's Services team. The study comprised interviews with bereaved parents; group discussions with key staff in hospices and hospitals, and a postal survey of all children's hospices in Britain (21 at that time). I took the lead part in fieldwork and analysis of data, and wrote the report (Corden, Sainsbury and Sloper, 2001). The study included an innovative model of funded psycho-therapeutic support for researchers working on sensitive topics, and I took the main responsibility for achieving the publication describing this initiative, bringing together the different views of the three researchers and the therapist (Corden *et al*, 2005).

Findings from this small study were rich and informative, throwing light on various financial pressures and constraints faced by bereaved parents including funeral expenses; reduction in benefit income; the legacy of the costs of caring for a sick or disabled child; problems in sustaining earnings and establishing new budgeting patterns. The study was

widely disseminated (Corden, Sainsbury and Sloper, 2002a, 2002b) and influence at policy level was reflected in the government's decision to extend payments of child benefit and invalid care allowance for eight weeks following a child's death, to help parents adjust to new financial circumstances. For children's hospices, findings informed staff about underlying reasons for financial problems faced by so many bereaved parents, but set challenges in determining what roles they might take.

Reflection on findings from this study led to my realisation that issues related to bereavement had emerged across all areas in which I had conducted previous social research on people's economic and financial circumstances – research on income maintenance, poverty, labour market participation, homelessness, disability, and provision of services and benefits. Across much of this work, however, the specific roles of death, dying and bereavement had received relatively little attention. At the same time, my further exploration of literature showed that experience of bereavement was conceptualised largely within disciplines of psychology and health sciences. Among many practitioners and organisations providing bereavement support, emphasis was being laid mainly on emotional and psychological experience of grief and bereavement, with less attention (or none) paid to economic circumstances and outcomes. Indeed, in joining networks of professionals and volunteers in palliative care and bereavement support services, I sensed some wariness to engage with such issues, even some reluctance. This perhaps reflected feelings that pensions, benefits and tax; administrative and regulatory systems; labour market participation; housing and debt management were somehow 'separate' from the experience of grief and, in any case, complex and technical issues to be dealt with by other people with more relevant expertise.

My own view was that the impact of death of a significant family member or close friend was likely to be a holistic experience, integrating physical, psychological, social, cultural and economic influences. It seemed important to pay greater attention to immediate and longer term financial and economic aspects of the experience of bereavement, a normal life event for everybody. I decided to try to develop further research in this direction. A colleague in SPRU, Michael Hirst, shared my interest, and we worked together on a proposal for research council funding for a longer and more ambitious study with a group of people whose experience of bereavement was more common than that of parents whose child died – people whose life partner died including, of course, surviving members

of elderly couples. We eventually achieved funding from the Economic and Social Research Council (ESRC) for a two year study. The full report of this study, with technical appendices, (Corden, Hirst and Nice, 2008) forms the first monograph presented for consideration here, and is described in the next part of the chapter.

2. Empirical research: Financial implications of death of a partner 2.1

Aims of the research

The aims of this study were shaped by the policy context, and gaps in current knowledge. Death of a life partner usually means a variety of changes in financial circumstances: changes in income levels and sources, benefit and pension entitlements, and expenses and budgeting patterns, alongside changes in economic roles and responsibilities. What happens to individuals is governed by a range of legislative and administrative requirements in social security, taxation and inheritance, and often influenced by family and cultural expectations. Behavioural changes may affect labour market participation, or moving home. The surviving partner may be left with new needs for social care, or need for additional support in the care they provide themselves for children or frail relatives.

Policy response to these issues is made more complex by increasing diversity of types of partnerships and families (Beaujouan and Bhrolchain, 2011) increasing life expectancies (Willettts *et al*, 2004); changes in patterns of home ownership (Murie and Williams, 2015); developments in pension provisions (Foster, 2004); widening inequalities in health and wealth (Rowlingson, 2014) and population projections of a rapidly increasing number of bereaved partners (ONS, 2009).

A preliminary literature search by Michael Hirst and myself showed that much of what was known about financial impacts of death of a life partner came from research conducted in other countries, primarily in the USA (for example, O'Bryant, 1991) and Australia (for example, Feldman *et al*, 2002). In UK, two longitudinal data sets provided comparisons of financial circumstances of people before and after death of a partner. The UK Retirement Survey (Disney *et al*, 1997) interviewed 3,500 people aged 55-69 years in 1988/89 and followed up survivors in 1994. Findings drew attention to gender differences and the role of life-time income sources in shaping financial consequences of death of a partner. The data were somewhat out of date, however, and provided no evidence about people widowed at younger ages. The British Household Panel Survey (BHPS) covers all age groups and provides information on a representative sample of recently bereaved partners. These data had been widely used to explore fluctuations in household income and transitions into and out of poverty, but had not been used for a sustained focus on the circumstances of bereaved men and women.

Existing qualitative enquiries in the UK which looked at economic circumstances were mostly small-scale, involving people in very particular circumstances - parents whose child died (including my own earlier study), families who cared for people with cancer (Grinyer, 2002) and family carers (Chesson and Todd, 1996). There was some additional qualitative evidence of problems with bereavement benefits (Deacon, 2004), household budgeting (Gentry *et al*, 1995) and paying for funerals (Drakeford, 1998).

Within our literature search emerged an additional stream of work on psychological components of grieving, and the links between feelings about financial stress and the emotional impact of bereavement. We found ourselves interested by the work of Stroebe *et al* (2006) which found that financial pressures and economic uncertainties may be independent risk factors for depression or distress in those whose partner died. These authors (Stroebe *et al*, 2007) reviewed international research literature on bereavement and the grieving process, and called for further evaluation of the influence of financial and material resources on the process of grief, people's coping strategies, and prediction of psychological outcomes. We were non-experts in these fields but interested in the possibility of making a contribution here.

From the policy context described above, and to fill some of the apparent current gaps in knowledge, the aim of our study was to investigate how people's financial circumstances and economic well-being change when a life partner dies. We wanted to understand why some bereaved partners face financial problems and whether such problems are transitory or longer-lasting. We set out to explore possible effects of such financial changes on other bereavement outcomes such as health, access to services, social inclusion and the experience of grief.

Achieving these aims required fairly wide enquiry into the financial circumstances and needs of bereaved partners, and how these influence the experience of loss. We wanted to know the nature, extent and timing of financial problems, and how these affect expenditure patterns, living standards and access to services. Exploration of which personal and contextual factors jeopardise or protect individuals' economic well-being and security would provide pointers to who is most at risk of financial difficulty. Our enquiry would cover the roles played by earnings, benefits, life insurance, tax arrangements, pensions, assets and wealth, and family support; and the impact of

financial planning before bereavement, and financial advice after bereavement. Finally, we would gain more understanding of how all this might affect future cohorts whose experiences are being shaped by changing social norms, household and family structures, living arrangements and family law.

2.2 Design and methodology

Information sought was both circumstantial and experiential, situated both at the level of the individual and within the general population. This suggested both qualitative and quantitative components, which fitted our mix of expertise. Qualitative methods would provide information about processes, meaning, expectations, strategies, needs, outcomes, agency and family dynamics. Quantitative methods would provide national context, prevalence, population and 'risk' estimates, and patterns of association at the population level. Our interest in financial change pointed to the need for longitudinal elements.

This section of my submission is fairly expansive, because some components of both the design and methodology were experimental and innovative, and because interesting ethical and practical issues arose in piloting the qualitative work, which meant adjusting the proposed design.

2.2.1 Qualitative element

Longitudinal designs for investigating bereavement outcomes are not easy to implement using qualitative methods due to timescales and resources required. Our original proposal included a small sub-set of qualitative interviews with couples in which one partner was approaching the end of life (for example, receiving palliative care) with follow-up interviews with their partner, after the death. Such interviews would provide opportunity for exploration of financial circumstances and experiences 'before and after' the death, throwing light on changes experienced and relevant time parameters. The university ethics committee and our Project Advisory Group felt this approach was feasible and not unethical, but required great care and rigorous piloting. With support from a London hospice I designed a pilot exercise, and spoke to three people in touch with the hospice when close relatives were receiving palliative care. Lessons learned included important ethical and practical issues, discussed in detail in Appendix D, pages 252-256. Particularly

significant was learning that some people's readiness to discuss their imminent bereavement with hospice staff was not directly transferable from the hospice context to the proposed research interaction. As a result, we decided to omit the 'before and after' qualitative interviews. One positive outcome from this was that some resources were freed for additional interviews with bereaved people, providing opportunity to strengthen the 'mixed methods' approach.

In building the study group for the main stage, a series of depth interviews, we aimed to include men and women across all age groups, with a range of personal and financial circumstances. Recruitment was resource intensive and achieved with support from twelve organisations in touch with people whose partner had died. Organisations which worked with us here included hospices; national organisations supporting older people, and people who were 'carers'; a research forum and various organisations focussed on provision of bereavement support.

Different approaches were appropriate for each organisation, and this required careful negotiations with managers and staff. Three of the organisations had independent requirements for ethical scrutiny of research at this stage, and I managed the formalities here. In all cases, although our invitation letters and information sheets were distributed through the supporting organisation, people responded directly to the research team (or not) and all further information exchange and recruitment took place directly with the researchers. This maintained confidentiality, unless participants themselves chose to tell their supporting organisation that they were taking part. The aim was to recruit people whose partner (married or not) had died during the last 18 months, and not to approach people until six months after the death. Our experience was, however, that some people got in touch with us soon after a death because they heard about the research and wanted to talk to us, and we did not exclude these people.

The study group was built up gradually, to include participants in all age groups and different circumstances, and in accordance with the model of mixed methods (described below), for example when statistical findings pointed to a particular group of people, or particular circumstances where further in-depth exploration would be helpful.

It is not easy to provide an assessment of the level of response, as discussed in detail in Appendix D pages 260-261. Overall, we conducted interviews with 13 men and 31 women, across all age groups, in a range of family and household circumstances. Appendix D provides further details of the characteristics of participants, full discussion of development of the topic guide used to steer interviews, and the conduct of the interviews.

The topic guide used to steer interviews was designed to cover, generally, people's personal and financial circumstances before and after their partner's death. The focus was on changes in income, resources and household budgeting, and people's experiences and feelings about their financial and economic situations. We aimed also to explore some areas which might contribute to theoretical understanding of the psychological process of partner bereavement, and the role of economic issues in the process of grieving (as suggested in recent and then ongoing work by Stroebe *et al* (2007) mentioned above). The initial topic guide worked well, and 'evolved' for later interviews as new areas of interest emerged from early findings in both the qualitative and quantitative elements (described below, in discussion about the mixed methods approach).

Most of the interviews were audio-recorded and the recordings were transcribed professionally. The 'Framework' method was used for data extraction, display and analysis, as explained in Appendix D. There are different ways of doing Framework. I had used the 'original' approach successfully in a number of different studies (without using software to process the data) and Katharine Nice was used to this approach. From this distance, this method perhaps seems a little old-fashioned but it served very well. It was particularly useful in that by extracting data as soon as possible after each interview, all the qualitative material was accessible to each team member as soon as it was collected, and could be constantly discussed and interrogated. Michael Hirst had little previous experience of qualitative analysis but learned quickly how to access and interrogate the material displayed using Framework. This shared access was an important part of the mixed methods approach.

2.2.2 Quantitative element

The quantitative element of this work relied on secondary analysis of an existing data set, the British Household Panel Survey (BHPS). Michael Hirst conducted this part of the study,

drawing on long experience of handling and interrogating complex data sets. I do not have such skills myself, and do not usually use statistical methods, but I was confident in the approach that Michael selected, which was approved by the ESRC reviewers and members of the Project Advisory Group. With help from Michael, I gained a level of understanding of the quantitative element which was appropriate and essential for application of our mixed methods approach to methodology and analysis. What follows in this section of my submission is a summary of my own understanding.

Among the longitudinal data sets held in the ESRC Data Archive, the BHPS offered advantages for our study, in sample design, topics covered and longevity. The BHPS follows 10,000 adults in a nationally representative sample of over 5,000 private households. Fourteen annual interview waves were available, covering 1991 to 2004. Michael used the information available to identify households, at wave 1 and each subsequent wave, that contained a couple where one partner died before the next interview wave. Pooling the data provided a baseline sample of over 750 couples where one partner died, and where data was available from up to three BHPS interviews before and three interviews after the bereavement. Cross sectional and longitudinal statistical techniques were used by Michael to examine changes in financial and economic circumstances before and after the death. Outcomes studied included sources and levels of income, employment patterns, household spending, accommodation, and subjective assessments of financial well-being.

During our study Michael conducted some additional unfunded analysis of the large nationally representative data sets produced by the Office for National Statistics Longitudinal Study – a record linkage of one per cent of the population enumerated in the ten-yearly Census. This work provided some historical context for our study; and an estimate of the number of couples separated by death. A jointly authored separate publication from this additional work with the Longitudinal Study (Hirst and Corden, 2010) is not included in this submission.

2.3 A mixed methods approach

The mixed methods design we adopted was partly dictated by the topics under investigation. Financial consequences of death of a partner are personal and sensitive issues, best explored in small-scale qualitative study through in-depth face-to-face

interviews. Government ministers, policy makers and practitioners appreciate findings that describe and explain the realities of people's lives; help to understand their motivations, expectations and needs; 'get to the heart' of their experiences within family and social contexts and unpick the complexities of the factors involved. But service planning, resource allocations and policy developments are informed largely by the scale of a problem - which groups of people are involved, their characteristics and circumstances, and what are the time parameters. The best way to explore these aspects is through quantitative research.

Greater understanding, we believed, would come through use of both quantitative and qualitative approaches. Some of the gaps and limitations of the BHPS data sets might be filled by qualitative work, for example interviewing some people from groups under-represented in the BHPS, such as people whose partners had been cared for in nursing homes before death. Some aspects of the quantitative design might be tested against qualitative findings. For example, BHPS data can provide fairly precise accounts of the timing and duration of bereavement consequences by comparing dates of death and dates of interviews. A strictly chronological framework may misrepresent the experience of bereavement, however. There is considerable variation in trajectories of bereavement consequences that is unrelated to measures of calendar time (Archer, 1999).

Circumstances and place of death, quality and stability of the relationship, family context, social environment and personal resources of bereaved partners can each influence the course of bereavement consequences in different ways, and key turning points and transitions are likely to provide more useful markers than the mere passage of time.

Equally, some of the insights and case study material from the qualitative interviews could be explored and placed into context using longitudinal data from the BHPS baseline sample. In this way, problems described about affording and maintaining homes previously shared with a partner led to exploration of overall patterns of relocation in the years following the death.

Some of the questions to which we sought answers would best be addressed using both approaches. For example, to understand the role played by bereavement benefits we would look both at the statistical profiles of income components following bereavement and the individual experiences of people in our interviews, as they reflected on making an

application, discovery of entitlement (or not), how they used the monies, and what value they set on the benefit.

Concurrent comparison and exploration of both quantitative and qualitative data in this way required close collaboration and team working but depended primarily, of course, on our mixed methods design.

Our initial thinking about the design was influenced by the concurrent triangulation strategy described by Cresswell (2003), using sequences of methods to confirm, cross-validate or corroborate findings. But we favoured a more evolutionary model, with integration of qualitative and quantitative components in all stages of the study - design, implementation, interpretation, analysis and reporting. Our sampling strategy, we believed, met the general guidelines for good practice in mixed methods research proposed by Teddlie and Yu (2007) and we went on to build our integrative design using ideas of Tashakkori and Teddlie (2003). Our model is fully discussed in the monograph (pages 19-24) and the additional publication in the *Journal of Mixed Methods Research*, which is also submitted here (Corden and Hirst, 2008). That article gives details of the practicalities of working in an integrated way and the issues that arose. Our approach was resource intensive, and imposed a different kind of discipline in comparison with other ways of working. There was a need for constant iteration at both the verbal and documentary level. We had to make time to explain things to each other that a colleague from our own qualitative or quantitative backgrounds would take for granted or understand very quickly. We had to be brave enough to share with each other very early thoughts, and be prepared to share each other's mistakes and wrong directions as well as to share ownership of interesting findings. In the submitted article, and linked conference presentations, we reflected on how integrated team working may lead to more inclusive and consensual ways of knowing, and influence integrated outputs. We presented jointly a paper discussing our design at the international Mixed Methods Conference in Cambridge in 2007, and I followed up with a paper focusing on the writing process, at the 2008 Mixed Methods Conference. We presented a joint paper to the British Sociological Association Annual Conference in 2011, titled 'Mixing methods: domains of knowledge, ways of working and personal beliefs'.

2.4 Analysis and interpretation

Appendices A to D in the monograph give full details of the way in which data were assembled, organised and interrogated. Basically, the statistical data analysis by Michael was computer based using a standard statistical package. The data from interview transcripts were displayed and interpreted using 'Framework', a technique for descriptive and thematic analysis. Equal value was attributed to each data set, and our general approach to integrative analysis had much in common with the technique described by Moran-Ellis *et al* (2006) as 'following threads' – an emergent finding in one data set led to exploration of that thread in the other. Some threads had already been identified in the aims or policy context, while others emerged from one or other component, or both. As an example, early findings about loss of a partner's disability allowance or attendance allowance suggested lines of statistical analysis which identified gendered outcomes, and these were then pursued in the further qualitative interviews. I worked in parallel with Michael, with continuous discussion, reiteration and comparison of analyses. There was not absolute synchronicity in this kind of close-knit working, but although timelines did get out of phase occasionally, this was rarely for more than a couple of weeks, and the effects tended to even out. Our approach to analysis and interpretation is discussed fully in the Monograph (2.3 and 2.4, pages 26-31).

This approach went much further than corroboration or validation on either side. Each kind of data revealed issues which were understood better or more fully with exploration in different ways. For example, the qualitative interviews showed some complex financial transactions between bereaved partners and their adult children, sometimes related to new patterns of housing costs, the late onset of young adults' financial independence, and emotional attachment to continuing the gifting patterns of the deceased parent. Family expectations and obligations are not covered in the large scale survey, but once discovered qualitatively prompted further exploration of the limited quantitative data on money transfers between households. I believe that mixing our data led to a more inclusive and consensual way of knowing about such complex financial implications. This analytical approach perhaps fits the strategy described by Mason (2006) for using an integrated logic when mixing methods and linking different kinds of data.

At the time we embarked on writing about our findings there was lively debate about the challenges of writing and reading mixed methods studies. We aimed at a final report

which would be understood by a wide readership, with sufficient display and technical interpretation of statistical data made available for people who wished to look at these themselves. Finding a way forward required accommodation from us both, addressing issues such as length, balance, establishing validity and credibility and, importantly, the different ways in which people now approach reading, using hard print and electronic versions. The writing developed to some extent as part of the iterative process that had taken place throughout design, data collection, analysis and interpretation – the continuous circulation of written memos, notes, progress reports, records from meetings, analyses and summaries. Initial responsibility for this process of organisation for the four chapters of substantive findings was divided equally, but with subsequent iteration, adjustment, additions and amendments. Stylistically, we reached general agreement about construction of written prose and shared vocabulary. Our approach to writing was to some extent experimental. It was resource intensive and demanding, but also challenging and interesting. The subsequent wide interest in and impact of the monograph encourages some satisfaction in what we achieved.

2.5 Support for the researchers

Before moving on to discuss findings one additional component must be mentioned. Twenty years' experience of qualitative social research had led to my personal interest in ethical issues, and I had made formal contributions to professional ethics guidelines. I was keenly aware that researchers and interviewers face emotional opportunities and risks, and the impact can come sometime after completion of fieldwork and in unexpected ways. In the earlier study for children's hospices I encouraged my co-researchers to explore the possibility of some professional support to help us manage feelings which might be evoked in detailed discussions with bereaved parents. The research funders were supportive of this idea, and I approached a respected local independent centre for counselling and therapy, to discuss the possibility of a form of group support. I was first author in a publication describing this innovative model of professional therapeutic support (Corden *et al*, 2005).

Our experience then was that the support had been useful, but the model might be improved. I was thus committed to including and strengthening the model for the study of bereaved partners submitted here. Michael Hirst was immediately interested, as was the junior researcher for whom, of course, Michael and I felt a particular responsibility.

The same group psycho-therapist as before was engaged to provide support, and we worked together to develop an improved model. Over the course of the study we all took part in one preliminary and nine bi-monthly group meetings. The psycho-therapist drew on group-analytical theory, and experience of the earlier experiment, to provide a safe, neutral place for reflection and sharing ideas. There was opportunity to talk together about ways of approaching topics of death, bereavement and economic distress, and to share feelings about what happened in interviews and analysis, and the impact this had.

All members of the research team said their participation had been a positive experience. In addition to contributing to personal well-being and strengthening emotional health, the group experience also served to develop relationships within the team, and had supported the aims in adopting a model of integrated working. Although it was initially envisaged that the support would be most helpful during qualitative fieldwork, and analysis of both qualitative and quantitative data, the group sessions proved to be equally useful during early stages of the study, when there were challenges in preliminary visits and recruiting, and towards the end of the study when writing was a priority.

I have reported succinctly on our experience of this model of support in Appendix E (page 268) of the monograph, referred to it again briefly in the submitted article in the *Journal of Mixed Methods Research* and discussed it in conference presentations. My hope had been to work up a separate joint publication reflecting on the improved model. However, the psycho-therapist was moving towards professional retirement at that stage, and the junior researcher had moved on to other work. It was not feasible to embark on the unfunded work necessary to achieve group authorship of an article for a peer reviewed journal.

2.6 Main findings from the study

Our analysis led to substantive findings about people's personal and financial circumstances before a partner dies (chapter 3 in the Monograph); changes in income following bereavement (chapter 4); practicalities of dealing with economic change (chapter 5) and economic components of grief (chapter 6).

The demographic profile of couples separated by death was as expected – two-thirds were women, and four out of five people were over state retirement age when their

partner died. But there were implications for dependent children – one in five women bereaved under pension age, and one in ten men, had dependent children. Findings showed how people's economic circumstances in bereavement were closely linked to their personal and financial circumstances as a couple, including life stage and employment history, and whether they were married to each other.

Adjusting incomes to allow comparisons over time between households of different size and composition showed that decline in income following the death was greatest among people under state pension age, due mainly to loss of a partner's earnings or their own withdrawal from paid work. Among people over state pension age, women's incomes generally dropped but men's increased. This largely reflected differences in pension entitlements and gendered patterns of employment participation and opportunity. Older women had not built up their own occupational pensions and after their partner died more pensioner households relied on state benefits, whereas an increased proportion of men received income from private sources. Pensioner women have limited opportunities to improve their incomes through re-partnering.

Drop in income pushed one in five people below the 'poverty line' (defined as less than 60 per cent of median household income), and older women faced increased risk of persistent or recurrent poverty for two or three years after the death. Statutory bereavement benefits protected some people who had been married, but there was widespread lack of understanding of their availability and purpose. People who had not been married felt it was unjust that they did not qualify for bereavement benefits, despite a partner's National Insurance contributions. This was a bitter surprise for some women, especially when there were children of the relationship.

Most people had to deal with diverse administrative and regulatory bodies after the death - government departments, local authorities, pension providers, insurance and mortgage companies, banks and building societies. For some, this had been an overwhelming burden at a time when they were least able to cope, and had affected their grieving. Paying for a funeral was an immediate expense, and people described how they accessed sufficient money to pay the large bill, including experiences of applying for financial assistance from the state. Dealing with debts and creditors was also perceived as a priority, and this brought financial shocks and problems for some people.

Everyone experienced some changes in household budgeting. People on reduced incomes found fuel costs especially hard to meet. Equivalised fuel costs adjusted for household size and composition increased by over a third following a partner's death, and fuel poverty (spending more than one-tenth of disposable household income on fuel) then encompassed one in three households. Fuel costs declined slowly hereafter, and generally took up to two years or more to adapt to the changed household circumstances.

2.7 Economic components of grief

People's experiences of and feelings about economic transitions following their partner's death were part of their grieving process. Our study made a particular contribution to knowledge here, as described in this section.

Right from the start of this study we saw potential for contributing findings about economic practicalities and financial circumstances to understandings about grief and the psychological process of bereavement. As explained in section 1, my participation in networks of bereavement support services and people working in palliative care increased my interest in investigating links between money and emotion. As social policy academics, Michael and I had limited and selective knowledge in disciplines such as psychology and counselling, where lies much of the expertise in understanding grief. In order to make an intellectual contribution to understanding the nature of grief and experience of bereavement we had to locate our work within a body of theory beyond social policy.

In exploring literature, we found common ground and shared understanding about the nature of grief within Archer's (1999) synthesis of material from evolutionary psychology, ethology and experimental psychology. Archer finds grief to be a natural reaction to losses of many kinds across all cultures, and shows how grief experienced in bereavement is influenced by circumstances of the death, and the social environment afterwards. There have been various theoretical frameworks to aid understanding of experience of bereavement, and concepts of 'coping' or 'resolving grief'. We located our own exploration alongside the 'dual process model' described by Stroebe and Schut (1999). We discuss in more detail the location of our own work within frameworks and models from other disciplines in chapter 6 in the submitted monograph, and in the jointly

authored article published in *Death Studies* (Corden and Hirst, 2013a) which is submitted here.

The dual process model is a theoretical biopsychosocial model, originally developed to understand coping with death of a partner, but potentially applicable to other kinds of bereavement and loss. Components of the model include stressors and cognitive strategies involved in dealing with them. Put simply, 'loss oriented stressors' focus around what has been lost - the unique relationship or bond with the person who has died. 'Restoration oriented stressors' focus on what now needs to be dealt with and how it is done. The process of 'coping' is one of oscillation between the two kinds of stressor, through cognitive processes of confrontation, avoidance and distraction, and oscillation is necessary for optimum outcome, possibly through habituation.

During the first year of our study we became aware that our mixed methods design had not initially addressed transferability of our findings into disciplines such as psychology or health science. We sought advice from the co-authors of the dual process model, who both worked at Utrecht University. There was immediate interest and a positive response, and we benefited from discussions and correspondence with them during the course of the work.

I was excited by the way in which my qualitative findings fitted within the dual process model. I found considerable illustrative material which fitted the concept of restoration oriented stressors arising from 'doing new things'. Feelings of financial insecurity were common in the weeks after a partner died, and such uncertainties extended for some people into the first or second year after the death. People described feelings of despair and inadequacy in negotiating financial and regulatory arrangements and fear of penalties in getting things wrong, which were real possibilities. Funeral arrangements turned into an exhausting treadmill of things that had to be done, and emotional distress was sometimes increased by unwelcome family interventions such as disagreements about costs. Some parents described the heavy weight of new financial responsibility, especially those with very young children or children with special needs, whose dependency was likely to extend into adulthood. Dealing with new identifications within regulatory systems could be deeply hurtful. Some mothers were sad and angry to find themselves now cast as 'lone parents'. Women who had not been married sometimes

longed for the dignity and respect they perceived to be ascribed to identity as a widow, and were deeply hurt by discovering (and long remembering) that they were not entitled to sign forms to register their partner's death.

Taking on new economic roles in child care, household management, or home and vehicle maintenance brought anxieties, frustrations and disappointments. It took time for the associated stress to lessen, as people got used to doing new things, but by the second or third year after bereavement some people described long-term positive outcomes in learning new skills.

Thus in my qualitative analysis I found financial and economic experiences which fitted all the exemplary groups of restoration oriented stressors suggested in the dual process model. I was also able to suggest an additional kind of stressor, which did not fit neatly into those groupings. I call this 'the meaning of money'. Our interviews showed how, in day-to-day living, money is not a value free term. Different monies carry moral judgements, values and emotional attachments related, for example, to the source of money, and how it is meant to or might be used. Thus benefits and pensions, and a partner's savings all had emotional associations. Some monies received through a partner's death had meanings and constructs hard to deal with – insurance pay-outs and compensation for criminal injuries could be considerable emotional hurdles.

Turning to loss-oriented stressors, the other part of the dual process model, again I found evidence that part of the uniqueness of the person who had died were characteristics and constructs of their 'economic personhood'. Positive constructs were often related to their paid work – *'always working hard for us'*; *'a loyal bread winner'*; sometimes related to the couple's economic well-being – *'a wonderful cook'*; *'she kept our garden lovely'*. Some people spoke about the big gaps and constraints in their life through loss of the partner who drove and maintained the car. Not all the characteristics of the 'economic person' were perceived positively. Some people lost partners who had been unable to maintain earnings, could not control spending or let unpaid bills accumulate. One useful line of further enquiry for the dual process model might be processing loss of those of a partner's characteristics that were not perceived positively; or characteristics discovered after death which were surprises, such as patterns of generous charitable gifting.

In parallel with these strong findings from my qualitative component, Michael pursued issues quantitatively. This part of the work was entirely his. In summary, he investigated perceived financial change, using three self-assessed measures of financial status in the BHPS data, along with BHPS respondents' psychological well-being, using the 12-item version of the General Health Questionnaire, a widely used measure with demonstrable validity and reliability (Goldberg and Williams, 1991). Details are presented in the Monograph Appendix C, and in our Death Studies article. For this submission I report briefly that Michael's analysis showed that people who experienced financial decline following their partner's death were at greater risk of poor psychological health after the death. Increased psychological distress among women could last for up to two years after the death.

The approach described in this section was exploratory, and we acknowledge limitations in the submitted publications. The authors of the dual process model responded positively and enthusiastically to our output; much of the importance of this part of our overall analysis lies in the basis provided for further theory building. Our findings here require evaluation, but I suggest the broad patterns observed are sufficiently strong to suggest implications for current policy and practice, for example in administrative and regulatory systems, and in bereavement services. I return to this again at the end of my chapter.

2.8 Impact

Our findings were widely disseminated in a number of contexts. I gave plenary and workshop presentations at a number of national and international conferences. An additional article was published in a practitioner journal (Corden, Hirst and Nice, 2010) and findings were incorporated into an educational resource book for 14-18 year old students in a series about contemporary social issues (SPRU, 2010). I was invited to contribute to development of a research study funded by the Scottish Government Health Directorates in late 2010, enquiring into the socio-economic costs of bereavement in Scotland, and made substantial contributions in the planning stage. That project developed mainly in quantitative enquiry, but I contributed advisory and consultative help throughout the study, extending into analysis and reporting (RGU, 2013; Stephen *et al*, 2014).

From the work described in the monograph our suggestions for further research included patterns of entitlement, take-up and impact of bereavement benefits. This area was soon to become a focus of policy interest, as described in Part 4 of my chapter, where I describe my own contributions.

Throughout our work together, Michael and I saw scope for extending the line of enquiry into different kinds of households and to different groups of people. This is not easy to do, as discussed in our invited article on financial constituents of family bereavement, which forms part of my submission (Corden and Hirst, 2013b). Our qualitative findings about the circumstances of families with children in which one parent died showed them in very difficult circumstances indeed, but in the BHPS data there were insufficient such families available for statistical analysis. This seems a priority for further work, especially in light of the proposed changes in statutory bereavement benefits, as discussed in section 4.

One group of people in whom Michael has particular interest are those termed 'family carers', and our work enabled some reflection on carers' role and identity in end-of-life circumstances. An additional article (not submitted here) reported findings about identity, language and characteristics among people caring for their partner (Corden and Hirst, 2011). My qualitative material pointed to the adoption of a carer identity for some people as a way of coping with dying and end of life care, enabling access to support and services, and bringing a sense of purpose and recognition of role. For others, however, the carer label was irrelevant or rejected because they felt their care was a normal response within families and loving relationships. Such issues of language and self-perceived identity present challenges to support services.

3. Bereavement and the workplace

As funding for the study described above came to an end, I moved on to different projects. I worked on a number of evaluations for the Department for Work and Pensions, including their Health, Work and Well-being initiative, and developments in the Work Programme. These projects included qualitative interviews with people claiming out-of-work benefits and taking part in government labour market programmes, and I found myself keenly alert to circumstances in which people had been affected by the economic implications of bereavement. People described jobs lost or given up while dealing with grief; need for different kinds of work to fit new responsibilities; loss of skills and confidence; closure of small businesses on death of a business partner or employer/manager; and loss of homes through reduced income or household reformulation. We had met all these issues in research with bereaved parents and partners. I began to wonder why so little attention had been paid in the UK to bereavement, employment and the workplace and, in particular, perspectives from employers and managers.

Encouraged by Dame Carol Black, SPRU made a formal submission to the DWP Sickness Absence Review, in July 2011, in which I was the main author (Corden and Sainsbury, 2011). I suggested there that time taken away from the workplace for reasons related to bereavement was likely to be inflating recorded sickness absence. Dame Carol went on to convene a round table discussion event in London in 2012, looking at issues around bereavement in health and well-being at work, and invited us to steer and moderate the discussion. I took the lead part in this initiative, which was well attended by delegates across all sectors, with lively discussion.

The area seemed ripe for research. Around ten per cent of an organisation's workforce each year had been estimated as likely to experience a significant bereavement (McGuinness, 2009). A broad range of policy issues arise including the impact of grief, and the health and wellbeing of bereaved employees and their colleagues. For employers, issues extend to the broad financial costs and business impact, including management of employees' absence from and return to work, and maintenance of productivity. Training the managers who must deal directly with bereaved employees is the business of human resources professionals. At government level, issues arise as to whether and how

circumstances of bereavement are covered in employment legislation; employment support programmes for people returning to or entering the labour market, and social security provision.

With Roy Sainsbury in SPRU, and Rebecca Boden, Professor of Business and Accounting in the University of Roehampton, with whom I had worked previously on a number of influential government funded studies (Boden and Corden, 1994; 1998), we worked up a proposal for research on employers' attitudes and practices with regard to bereavement in the workplace. The proposed study comprised a review of international research literature and evidence; in depth qualitative interviews with employers/managers in 30 major public and private UK organisations and ten small enterprises, and a telephone survey of 1,500 UK employees. The proposed output would include a decision making tool for employers and policy makers to assess the business case for bereavement policies.

We sought funding through 2013-14, approaching policy makers, research councils and trusts, employers' federations and trades unions, and private and commercial sponsorship, but were disappointed to be completely unsuccessful! By now, the funding environment was harsh, but we were surprised at how little commitment was shown. By this time I had invested significant intellectual energy in this general topic area, reading background literature, starting exploration into what happened in other countries, engaging with academics and practitioners, and making conference presentations. I was thus pleased to be invited to contribute a chapter on bereavement and the workplace to an edited volume on death and social policy in challenging times (Corden, 2016). This chapter is part of my submission.

The chapter aimed to explore and bring together what is currently known about bereavement and the workplace, raising questions as to where responsibility lies for managing and supporting bereaved employees. Initial electronic literature search turned up relatively few publications from a UK context, but greater attention paid to the topic in the USA (for example, Bento, 1994; Thompson, 2009) especially within fields of business management and human resources. The Irish Hospice Foundation had addressed grief at work in a number of accessible publications aimed at employers and bereavement support organisations (for example, McGuinness, 2007). I looked at small scale qualitative studies in UK which had relevant findings (for example, Oldfield *et al*, 2012).

Much of the literature that theorised the experience of grief and loss in the workplace came from management studies in the US context. Bento (1994) built on Doka's (1989) psychological concept of *disenfranchised grief*— grief which is accorded less intensity and legitimacy according to the characteristics or circumstances of the person who died and those who are bereaved. Bento described how the normal process of grief resolution could be impeded when grief was considered inappropriate, and argued that choosing to accept organisational and societal workplace norms may impede resolution of grief. Further concepts of *stifled grief* developed by Eyetsemitan (1998) and Attig (1994) are useful for understanding what happens in a workplace, and suggesting ways in which workplaces can avoid stifling the grief experienced.

My submitted chapter presents evidence of the lived experience of bereaved people in the workplace, mostly from small-scale qualitative studies in the UK and English speaking countries. Emergent themes included taking time away from work, managing grief at work, and the financial and employment implications, which could be long term. Employees' experiences are framed within legislative background and employers' practices, and my chapter goes on to look at each of these, and the influence of religious beliefs and cultural norms. My focus is mainly on the UK, but I include some material from other countries to show similarities and differences in approach. This has led to ongoing comparative work with an Israeli scholar, and presentation in the UK and Israel of a jointly authored paper comparing financial support for bereaved people in the two countries.

While writing my invited book chapter I was pleased (and somewhat surprised, given the lack of interest shown in our research proposal!) when bereavement and the workplace came into focus within UK national policy and debate. Two legislative proposals at the end of 2013 supported the principle of statutory right to parental leave when a child died. The Department for Business, Innovation and Skills described the proposals as not feasible, but there was increased public and media attention. The end of 2014 saw publication of guidance in managing bereavement in the workplace from ACAS, in partnership with Cruse Bereavement Care. The guidance discusses good practice and offers employers a checklist for building their bereavement policy. Whether there is further campaigning for statutory bereavement leave remains to be seen. Colleagues working in bereavement support services tell me (mid-2016) that they continue to see people whose employers are not acting in accordance with the guidance and allow only a

few days unpaid leave after a significant bereavement. Just as I was completing this submission the National Council for Palliative Care launched a programme for employers to help them review current practice and achieve recognition as a 'Compassionate Employer' (NCPC, 2016). The programme includes a range of resources, including workshops, leaflets and films, and a self-assessment tool designed to help organisations think about what they currently have in place to support bereaved employees and where there may be areas for improvement.

The book chapter ends by pointing to the considerable scope for further research that now exists. We need systematic investigation of employers' policies and practices in relation to bereavement; exploration of the implications for employees and employers of time taken off work as 'sickness absence'; and experience of bereaved people within the new employment support and income maintenance programmes.

Income maintenance issues permeate all I have discussed thus far. The final and most recent component of work included in my submission is concerned with two aspects of policy response to some of the economic implications of bereavement, namely bereavement benefits and addressing funeral expenses.

4. Provision of financial support

4.1 Bereavement benefits

Throughout my whole stream of research in this area, financial support from the state has emerged as a significant contributor to people's experiences and outcomes of bereavement. My work with bereaved parents was followed by an immediate policy response in extending duration of child benefit and parents' invalid care allowance, as described in Part 1. My work with bereaved partners threw light on problematic levels of understanding and take-up of the three contributory bereavement benefits then available to people whose wife, husband or civil partner died. I learned how hard it was for some people to pay for a funeral, and the problems related to claims for a means-tested Social Fund Funeral Payment.

As a result of our evidence from the study of economic implications of death of a partner, we were directly consulted by the Department for Work and Pensions about government proposals (DWP, 2011) to replace the three contributory benefits with a single Bereavement Support Allowance, and made a written submission (Corden and Sainsbury, 2012). We supported the proposed simplification of contribution conditions and ceasing to suspend or remove benefits on remarriage or co-habitation, but advised against too great a concentration of available resources on the period immediately following death. We argued for some relaxation of conditionality requirements for widows and widowers who claimed Universal Credit. Legislation for reform was passed in the Pensions Act 2014, with a new Bereavement Support Payment due to come into payment in April 2017. However, due to the time-lapse between legislation and intended implementation, the Social Security Advisory Committee decided to re-consider the potential impact of the reform, and to include also consideration of Social Fund Funeral Payments. My work was extensively quoted in their report (SSAC, 2015) as was qualitative research on bereavement benefits and funeral payments conducted by colleagues at the University of Bath, with whom I had discussed issues at length. Of particular interest in the SSAC report was the recommendation that DWP considers extending eligibility of Bereavement Support Payment to a broader range of 'partner'. A High Court ruling in Northern Ireland was made in February 2016 that a mother of four children who was never married is entitled to Widowed Parents' Allowance but not Bereavement Payment. This ruling has major policy implications, and I shall follow developments with interest.

4.2 'Funeral poverty'

Bereavement benefits and so-called 'funeral poverty' also came under the scrutiny of the House of Commons Work and Pensions Committee which launched an inquiry in December 2015. As an academic researcher, the concept of 'funeral poverty' has interested me considerably. The concept apparently first emerged in 2012, in the annual series of reports on the cost of dying produced by an insurance company (Sunlife Direct, 2012). In the next report in the series (Sunlife Direct, 2013) 'funeral poverty' was a construct which helped to structure the report and enabled some analysis in money terms. The term had immediate resonance, and was taken up quickly by the media, and by campaigning groups and organisations supporting bereaved people. The term was adopted in some academic writing, in parliamentary debate and round tables. It is a powerful and emotive term, and has been useful in providing focus and practical initiatives. I was surprised but delighted to learn that the idea for a play¹, written and performed by a London based theatre company, had initially come from a presentation I gave in East London about problems in paying for funerals.

Despite widespread use of the term 'funeral poverty' it is without generally agreed definition, and has been used in different ways for different purposes.

A representative of the organisation Marie Curie, a member of a Scottish forum on funeral poverty, recognised this lack of clarity of meaning, and invited discussion with us in SPRU. We proposed a small exploratory study, requiring modest funding within the limited budget accessible in Marie Curie. The aims were to explore the concept and use of 'funeral poverty' and the potential value of seeking an agreed definition of meaning, and to make progress in this direction. Qualitative enquiry was appropriate for this small-scale exploratory project. Michael Hirst was again interested in taking part. As explained, we now share a wide base of knowledge and understanding across the relevant issues, and Michael's quantitative expertise would be important if exploration of meaning extended to measurement or seeking a metric. This exploratory study (Corden and Hirst, 2016), which forms the last part of my submission, brought together people with relevant

¹ One of the play's authors, Anney Lax, was in the audience when I gave the plenary address at a seminar at St Joseph's Hospice, London. According to Anney, material I presented about public health funerals proved 'fundamental to the content and direction of the piece' which was developed over the next two years by The Ice and Fire Theatre Company. The play, *The Nine O'Clock Slot*, ran for four weeks in 2014 at the Red Gallery in Shoreditch, and was reviewed in *The Guardian*.

knowledge and expertise to take part in day workshops held in two locations on two separate occasions. Invitations were accepted by experts across all sectors – the funeral industry, academics, policy makers, health trusts and local government, organisations supporting bereaved people, and insurance companies. Twenty-one people took part, coming from England, Scotland and Wales².

The workshops involved a mix of plenary discussions and interactions in small groups, guided by Michael and myself, with digital recording. Michael and I worked together on the analysis, using data extraction methods generally based on the Framework method. The report (Corden and Hirst, 2016) forms part of my submission.

General conclusions were that the complexity of issues explored made it hard to agree a single definition of funeral poverty or to reach a single quantified measure. There was agreement, however, about the key constituents of funeral poverty all of which have some part in contributing to the meaning and, importantly, might be explained and expressed in simple terms. These are:

- people's expectations of 'a funeral' and what the person with responsibility wants to provide, and why
- people's inability to pay the costs
- economic impact of lack of affordability, in particular problematic debt
- related negative psychological and emotional constituents, including the impact on grief and experience of bereavement.

Participants considered existing measures that might be used to quantify some of these constituents, but there is scope for much more discussion and more research here. People who took part in the workshops said they continued to find the concept useful, and most expected to go on using it, but there were some interesting minority reservations. One view was that the construct was divisive. It was noted that bereaved people themselves do not use the term, and one person perceived a 'proliferation of poverties' (child poverty; fuel poverty; housing poverty and now funeral poverty) which divert attention from the underlying problem of lack of resources, and its structural causes.

² Enquiry in Northern Ireland showed that 'funeral poverty' was not a term yet in use there although problems in paying for funerals were widespread.

My own view is that it is probably not useful to go further in pursuit of a single measure of funeral poverty, based on 'expert opinions'. There is much to learn, however, in further research on current views about funerals – how people make choices about disposal and commemoration, and the importance of financial considerations. There is certainly need to explore concepts and practices within minority groups and faiths in UK. There is also scope for additional work to locate the concept of funeral poverty within a wider academic debate about measuring poverty, discussed further in the conclusion of my submission, which follows.

5. Conclusion

My submission has summarised development of my ideas in a long stream of applied social research. The publications submitted provide evidence of some of the outcomes of my work.

- I have opened up and taken forward an important topic for enquiry which had previously received little attention in UK.
- I have maintained and developed a coherent body of work, exploring a number of different perspectives as they came into focus and as my thinking developed. I have achieved this by putting together funded and unfunded research and scholarship, in an increasingly hard economic climate for social research.
- I have contributed intellectually to:
 - mixed methods methodology in social research
 - the body of knowledge about ethical issues in qualitative research
 - testing innovative models for supporting researchers working in sensitive areas
 - theoretical and conceptual understanding of bereavement, grief and mourning.
- I have extended my thinking, empirical work and findings into bodies of knowledge previously outwith social policy research (psychologies of grief; counselling and therapeutic interventions; business practice).
- I have helped to bring some clarity and rigour into current debate around a new, resonant and influential concept (funeral poverty).
- My research findings and experience have been influential on government policy in income maintenance, social security and employment programmes, and have informed policy development in the Scottish government, in implementation of devolution of some social security provision (funeral payments).
- My research findings have been influential in the understanding and practice of professionals and volunteers working in palliative care and bereavement support services.
- My research findings have been used to build knowledge and understanding of implications of bereavement among a wider population, including school and college students and theatre goers.
- I have shown some of the important gaps in knowledge which must now be filled, as discussed further below.

Importantly, my work demonstrates the value and advantages of working in different kinds of partnerships with academic colleagues, both within UK and other countries, and both within the social policy arena and across other disciplines. While I am comfortable working alone, evidenced by the submitted chapter on bereavement and the workplace, much of the submitted work has been done with other people. In our large research unit it has been traditional to maintain portfolios of research by working in teams. My long professional association with Michael Hirst, however, has led to collaborative work at a deeper level, including interrogation of our personal and ethical approaches to death and dying, and immersion in the challenges and advantages of different ways of bringing together quantitative and qualitative expertise.

I believe my submission defends my thesis that financial, economic and material impacts of death of a significant person are key components in people's experiences of bereavement and grief, demanding societal recognition and policy response. There remain major gaps in knowledge and understanding, however, and I would make a number of recommendations for further research, as follows.

With increasing levels of child poverty and family inequality there is a need to look at the economic circumstances of children when a parent dies. At a symposium of cross-national researchers on child support, held in York in April 2016, I identified children of parents who live apart as a particular group for their further attention. Depending on which parent dies, complex issues may arise around income maintenance, inheritance and accommodation. There is also urgent need for research which looks at economic experiences and circumstances in minority population groups and different faith groups, which are barely visible in much of the UK research in this area, including my own work. It will be important to monitor carefully the impact of the current reform of bereavement benefits, and the impact of the recent ACAS guidelines for employers dealing with bereavement at work.

There is scope for further research into funerals, including a representative study across the UK population of opinion and expectation about what comprises 'a funeral'. Findings here would further illuminate the concept of 'funeral poverty', as would some different ways of enquiring into funeral costs, where highly influential methods developed within the commercial insurance sector would benefit from independent scrutiny and different

approaches. The concept of funeral poverty is now firmly within policy debate and widely used, and there is scope for further theorisation, to encourage clarity and agreement as to the meaning and significance of the term. It would be interesting to consider whether a consensual approach might be useful, and how this might be achieved.³

Although much further research is needed, this body of work provides firm pointers for both policy and practice, and the chapter concludes with some selected recommendations. Providing financial security for those affected by death of a partner (mostly older people) requires long term policy making, enabling people to sustain employment throughout working lives, building up entitlements to state, occupational and private pensions. At the same time, policy must address the circumstances of people experiencing bereavement now, including younger parents, and provide the financial support required to help with immediate expenses and maintain economic stability. Maintaining awareness of bereavement benefits and support with applications are important in boosting take-up. Raising financial awareness and capability in the general population should include planning and preparation for death. Government, employers and unions have opportunities for information provision, and hospices, health care settings and initiatives such as new 'death cafes' can all provide supportive settings in which to talk about financial matters. Bereavement in the workplace must be kept firmly on the policy agenda. Publication of the ACAS guidelines will not translate automatically into adoption of good practice among all employers, and government must monitor the impact, and be ready to revisit and review what happens in other countries, of increasing relevance with globalisation of economic activity. The growth of cohabitation, particularly among couples with children and older couples, has not been matched by recognition within bereavement benefit rules or the laws on succession, particularly on intestacy, and there is need for government to review these legal and policy issues and make adjustments in line with public opinion and behaviour. The major increase in number of deaths projected for the next few decades requires policy planning now, across many areas.

³ I am currently discussing this with Dr Gill Main, University of Leeds, who has considerable experience in the use of consensual approach to child poverty measurement.

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Abbreviations

AA	Attendance Allowance
BHPS	British Household Panel Survey
CAB	Citizen's Advice Bureau
CI	Confidence Interval
DH	Department of Health
DLA	Disability Living Allowance
DWP	Department for Work and Pensions
ESRC	Economic and Social Research Council
ELSA	English Longitudinal Study of Ageing
GHQ	General Health Questionnaire
GROS	General Register Office for Scotland
HMRC	Her Majesty's Revenue and Customs
IB	Incapacity Benefit
LITRG	Low Income Tax Reform Group
LS	Longitudinal Study
NAO	National Audit Office
NI	National Insurance
ODPM	Office of the Deputy Prime Minister
ONS	Office for National Statistics
RS	UK Retirement Survey
SD	Standard Deviation
SE	Standard Error

Note on tables

Percentages may sum to 99 or 101 because of rounding. Values less than 0.5 are shown as zero (0). Cells with no cases are shown by a dash (–). Unweighted base numbers are given in italics and may vary because of missing data. Where the number of cases varies due to differing response rates to multiple questions, the smaller base number is shown. SD = standard deviation. SE = standard error. CI = confidence interval.

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Chapter 1 Financial and Economic Implications of Death of a Partner: A Review of Literature and Research

This chapter begins (1.1) by setting the policy context for the focus of this research. We see that there are important financial and economic issues arising from the death of a life partner across a wide range of social policy domains. In the main part of the chapter (1.2) we review existing social policy literature and research for what is already known, looking first at the quantitative information and statistical analyses that are available, and then at qualitative information which throws light on the experiences of individuals. We then extend our enquiry into other disciplines, including psychology, counselling and palliative care, where we look for any evidence (both quantitative and qualitative) about the links between financial, economic and emotional outcomes for people whose life partner dies. The last part of the chapter (1.3) identifies some of the main gaps in current information and understanding as shown by the literature search.

1.1 The policy context

When a person's life partner dies, there are changes in many of the financial arrangements built up by the couple over the years. The adjustments made are subject to laws governing inheritance, pensions and benefits, taxation, regulations within the financial markets and, for some people, influences from family expectations and obligations. The impact for individuals depends on age, gender, social class, marital status, health and employment status, and culturally held beliefs and practices. Some must meet funeral expenses, establish rights to property, manage bequeathed debts and assets, and adjust their budgeting regime. The experience of bereavement may lead to behavioural changes such as moving home, or starting or leaving paid work. Economic issues may be strong influences on such decisions and, in turn, decisions acted upon have economic consequences.

Policy response is complicated by the diversity of types of partnership and family. Policy makers seeking to understand financial outcomes for people whose partner dies must take into account increasing life expectancy; trends in marital dissolution and cohabitation; emergence of new family forms and same sex partnerships, and sometimes financial links from previous relationships; expansion of home ownership, and developments in pensions provisions. A recent report from the Cabinet Office (2005) gives insight into the complexity of some of the financial and regulatory transactions faced by bereaved people.

Within the social policy literature we find bereaved people in Britain to be a group at particular risk of poverty and problem debt (Kemp *et al.*, 2004). Death of a partner has been shown to be a trigger for claiming income support (means tested social assistance) (Shaw *et al.*, 1996) and has been identified as a reason for homelessness (Anderson *et al.*, 1993; Crane and Warnes, 2001). A period spent caring for a disabled or ill family member can have adverse effects on income and employment (Carmichael and Charles, 1998, 2003; Henz, 2004), and increase living costs and risk of debt (Balmer *et al.*, 2005; Smith *et al.*, 2004). The negative financial consequences of caregiving may persist long after the death of the person cared for and reduce pension entitlements (Evandrou and Glaser, 2003; McLaughlin and Ritchie, 1994; Chesson and Todd, 1996; Jenkinson, 2003).

Intestacy complicates financial settlements. Opposite sex cohabitants and unregistered same sex couples are especially likely to be vulnerable economically when partnerships end in separation or death. They are excluded from legislation protecting property rights and financial responsibilities of couples (Wong, 2005), contrary to widespread belief that there is such a thing as 'common law marriage' which gives cohabitants the same rights as married couples and civil partners (Barlow *et al.*, 2008). Other arrangements based on shared households, involving carers and siblings for example, might be equally vulnerable when the relationship ends (Wong, 2004). However, legal arrangements governing property matters on separation or death of cohabitants are evolving as precedents are set (e.g. *Stack v Dowden* [2007] UKHL 17) and are expected to change further following the Law Commission's (2007) proposals on cohabitation and the financial implications of relationship breakdown.

Much of the research directed towards financial implications of death of a partner has focused on the consequences of widowhood, in particular older widowed people who are most often women. The associations between widowhood and poverty and problems in money management are long standing. Brown (1989) traces the special treatment accorded to widows, within UK social security provision. Widowed parents were known to be a group with severely restricted incomes during the 1950s and 1960s (Marris, 1958; Wynn, 1964). However, during the 1970s and 1980s policy focus on the financial circumstances and needs of one parent families shifted in response to rapidly increasing numbers of divorced and separated mothers. With decline in their actual numbers, widowed parents became an increasingly small proportion of one parent families. Some research on financial circumstances of widows was conducted during this period (Hunt, 1973) but this work did not focus on the impact of transition from the economic circumstances of the previous partnership. Much of the research on transitions to widowhood comes from the US and Australia, and is described in the following section. As far as is known, no previous published research for the UK which examines the financial consequences of death of a partner includes people under state pension age.

1.1.1 How many people experience death of their partner?

The number of couples where one partner dies is not precisely known. Official mortality statistics provide a useful starting point, showing that over 215,000 deceased persons were recorded as 'married' by civil registration authorities in England, Scotland and Wales during 2004 (GROS, 2005; ONS, 2006a). The actual figure could fall either side of that number because marital status is an ambiguous category, and official definitions have yet to reflect the diversity of family forms. People married but separated; unmarried people living together; same sex partnerships and people 'living apart together' are not identified as such in the registration process. As a consequence, not all those recorded as married would have been in a partnership at the time of their death, while others recorded as 'single', 'divorced' or 'widowed' may have been in a relationship with financial consequences when their partner died.

By linking mortality statistics to census records, which provide fuller details of people's marital status and living arrangements, we estimate that two per cent of couples separated by death were not legally married (Appendix A.6). In other words, official mortality statistics currently represent around 98 per cent of couples where one partner dies. If so, the number of couples where one partner died in 2004 would be closer to 220,000 than the 215,000 recorded in official mortality statistics. Around two thirds were women and one in five was under state retirement age. These estimates set the policy scope and relevance of our research. A finding, say, that five per cent of respondents had reported serious financial problems following a partner's death would indicate that around 11,000 newly bereaved partners each year might benefit from support, practical advice and information about managing their financial affairs.

Population projections point to an increasing number of bereaved partners as the 'baby boomer' generation reaches older age groups. The number of people aged 65 years and over living in a couple is projected to rise from under five million in 2001 to over eight million in 2031, increasing considerably the number at risk of financial difficulties following death of a partner (ONS, 2005). An increasing number of couples separated by death are also likely to be cohabitants, rather than legally married or registered partners (Haskey, 2001a). There are potential complications in financial consequences of bereavement for people whose partnership was not legally recognised (Law Commission, 2007).

Widening inequalities in wealth and income in old age, alongside demographic trends in health and life expectancy, suggest increasing geographical and social class differences in the financial implications of death of a partner (DH, 2008; Mitchell *et al.*, 2000; Shaw *et al.*, 2005). Mortality rates amongst men under pension age have remained virtually static since the early 1980s but have become ever more unevenly distributed across the country (Dorling, 1997; Willets *et al.*, 2004). As longevity

improves more quickly in the better off social classes, younger bereaved partners are increasingly likely to be from poorer backgrounds and economically disadvantaged areas (Dorling, 1997; Willets *et al.*, 2004). In such areas, some bereaved partners may have restricted opportunities to sustain or improve their financial circumstances through the labour market.

This part of the chapter has set the general policy context for our decision to conduct a study that looked widely at the economic and financial impact of bereavement among people whose partner dies, across all age groups. The next part of the chapter looks for what is already known in this area.

1.2 What is known from existing literature and research

Much of what is known about the financial consequences of the death of a life partner comes from studies conducted in other countries. Transition to widowhood in old age has long been recognised as a cause of poverty in the US: poverty rates rise sharply following bereavement and widows are less likely to escape poverty than couples (Burkhauser *et al.*, 1988; Holden *et al.*, 1986, 1988; Hurd and Wise, 1989; Zick and Smith, 1986). Early research showed that factors that protect US widows from financial loss include having an independent income, retirement schemes with survivor benefits, insurance protection, and social security benefits (Holden *et al.*, 1988; Myers *et al.*, 1987). Recently widowed older women in Australia also report substantial falls in income and financial difficulties following bereavement (Byles *et al.*, 1999; Feldman *et al.*, 2002). Cross-national research on income dynamics and household change shows that the death of a household member, including widowhood, increases the likelihood of poverty and the persistence of poverty, especially for women (Bourreau-Dubois *et al.*, 2003; Holden and Brand, 2004; Muffels *et al.*, 2000; Zaidi *et al.*, 2004). Bereaved people may also experience problems managing household finances that had previously been undertaken by the deceased partner (Carr *et al.*, 2000). Prior experience of managing money, discussing future arrangements before a husband's death, and advice following bereavement are shown to alleviate financial difficulties for US widows (Morgan, 1986; O'Bryant, 1991; O'Bryant and Morgan, 1989).

In Britain the financial consequences of widowhood have been identified as a priority for research to inform policy towards older workers and their incomes before and after retirement (Barker and Hancock, 2000). Although studies in other countries provide a rich source of hypotheses on the financial consequences of bereavement, their findings cannot be applied directly to the British situation because of differences in the distribution of personal incomes, pension arrangements in old age, and the role of social security provision (Holden and Brand, 2004).

In looking at what evidence there is in Britain, we found three different kinds of relevant literature and research, and this part of the chapter is structured accordingly. There were quantitative studies about economic and financial circumstances and transitions from large scale investigations in disciplines such as social policy and economics. There were some qualitative studies about experiences of dealing with financial issues related to death of a family member, much of this within the social policy and social care literature. A third kind of literature was that in which authors suggested links between financial and economic issues and the emotional and psychological responses to the process of coping with bereavement. Quantitative and qualitative evidence of this kind was distributed across literature in the medical and health sciences, psychology, counselling and therapy, and palliative care disciplines. We are not expert in these areas and provide no more than a provisional review of this literature.

1.2.1 Quantitative studies

Quantitative evaluation of the financial consequences of death of a partner requires, ideally, a longitudinal design to throw light on how changes in circumstances take place and the timing and duration of influences and outcomes. In particular, longitudinal data facilitate direct comparisons of people's circumstances and experiences before and after bereavement without the difficulties of inferring transition and change from cross-sectional accounts and retrospective recall. Such data also make it possible to take into account prior circumstances, specifically to control for higher mortality among poorer couples (Barker and Hancock, 2000: 61). Findings from the Retirement Survey and the English Longitudinal Survey of Ageing show a clear gradient of increasing rates of mortality with decreasing wealth (Disney *et al.*, 1998; Gjonça *et al.*, 2006). As a result, cross-sectional studies invariably produce evidence of poor financial well-being among recently bereaved widows (e.g. Burholt and Windle, 2006) but without knowing their pre-bereavement circumstances, it is difficult to be confident about the financial impact of a partner's death (Morgan, 1981).

In the UK, two data sets provide longitudinal evidence of the financial consequences of death of a partner: the Retirement Survey and the British Household Panel Survey (BHPS) (Disney *et al.*, 1997; Lynn, 2006). Each is considered in turn.

1.2.1a UK Retirement Survey

The Retirement Survey was conducted by the former Office for Population Censuses and Surveys in two waves: interviewing around 3,500 people aged between 55 and 69 in 1988/89 and following up four to five years later in 1994. Re-interviewing the same people provided an opportunity to investigate changes in labour market activity, health, incomes, housing and other issues associated with retirement behaviour.

Amongst other things, the survey data have been used to investigate financial outcomes for people whose partner died between the two interview waves. Clearly, these focus on medium term consequences because of the interval length between initial and follow-up interviews, and describe the experiences of partners bereaved in late middle and early old age. Better off groups were over-represented in the follow-up interviews, due to mortality of bereaved partners with lower than average incomes. However, the researchers used statistical techniques, known as 'weighting', to offset any bias that might affect conclusions about the financial impact of bereavement (Disney *et al.*, 1997).

Death of a partner almost inevitably leads to a fall in household income but it is important to investigate the extent of any decreases, what drives them, and how they vary across population sub-groups. The Retirement Survey findings draw particular attention to gender differences and the role of income sources over the life course in shaping the financial consequences of death of a partner. Little or no impact on men's incomes was observed following a partner's death (37 cases). Although men's incomes fell by around £60 a week on average, this was more than accounted for by loss of earnings upon retirement.¹ Any increase due to enhanced retirement pension entitlement, or new private pension entitlement on the basis of the late wife's contributions, was negligible (Disney *et al.*, 1997: 164).

By comparison, recent widows (105 cases) were poorer on average than recent widowers although the drop in incomes was similar (£69 a week on average). Part of the decrease was attributable to loss of a husband's earnings; however, this had less impact than it would have had at a younger age because only a minority of husbands had been in paid employment. Equally important was loss of a husband's occupational pension: the widow's or survivor's pension payable on a spouse's previous employment was around 70 per cent of the amount payable when the husband was still alive. Loss of a husband's national insurance disability benefits also had a significant impact on widows' incomes (Disney *et al.*, 1997: 164-65).

Loss of a partner's income stream had greater overall impact on women's household finances than those of men. On average, widows' incomes fell to around 61 per cent of their previous incomes, compared with a drop to 74 per cent of pre-bereavement incomes for widowers. Although these changes widened the gender gap in income levels, reductions of this magnitude do not necessarily imply a fall in living standards or economic well-being. The widely used McClements equivalence scale assumes that a single person needs around 60 per cent of the income of a couple to achieve a

¹ Income changes were examined at the benefit unit level. A benefit unit comprised a single person or couple, together with any dependent children; in most cases, households contained just one benefit unit.

similar living standard.² On this assumption, recent widows in the Retirement Survey were, overall, no worse off in 1994 than they were in 1988/89 before their partner died. However, Retirement Survey researchers recognised the need to take into account household expenditure patterns, especially fixed costs such as housing insurance and water rates, before drawing firm conclusions about the financial implications of death of a partner (Disney *et al.*, 1997: 165).

Retirement Survey researchers repeated their analysis for 86 widows who considered themselves to be retired in both interview waves (and their partners in 1988/89), and drew similar conclusions (Johnson *et al.*, 1998). Husbands' occupational pensions and invalidity benefits were the main source of income loss for this group of widows, offset for some by inheritance of part of the husband's pension. Despite such losses, these widows were not financially worse off according to the assumption that bereaved partners need 60 per cent of the income received as couples. However, these findings describe the average situation for the sample as a whole. Some bereaved partners would have received a greater proportion of their former income, and some a lesser amount. As far as is known, the researchers did not investigate such variations in individual outcomes.

Retirement Survey researchers also examined changes in self-reported house price values – or housing wealth – for evidence of downsizing or disposal of assets at or around retirement. There was a general decline in housing wealth across different groups of home owners, mostly reflecting house price movements during the five year period for which data were available (1988/89 to 1994). However, owner occupiers who experienced widowhood saw their mean house value decline by almost 10 per cent in nominal terms, more than twice that of other groups. This more dramatic fall, the authors conclude, 'suggests deliberate downsizing of the family home' following death of a partner (Disney *et al.*, 1998: 160-62). Somewhat surprisingly, downsizing accommodation did not lead to increases in liquid wealth for widows, suggesting that it may have been used in other major expenditures or in bequests, rather than in acquiring financial assets.

1.2.1b British Household Panel Survey

The British Household Panel Survey (BHPS) is a general purpose, longitudinal survey of people living in a nationally representative sample of over 5,000 private households. They were first interviewed in 1991 and followed up every year since then (see Appendix A for further details). As well as updating findings from the Retirement Survey, the BHPS yields a much larger sample of recently bereaved partners and, importantly, covers all age groups.

² The modified OECD equivalence scale assumes a single person needs 50 per cent of a couple's income to achieve the same standard of living (Levy *et al.*, 2006).

BHPS data have been widely used to investigate fluctuations in household incomes from one year to the next and transitions into and out of poverty across the population as a whole. Though not designed specifically to examine bereavement consequences, these investigations aimed to identify key labour market and demographic events associated with income change, including death of a household member or partner (e.g. Bourreau-Dubois *et al.*, 2003; Jarvis and Jenkins, 1996; Jenkins, 2000a, 2000b; Muffels *et al.*, 2000; Rigg and Sefton, 2006; Zaidi, 2001; Zaidi *et al.*, 2004). Overall, labour market change, such as moving into or out of paid work, rather than demographic change, such as changes in household composition, appears to be the main driver of income change at the household level. However, two independent research reviews of the literature concluded that death of a partner can trigger poverty and increase the likelihood of persistent poverty (Kemp *et al.*, 2004; Smith and Middleton, 2007).

Although changes in household incomes are extensively reported by BHPS respondents following death of a partner, the consequences disproportionately affect older women who form the majority of bereaved partners. Gender differences arise because women are more likely to be affected by loss of their partner's pension income, and less likely to have a separate pension entitlement of their own (Price, 2006, 2007). As a consequence, a significant proportion of older women experience a substantial drop in household income upon bereavement. Some women do appear to be protected from such losses, possibly because they inherit part of their partner's personal pension. Among older men, incomes often increase following death of a partner and drops in income that do occur are not significantly affected by bereavement (Zaidi, 2001).

For people under pension age, changes in income following death of a partner appear to be short lived. Across ten BHPS interview waves, 1991 to 2000, changes in income for this group were most likely to show a 'blip', or short-term fluctuation, with the implication that many eventually recovered their position in the income distribution (Rigg and Sefton, 2006). For pensioners, there was a different picture and death of a partner generally had less impact on those fluctuations in income which did occur across the ten interview waves (Rigg and Sefton, 2006).

Taking up or returning to paid work after the death of a partner may explain why some people bereaved under pension age were able to restore their incomes. Overall, death of a partner does not appear to have a statistically significant effect on labour market participation but this probably reflects its relative infrequency under pension age (Haardt, 2006).

As far as is known, the comparative study by Holden and Brand (2004) is the only published research which draws on the BHPS to focus exclusively on changes in levels and sources of household income as women experience death of a partner. They demonstrate the degree to which conclusions are sensitive to the equivalence

scale used to adjust findings for changes in household size and composition. Holden and Brand also compare the role of labour market earnings, and public and private transfers in driving income change, though without distinguishing between widows above and below pension age. Overall, loss of labour market income accounted for 36 per cent of total income decline following death of a partner, loss of state pensions and benefits 44 per cent, and loss of income from private pensions, savings and investments 20 per cent. Compared with the United States, where loss of earnings and private income sources are more important, social security provision in Britain plays a key role in maintaining household incomes of widows and reducing income inequality.

1.2.2 Qualitative studies

Much of the qualitative information we have about people's financial and economic circumstances after a death in the family comes from studies of families who experienced a period of caring for a sick or disabled person before they died. Small scale studies in the UK show how a period of caring can adversely affect income and employment after that person dies. A study by Corden *et al.* (2001) of the financial implications for parents of the death of a child was based on the experiences of families who had been in touch with a children's hospice and palliative care services, during the period before death. Parents described the impact of loss of or reduction in state benefits which had been related to the child's condition or their own caring role. Moving back into employment was hard for some who had given up work to care for their child. Funeral costs were a common cause of difficulty. Financial problems which arose after the death were also related to the expenses of the caring periods; patterns of expenditure established during the child's life took time to change, and the extra costs of care meant that some families had got into debt.

Grinyer's (2002) study of parents caring for a young adult with cancer provides further evidence of the expected and unexpected costs, including high expenditure on illness related travel and transport, complementary treatments and therapy, paying rent to keep the young person's independent accommodation during periods of hospital care, organic diets, clothes to fit changed bodies, and high insurance premiums for family holidays. Some parents gave up paid work to care for a child or young person. For some of these families, most of whom experienced the eventual death of their child, the long term legacy was debt or depleted savings. There was evidence of problems both in understanding and accessing statutory financial support.

These detailed studies focused on the death of a child, but there is evidence that the issues are salient when the person cared for is an adult. One of the demands faced by relatives who were carers of people who subsequently died of stroke was having to give up paid work (Young *et al.*, 2008). Cancer support services have considerable

experience of the impact of extra expenses for families caring for a relative with cancer. The Macmillan guide (2006) to benefits and financial help presents anonymised case material describing problems paying for travel and parking for hospital visits; extra bedding and new clothes; meeting accommodation costs and children's needs when relatives give up paid work to care for their relative; high prescription costs; and changes in buying and storing food.

Non-take-up of benefits to help meet such extra costs among people with cancer is known to be a problem. Qualitative research for Macmillan Cancer Relief (Martin, 2004; Miller, 2005) helped to explain why so many cancer patients were not claiming entitlements to disability living allowance or attendance allowance. Reasons included problems with definitions of terminal illness, lack of understanding about benefits among both patients and health professionals, the complexity of the claiming process and lack of understanding among social security staff of the impact of cancer (Lee and Allirajah, 2004). In 2004, the National Audit Office conducted a national study of patients with cancers which cause the most deaths (NAO, 2005). There was evidence from surveys and qualitative research that most patients lacked access to advice about financial benefits although many wanted this. An audit of a specialized welfare rights advocacy service which was part of social work provision in a London hospice showed widespread need for welfare benefits advice and advocacy among patients, carers and bereaved carers (Levy and Payne, 2006).

After a death, there are known to be difficulties with bereavement benefits among widows and widowers. Deacon (2004) reviewed case material from Citizens Advice Bureaux and showed evidence of problems with claiming procedures and poor advice, leading in some cases to loss of entitlement. Deacon observed that, due to the National Insurance contribution requirements for bereavement benefits, some families more in need of financial support might be less likely to be entitled.

Problems in dealing with the bureaucracy attached to benefits, pensions, housing finance and income tax is a recurring theme in small scale studies of bereaved people, and was highlighted in a Cabinet Office report (2005).

After death of a partner, the person left must take over or delegate financial and economic roles and responsibilities formerly fulfilled by the person who died. A majority of married couples pool all their income with each taking out what they need, although one partner may manage the household finances, taking responsibility for everyday expenditure, paying major bills, and dealing with banking and other financial transactions such as council tax payments and benefit claims (Pahl, 1989; Vogler and Pahl, 1994). Dealing separately with money management, including partial pooling and independent finances, is found particularly amongst younger married, unmarried and remarried couples (Barlow *et al.*, 2008; Burgoyne and Morison, 1997). Recent evidence from Age Concern (2007) was that among older

people, one partner in a couple often dealt with all household finances, with a fairly equal gender split.

If the bereaved partner had little prior involvement in managing household finances it may be hard to take over the new responsibilities (see example, p.142 in Tennan *et al.*, 2007). Among bereaved older people who took part in discussions for Age Concern (2007) those who had previously shared financial responsibilities with partners found the transition easier. Widows whose husbands had made financial 'checklists' of the accounts and bills they managed, in case their wives were left to deal with these matters, found this made things easier for them.

Finch and Elam (1995) found that some widowers experienced financial problems, particularly in dealing with everyday money management tasks which their wife had undertaken in the past. A series of interviews with bereaved spouses in US (Gentry *et al.*, 1995) showed some of the problems and uncertainties about having to handle new roles in household budgeting, including buying food and paying household bills.

An immediate financial impact for many bereaved partners is meeting the expenses of a funeral or cremation. This additional expenditure arising from death has been recognised within British social security provision since the framing of the welfare state by Beveridge (1942). A universal death grant was abolished in 1988 and replaced by a discretionary mean-tested funeral expenses payment within the social fund. Drakeford (1998) traces the changing nature of this social security provision alongside developments within the UK funeral industry, and discusses impacts on bereaved families. He suggests that some low income people experience particular social pressures both to avoid a low cost funeral and not to use financial help available.

It might be expected that couples more likely to look ahead and make plans for the financial situation which would follow the death of one partner would include people in older age groups, people engaged in risky occupations, such as the armed services, and people facing a life limiting illness or receiving palliative care. Research covering the period 1959 to 1989 (Finch *et al.*, 1996) showed that only 30 per cent of people who died aged over 18 years left a will which had to be formally proved, and those who made wills tended to be older than the population as a whole. Recent research with older people on middle incomes (Age Concern, 2007) showed that a major concern for people still living with partners was the reduction in income that would follow the death of one.

While it is likely that making a will is becoming more common, we might expect less in the way of general financial planning for death among younger people, especially those who think of themselves as fit and well. A qualitative study of mid- and later-life people in Canada found that death of a partner itself was often cited as a trigger for financial planning by the bereaved person (Kemp *et al.*, 2005).

1.2.3 Links between financial, economic and emotional experiences

There is some research and literature which suggests that how people feel about financial consequences following death of a partner may contribute to their emotional responses to bereavement (e.g. Chesson and Todd, 1996; Drakeford, 1998; Norris and Murrell, 1990). Psychological constituents of grieving, such as fear, anger, guilt and gaining new identities (Parkes, 1996) can all be affected by constructs of financial responsibility and economic well-being. These might include feelings about perceived economic roles of partner and self; feeling better off or worse off, or feeling more or less financially dependent.

It has been suggested that financial hardship or stress coinciding with or following death of a partner may impede coping responses, increase likelihood of depressive symptoms and complicate adjustment to bereavement (Baarsen and van Groenou, 2001; Byrne and Raphael, 1994; Keene and Prokos, 2008). If bereavement is accompanied by reduced economic resources or insufficient income, grieving can be prolonged or intensified (Hansson and Stroebe, 2006; Murdoch *et al.*, 1998). On the other hand, economic and financial resources might help protect against depression and the psychological stresses of grieving, and reduce risk of mortality following death of a partner (Hansson and Stroebe, 2006; Lillard and Waite, 1995; Martikainen and Valkonen, 1998). Preparing financially by talking things over with a partner before their death also appears to offer some protection for psychological well-being following bereavement and reduce the stresses caused by financial problems (O'Bryant and Morgan, 1989).

While shopping may be a relatively straightforward way to resume previous routines and re-engage socially (Gentry *et al.*, 1995), over-spending may reflect psychological response to grief, especially in those coping with guilt and anger in their bereavement. Allen (2007) suggests that some people living in deprived urban areas respond to bereavement by using high amounts of heroin, or its equivalent.

The experience of financial stress associated with bereavement may be felt differently by women and men. The effects of financial and material resources on reducing risk of mortality following death of a partner appear to be gendered, reflecting the greater protective role of marriage for women's economic well-being (Lillard and Waite, 1995; Martikainen and Valkonen, 1998; Stroebe *et al.*, 2001). Umberson *et al.* (1992) also found that financial strain was a primary source of anxiety and depression among widows, whereas for widowers it seemed to be the strain of dealing with everyday household and money management which their partner had undertaken in the past (cf. Finch and Elam, 1995). Women who depended on their partner for tasks commonly performed by men, such as home repairs and financial management, had significantly higher levels of anxiety at the interview after their partner's death than women in a matched sample of married couples (Carr *et al.*, 2000). Gendered or not, an important distinction can be drawn

between those who were directly involved in running the household finances before the death of a partner and those who had taken little active role. The former generally found it easier to cope with the financial and economic transitions following bereavement than those with less experience of financial matters (Age Concern, 2007).

Reviewing the international research literature on bereavement and the grieving process, Stroebe *et al.* (1999, 2007) found that financial pressures and economic uncertainties may be independent risk factors for depression or distress in those whose partner has died. They called for further evaluation of the influence of financial and material resources on the process of grief, including the contribution to people's coping strategies, and prediction of psychological outcomes (Stroebe *et al.*, 2006).

1.3 Main gaps in current information and understanding

This review of the literature has shown a number of gaps in current knowledge and understanding about the financial implications of death of a life partner. To date, most statistical studies have concentrated on the financial consequences for older partners especially older women, although bereaved partners at younger ages may be more vulnerable (Barker and Hancock, 2000; Wong, 2005). There is a need for firm evidence about differences between sub-groups, especially between bereaved women and men and between younger and older age groups, to identify those most at risk of adverse outcomes.

In considering changes in income following bereavement, there is a need to know more about loss of or gain in income from particular sources, including earnings, benefits and private provision, to assess their impact on bereaved partners' economic well-being, and the protective role of inherited pension rights and paid employment following death of a partner. We need to know how well current bereavement benefits meet financial needs of bereaved partners. We need more information about changes in expenditure patterns, housing costs, and credit and debt, for a fuller account of the financial and economic consequences of death of a partner.

More information is needed as to whether financial consequences of death of a partner are transitory or longer lasting, to evaluate the timing and duration of impacts after bereavement.

The potential impacts of economic change on the psychological experience of bereavement draw attention to the relevance and role of people own feelings about their financial and economic circumstance. We need to know more about this. Whether income change is perceived as stressful is likely to depend more on how people feel about this than on the objective financial situation, and subjective

measures of financial well-being may in turn be more predictive of other bereavement outcomes (cf. Wildman, 2003). There has been neglect in attention to financial and economic stressors in development of models of bereavement and assessment of risk factors for bereavement outcomes (Stroebe *et al.*, 2006). How bereaved people feel about their financial situation may be linked to whether couples made plans or talked about what might happen if one partner died. There is some evidence that people find this hard to do (Age Concern, 2007: 21) and more information is needed about circumstances in which couples do discuss such matters, and whether this proves helpful, eventually.

Knowing more about which organisations and agencies are best suited to providing financial advice and information following bereavement is important in considering how some of the financial distress following a partner's death might be lessened. Also needed are pointers to how the bureaucratic load for bereaved people might be reduced.

There are major gaps in knowledge and understanding about all the above issues as they are experienced within minority ethnic, cultural and faith groups. Some of the UK ethnic minority populations are aging, so numbers of deaths will increase in coming decades. Different family forms, and cultural responses to bereavement include concepts of financial obligations (see Hussein and Oyebode, forthcoming) but there is thus far little systematic information available here.

In conclusion, reviewing what was already known about the financial implications of death of a life partner and the main gaps in current knowledge led to our decision to look widely at the economic and financial circumstances of bereaved partners across all age groups. Our aim was to investigate the financial resources, assets and expenditures of partners; explore the economic transitions following death of a partner; identify organisational structures and processes that shape financial outcomes; and examine the implications for the economic well-being of bereaved partners and their households.

Chapter 2 Research Design and Methodology

This chapter sets out the questions to which we sought answers from research (2.1), and explains how this led us to using mixed methods with a longitudinal element. We discuss the development of the research design and the practicalities of integration and implementation (2.2). We explain in some detail how we approached the analysis and interpretation of statistical and qualitative data (2.3). The chapter ends with some discussion of our approach to writing up and presentation of findings (2.4).

2.1 Seeking answers to our questions

The aims of the two year study were to investigate how people's financial circumstances and economic well-being change when a partner dies; why some bereaved partners face financial difficulties; whether these are transitory or long-lasting, and possible effects on other bereavement outcomes such as health, access to services, social inclusion and experience of grief.

We sought answers to the following questions:

- What are the financial circumstances and needs of bereaved partners, and how do these influence the experience of loss?
- What are the extent, nature and timing of financial problems, and how do these affect expenditure patterns, living standards and access to services?
- Who is most at risk of financial difficulty?
- What personal and contextual factors jeopardise or protect individuals' economic well-being and security?
- What is the role of earnings, benefits, life insurance, tax arrangements, occupational pensions, assets and wealth, and family support?
- What is the impact of financial planning before bereavement, and financial advice after bereavement?
- How might all this affect future cohorts whose experiences are being shaped by changing social norms, household and family structures, living arrangements and family law?

The information sought was thus both circumstantial and experiential, and was situated both at the level of the individual and within the general population. This suggested both qualitative and quantitative components to the study. One approach might have been to separate our research questions into those for which we would seek answers using statistical techniques and those which we would address qualitatively. However, it seemed to us that our questions should each be addressed using both approaches. To illustrate this, consider the question 'Who is most at risk

of financial difficulty?’ Statistical analysis would show which people were likely to experience greatest change in sources and levels of household income after bereavement, and how this was associated, generally, with reported feelings of financial security or insecurity. Qualitative enquiry would show how individuals’ capacity for managing income, and their perceived obligations or expectations for the future influenced the lived experience of financial difficulty, insecurity and perceived risk. In this way, considering quantitative and qualitative components together would help us understand better the circumstances and contexts of bereavement that help explain variations in economic outcomes by age, gender and other sociodemographic variables.

In addition, the focus on change pointed to the need for a longitudinal element, encompassing periods leading up to and following death of a partner. Qualitative methods would provide information about processes, expectations, meaning, strategies, needs, outcomes, agency and family dynamics within the personal and sensitive domain of bereavement. Quantitative methods would provide national context; prevalence, population and ‘risk’ estimates; and describe patterns of association at the population level. A longitudinal element would throw light on the timing and duration of influences and outcomes, and how changes in circumstances had taken place.

The earlier study of financial implications for parents of death of a child (Corden *et al.*, 2001) had adopted a multi-methods approach. In that study, we combined a series of interviews with bereaved parents; a series of interviews and group discussions with health and social care professionals; and a postal survey of all children’s hospices. These components were conducted and analysed separately, and the findings brought together in the report. Since that study there have been considerable developments in mixed methods research which combines qualitative and quantitative approaches (Tashakkori and Teddlie, 2003a). Informed by this recent thinking, we considered how we might work together and what design our study might take.

One influence was the working relationship we, the two lead researchers, might achieve, given our mix of skills and expertise. We have worked alongside in the same research unit for more than 20 years. The Social Policy Research Unit gives priority to research that is methodologically rigorous and advocates no exclusive preference for either qualitative or quantitative approaches. Rather, the Unit encourages whatever methods (including research reviews, policy analysis, case study, evaluation and cross-country comparisons) are appropriate and ethically sound for the questions in hand and the proposed participants. We know each other well, both in terms of particular and different realms of expertise, and in terms of personal interests and commitments. Corden has generally conducted qualitative research, and has a special interest in qualitative methodology. Hirst has experience of quantitative research methods, including the design of large-scale surveys and

statistical analysis of complex data sets. We both have previously worked on research projects employing different methods and have some experience and understanding of the basic constructs and designs associated with each other's methodological orientation and their practical application. In relation to this topic of enquiry, we both have previously worked in policy areas addressing poverty and living standards; services for families; welfare and regulatory systems; employment programmes; and disability. Corden has previous research experience in the area of bereavement and is part of a national network of researchers and practitioners in palliative care and bereavement services. Hirst's recent research has focused on the dynamics of family caregiving and the health, employment, financial and social outcomes for carers. He is part of a network of researchers in this area, and involved with carers' organisations and social care providers at the national level.

In terms of 'epistemological compatibility', neither of us consider ourselves within a 'paradigm purist' camp (Padgett, 1998). Rather, we share the views of writers such as Bryman (1988, 2001), Hammersley (1992), and Brannen (2005) that some of the sharp distinctions claimed between interpretivist and post-positivist paradigms begin to break down on close examination. Our own approach is to take a more pragmatic line (Greene *et al.*, 2001), and in this respect we find ourselves alongside most of the mixed methods researchers interviewed by Bryman (2007). We give equal value to each other's research techniques and expertise, and the different kinds of knowledge that we produce. We recognise that different methods are better suited to providing different kinds of information, and understand how this happens. We believe it can be useful to bring together the qualitative and quantitative methods in which we have expertise to find answers to inform policy.

2.2 The research design

As explained above, our interest in financial change and trajectories associated with the death of a partner led us to favour a research design with longitudinal elements. Accordingly, in both the qualitative and quantitative components we aimed initially to investigate the financial consequences of bereavement prospectively, following couples until one partner died, and beyond. In this way, issues identified early on could be observed over time, and respondents' circumstances and experiences before and after their partner's death might be compared directly. This approach means that some disadvantages associated with inferring transition and change from cross-sectional data and retrospective recall could be avoided.

2.2.1 The qualitative component

Longitudinal designs for investigating bereavement consequences are not easy to implement using qualitative methods, due to the timescales and resources required

to follow couples in the general population, seeking qualitative data until and after one person died. One possibility was to recruit participants among groups in the population where death was anticipated and there was some indication of likely time parameters of the trajectory. There is such a situation when one partner is receiving palliative or terminal care and both partners are acknowledging the approach of the end of life. Initially, we aimed to include in the qualitative study group some people whose partner was receiving palliative care, with a further interview some time after the death. This approach was approved in the initial ethical scrutiny of the research proposal and considered feasible by the project advisory group (described in 2.2.5 below). A pilot exercise, fully discussed in Appendix D, raised ethical and practical issues which led to the decision to conduct all the qualitative interviews after the death. The eventual aim was thus a series of up to 50 interviews with people whose life partner had died during the past two years. People of different ages and personal circumstances were recruited with the help of ten national and local organisations in contact with bereaved people. The main characteristics of people in the qualitative study group are described in Appendix D.

In semi-structured, tape-recorded interviews, topics explored included personal and financial circumstances; experiences of and views about financial and economic change in relation to the partner's death; dealing with practical and administrative issues and money management; any financial concerns or problems, and whether and how such matters were related to grief. Data from the interview transcripts were analysed systematically and transparently, using Framework (Ritchie and Lewis, 2003) for data extraction, management and thematic analysis, to build descriptions and search for explanations. Appendix D gives full details of recruitment, conduct of interviews, data management and analytical technique.

2.2.2 The quantitative component

We recognised at the proposal stage that it would be impracticable to gather quantitative data through a new survey specifically designed to investigate bereavement consequences. The resources required to follow a sample of couples large enough for long enough to facilitate longitudinal analysis before and after bereavement could not be justified. In these circumstances, analysis of existing data sets provided a cost effective option. So in contrast to the qualitative component which involved primary data collection, the quantitative component relies on secondary analysis of existing data sets.

Following a review of existing data sets, the British Household Panel Survey (BHPS) was the preferred source of quantitative information. Its sample design, coverage of topics, and longevity offered important advantages over other longitudinal surveys for investigating bereavement consequences (see Appendix A for details). Although widely used for investigating the impact of demographic events, including

widowhood, on income mobility and poverty dynamics (described in Chapter 1), the BHPS had not previously been used for detailed examination of the financial implications of death of a partner.

The BHPS follows approximately 10,000 adults in a nationally representative sample of over 5,000 private households (Taylor, 2006). Pooling data across 14 annual interview waves, covering 1991 to 2004, provided a baseline sample of over 750 couples where one partner died. The study design encompassed data from three BHPS interviews before and three interviews after bereavement. Cross-sectional and longitudinal statistical techniques were used to monitor changes in people's circumstances before and after the death of a partner, and examine key outcomes including levels and sources of income, household spending, as well as subjective assessments of financial well-being. Appendices A to C provide further details of the quantitative component design: they describe how BHPS data sets were organised to construct the study sample group, the participation of bereaved partners, the impact of sample attrition, and the definition of key variables.

Our study has also produced quantitative insights from the large nationally representative data sets produced by the Office for National Statistics Longitudinal Study (LS). The LS is a record linkage study of approximately one per cent of the population enumerated in the 1971 census of England and Wales. The sample is continually updated to maintain representativeness and now includes information, linked at the individual level, from subsequent censuses and vital events, including registration of births and deaths (further details of the LS are given in Appendix A.5). The LS cannot be used to infer bereavement consequences directly because of the long, ten year interval between census enumerations, but it does provide a record of people's circumstances around the time of bereavement. Thus, LS data can be used to identify trends over a 30 year period, 1971 to 2001, in the living arrangements, material circumstances and personal characteristics of couples where one partner has died. The aim then, was to provide historical context by charting changes in some of the factors, the extent of labour force participation and home ownership for example, that shape experiences of bereavement and the financial consequences. This work, which was unfunded, was commenced alongside the current project and findings will be reported separately. Here, data from the LS are used to estimate the number of couples separated by death (Appendix A.6) and to help evaluate the representativeness of the BHPS study sample (Appendix B.8).

2.2.3 Mixing qualitative and quantitative methods

We described in 2.1 the lead researchers' general commitment to using mixed methods, and our interest in this developing methodology. The mixed methods approach we adopted was to some extent experimental. It was influenced by the topics under investigation and also their relevance for policy and practice. The

financial consequences of death of a life partner are personal and sensitive issues, best explored in small scale qualitative study through in-depth, face-to-face discussion. Policy makers and practitioners appreciate findings that both describe and explain the realities of people's lives; help understand their expectations, motivations, preferences and needs; 'get to the heart' of their experiences within family and social contexts; and help to unpick the complexity of the factors involved. However, policy development, service planning and resource allocation are also informed by estimates of how many people are involved; which sub-groups in the population are most 'at risk' in terms of adverse income changes or indicators such as debt; how big such risks are; and how long financial difficulties might last. These issues are best explored through quantitative research.

Existing data sets, however, often limit the scope and usefulness of secondary analysis, which further influenced the mixed methods design. Although the BHPS records deaths of panel members, this is done primarily to monitor sample attrition and evaluate representativeness. The BHPS survey was not designed to study bereavement outcomes: for example, people whose partner died in institutional care are under-represented and new panel members who cohabited with, but did not formally marry or have a child with an original sample member who subsequently died, are not followed up (see Appendix A.3.1). Observed changes in financial circumstances cannot always be attributed to the death of partner, and not all financial matters that might be affected by bereavement are covered in the survey.

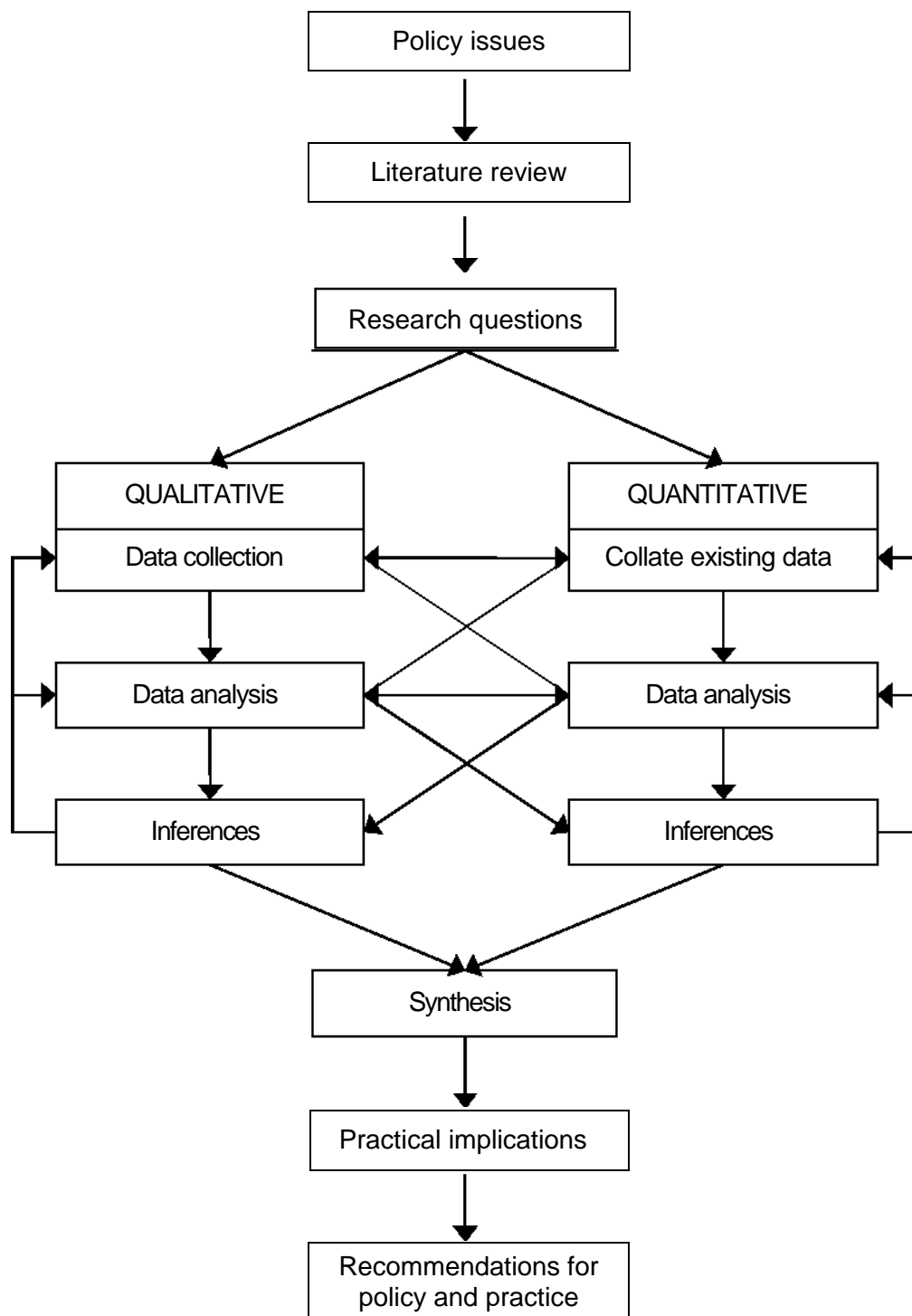
The design of the qualitative component was influenced by such limitations of survey data, and would in part help address them. In qualitative interviews we would ask people directly about the circumstances and consequences of bereavement. The qualitative study group also provided opportunity to include some people from groups known to be absent or under-represented in the BHPS study group, for example people whose partners had been cared for in nursing homes prior to death. In other respects, we thought the design of the quantitative component might be tested against the findings of the qualitative component. For example, the annual interview round of the BHPS can provide fairly precise accounts of the timing and duration of bereavement consequences by comparing dates of death and dates of BHPS interviews. However, such a strict chronological framework may misrepresent the experiences of bereavement. There is considerable variation in trajectories of bereavement consequences that is unrelated to measures of calendar time (Archer, 1999; Stroebe and Schut, 1999). The circumstances and place of death, the quality and stability of the relationship, the family context, social environment and personal resources of bereaved partners can each influence the course of bereavement consequences in different ways. Key transitions and turning points in the experience of bereavement are likely to provide more useful markers than the mere passage of time: the qualitative component would help identify such markers.

Following such lines of argument, our initial thinking was that our proposed approach to using mixed methods fitted some of the criteria of the concurrent triangulation strategy described by Creswell (2003) in which different methods are used to confirm, cross-validate or corroborate findings. We anticipated giving equal priority to the two approaches, and integrating findings during the interpretation phase. However, we were also anticipating using the kind of sequential strategies described by Creswell, using findings from each component to inform the sequence and direction of the other.

We thus saw our approach as likely to be evolutionary, with integration of qualitative and quantitative components in the design and implementation stages, as well as in our interpretation of findings and writing up. We hoped to use qualitative findings both to assist in explaining and interpreting quantitative results, but also to inform direction of further quantitative exploration. Similarly, we hoped to use early quantitative findings to inform recruitment for interviews and develop topic guides. We aimed to build up a qualitative study group as the work progressed, to include groups of people and topic areas identified by statistical analysis as being particularly interesting or not otherwise represented. We expected the topic guide used in the early interviews to develop and unfold to both explore and explain, as the study went forward, influenced by the ongoing statistical analysis.

At the design stage, it seemed to us that the integration of qualitative and quantitative methods towards which we were aiming might be represented by a concept map developed from the ideas of Tashakkori and Teddlie (2003b, Figure 26.11: 690) and illustrated in Figure 2.1.

Figure 2.1 Integrating qualitative and quantitative components in the research design



Our sampling was not integrated to the extent that anyone taking part could have contributed to both qualitative and quantitative components. Confidentiality restrictions protect the integrity of the BHPS sample, so it would not have been possible to use the BHPS to identify bereaved people to invite to take part in a

qualitative interview. In any case, the aim was to conduct qualitative interviews with people recently bereaved. There is a remote possibility that some people who took part in qualitative interviews are also part of the BHPS sample but their partner would have died after the latest BHPS wave available when this study commenced.

Our design thus combines secondary analysis of a systematic sample drawn from a clustered probability design with purposive recruitment for qualitative enquiry to achieve diversity of individual circumstances and responses. The quantitative study group broadly represents the circumstances of couples and bereaved partners throughout the 1990s to late 2004 (see Appendix B.8); the qualitative study group was drawn from a slightly later cohort. Although broadly comparable, the qualitative study group was not recruited to correspond to the quantitative study group and, as noted above, it included situations that would have been excluded from the BHPS sample. We do not see this lack of correspondence as problematic – there have not been big changes over the last decade in the general economic and social environment of bereavement (patterns of employment, retirement, mortality). Lack of correspondence between the samples does mean that the tax credit and bereavement benefits environments are different. This does not detract from the value of the qualitative findings on these topics.

The purposive recruitment for the qualitative study group ('sampling') also included sequential techniques, building the group gradually and extending it to people likely to have circumstances or experiences that became of interest as the investigation proceeded. Teddlie and Fen Yu (2007) have proposed a typology of mixed methods sampling strategies. Our own sampling strategy does not fit neatly into their typology. However, it does, we believe, meet their general guidelines for good practice (Teddlie and Fen Yu, 2007: 97). Thus, it stems from the research questions; it is feasible and efficient, and meets ethical requirements. As to whether our research would meet quality criteria for both quantitative and qualitative research (Bryman *et al.*, 2008), we believed we would be able to hold to the assumptions of both the probability and purposive sampling techniques being used, and generate databases appropriate to answering the research questions. Our approach would, we believed, enable us to make inferences that were credible and valid, allowing transference and generalisation of some of the conclusions to other people and contexts.

It is important to make clear that we do not suggest that those people taking part in the qualitative interviews represent the circumstances and experiences of bereaved partners in any general statistical sense. In the same way as concepts of 'partnership' and 'marriage' cover such breadth and depth of human experience that looking for a 'representative marriage' makes no sense, we would not expect to seek a 'representative bereaved partner' among those whose diversity of partnership has been overlaid by the diversity of human responses to death. We do believe, however, that experiences described during qualitative interviews throw light on and provide policy relevant information about processes and outcomes that contribute to the

general picture of what happens to people whose partner dies. We particularly recruited people to take part in interviews who perceived no or few important financial issues related to their partner's death, as well as people who had concerns and experienced problems. In this way, our qualitative study group does not over-represent circumstances of economic hardship or problematic process. The study group does include people who had such negative experiences, but also provides evidence of what protects people economically, or leads to positive financial outcomes.

The design initially proposed and discussed here was largely experimental for the lead researchers. As the research developed and early findings emerged, the researchers recognised additional scope for contributing to theoretical approaches in understanding psychological process in coping with bereavement. Incorporating this element of the research 'stretched' the mixed methods approach initially adopted, and we discuss this further in Chapter 6. A postscript following Chapter 7 includes the researchers' retrospective reflections on the overall mixed methods approach.

In the general literature about mixed methods research we have found rather less discussion of the details of organisation and implementation of integrated working than, for example, aspects of sampling and design. So in what follows in 2.2.4, we focus on practicalities and aim to provide a flavour of what we saw happening and how the team worked.

2.2.4 Working in an integrated way

From the outset, the proposal was written jointly by the two lead researchers who worked together to share the writing of all the main sections, including aims and objectives, except the detailed technical description of the qualitative and statistical methods. Here, each researcher wrote that component in which they were separately expert. In a process of discussion, shared reading and joint editing, each researcher ensured that they understood the other's approach and gave it equal value. The project was jointly managed by these two researchers, who shared overall responsibility. Corden took main responsibility for managing the qualitative fieldwork. Hirst managed the production of statistical findings. The third member of the research team was Kath Nice, who was initially recruited to help conduct qualitative interviews. Nice had less time input into the project than the lead researchers, but brought new questions and a perspective independent of the study's original conception.

The full team met regularly, at least once every two or three weeks throughout the project, to review progress, discuss emerging issues and interpretation, and agree specific plans for the next stage. This ensured tight management and full utilisation of the team. Notes were made from each meeting by each member of the team in turn.

The team created a common bibliographic resource and the two lead researchers both aimed towards familiarity with all the material therein.

There was shared involvement in the design of the qualitative component and development of the research instruments. These included project information sheets, and topic guides for interviews. The original models used for the first six interviews evolved in response to different recruitment contexts, early fieldwork experience and early findings emerging from both kinds of data. Hirst's involvement at this stage enabled him to take part directly in some qualitative fieldwork. There was also shared involvement in the design of statistical analyses, for example choosing which sub-groups, topics or associations to pursue in detail and how these might inform the next stage of fieldwork. In this way, Corden gained new understanding of quantitative approaches, for example the recording of marital status in large scale surveys and its implications for statistical analysis. This, in turn, led to qualitative exploration of practice and procedure by local Registry office staff who manage the process of death registration and help generate national population data on which the project draws. As a younger researcher, full participation by Nice at this stage provided many opportunities for learning about quantitative and qualitative methods.

There was strong commitment to sharing all progress reports and preliminary findings as the analysis proceeded. This was facilitated largely by email correspondence and attachments which were then discussed in team meetings; suggestions and interventions were made in both directions to implement the process of integrating findings. Making this work required discipline to continuous high quality notation and documentation, as well as commitment to immediate reading and engaging with colleagues' interim outputs such as memos and notes. Data from the qualitative interviews were extracted onto Framework charts immediately after transcription so that all members of the team saw how issues were emerging and evidence was building. Similarly, preliminary findings from each stage in the quantitative analysis were described and summarised in charts and tables for team review and comment.

Nice took the lead in preparing information sheets for the team, as need for these arose during the project. She prepared briefings on:

- bereavement benefits
- life insurance
- inheritance tax and planning
- death benefits from personal, state and occupational pensions
- social fund funeral payments
- administration of an estate on death
- criminal injuries compensation.

The team discussed and used this material throughout analysis and interpretation.

There was ongoing documentation of thinking, the process of data collection, issues emerging, and comments and queries from outside the research team in a shared project record book. Developments each week were recorded on one double page spread, with one side of the spread used for notes about the quantitative component and the other side for notes about the qualitative component. Notes were made on a daily basis, rotating the book continuously around team members, with cross referencing to the detailed information held electronically or in hard files. Simple techniques such as drawing arrows or boxes were used to indicate visually the process of integrated working, and how information and understanding was transferred and shared between the qualitative and quantitative perspectives (i.e. crossing or straddling the book spine). This book was not just a method for logging project developments. The shared process of creating the record served to reinforce and discipline commitment to integration. Members of the team were made constantly aware of the extent and direction of shared thinking. The book ran from August 2006 to July 2008, and this relatively unsophisticated technique proved both a valuable research method and a useful resource.

The team also drew on notes made during field visits to a Registry Office and a Bereavement Centre; notes made from a meeting with a representative of the Low Income Tax Reform Group; and briefing notes provided by DWP about government policy on bereavement benefits.

The two lead researchers were committed to joint production of all formal outputs, including early conference papers, posters and journal articles, this report and subsequent summaries of findings, papers and presentations. Nice had less time input into writing and dissemination, but shared authorship of this report, and selected publications.

2.2.5 Advisory group

The project was supported by an advisory group of people with relevant experience and knowledge. The group was built to include representation of public, voluntary and academic sectors, and included people who understood qualitative and quantitative approaches, some of whom had personal experience in both. The advisory group met twice during the course of the research, and is fully described in Appendix E.

2.2.6 Support for the researchers

The research project also had a funded component for provision of psychological and emotional support for the three team members. The model was developed from an exploratory, innovative therapeutic support group incorporated in the earlier study of

financial impact for parents of a child's death (Corden *et al.*, 2005). The full research team met regularly with a group therapist throughout the study. Appendix E provides full details. The initial aim of this group was to support researchers engaged in a sensitive area of study which might have implications for their emotional well-being. In retrospect, the researchers' experience was that it was effective in this way. In addition, we believe the therapeutic group became part of the model of integrated working at which we were aiming. The support group fostered team relationships, facilitated shared understanding of individual responses to bereavement, and helped integrate perspectives at a deeper level than was possible in the team meetings which were often focused on managing the research process. The research team reports elsewhere (Corden *et al.*, forthcoming) on the process and experience of this model of support. We shall also make suggestions as to how the contributions of the advisory group and the therapeutic support component might be represented within Figure 2.1.

In summary, a common aim underlying the ways of working described above was to build a team that was constantly sharing ideas and information from the qualitative and quantitative components to inform the combined methodology. We viewed the research team as a social process, built on relationships of communication and interaction. Our experience was that this kind of integrated working, respecting different approaches and perspectives, was necessary for integrating the research processes around data collection, analysis, interpretation and outputs.

2.3 Analysis and interpretation

We have already discussed how our integrated approach began at the start of the project, and continued throughout the data generation and fieldwork stages. In deciding how to sustain this process of integration into data analysis and interpretation, we were influenced by ideas set out by Moran-Ellis *et al.* (2006). They see integration as a process which brings different methods, data sets, analyses or interpretations into a relationship with each other where:

- they are combined in such a way to form a whole, *and*
- they are interdependent but retain their paradigmatic nature, *and*
- they make a contribution of equal value.

Appendices A to D give full details of the way in which data were assembled, organised and interrogated. Basically, the statistical data analysis was computer based using a standard statistical package, and the data from interview transcripts were displayed and interpreted using 'Framework', a manual technique for descriptive and thematic analysis.

We believe that our initial analyses of each data set on its own terms maintains epistemological integrity (Moran-Ellis' second point above) and does not attempt to *translate* data sets, analyses or interpretations one into the other. Our approach to integrating findings, which attributes equal value to each data set, has much in common with the technique described by Moran-Ellis as 'following threads'. Thus, an emergent finding in one data set led to exploration of that 'thematic thread' in the other data set, assembling a body of information for further analysis and linking back to the research question. In our study, some of the 'threads' for detailed exploration were already identified by the policy context and the research aims, for example the contribution of survivors' benefits to financial outcomes. Others had not been identified in advance and emerged initially from either the qualitative interviews (for example, family expectations about patterns of financial gift-giving) or the statistical analysis (for example, reduced labour force participation of men under pension age following the death of their partner).

Our general approach, then, was one of constant striving towards synthesis of findings, recognising the differences between answers to structured questions in a survey and what people said in reflective accounts during face-to-face discussions designed to explore personal experiences of change. Such a process, following the integrated approach taken from the start of the project, did not lead to the kinds of tensions which may arise by deferring integration until interpretation of findings. Huby and Dix (1992) explain how they dealt with some such apparent contradictions in findings from a structured survey and qualitative interviews. Rather than seeing them as a 'problem' they used apparent divergences to set up new lines of exploration and analysis. While the latter were useful for Huby and Dix, their research was then beyond the fieldwork stage with no opportunities for further qualitative interviews to throw more light on matters.

In our own approach towards synthesis, we did not have sub-sets of data which generated opposing strong findings on topics. We found useful here Halfpenny's (1997) discussion about the relation between quantitative and qualitative research, in particular the similarities between words and numbers. Halfpenny argues that both are constructions out of the richness of lived experiences, and both types of data are manipulated in pursuit of explanations, albeit in different ways.

Figure 2.1 does not represent the chronological synchronicity and integration of the analytic process. There was not absolute synchronicity in this kind of close-knit working. There were anticipated short periods, say one or two weeks when Corden and Nice got on with qualitative interviews while Hirst worked at statistical analysis. The team discussed in advance and agreed what to do during this separate work, and when it was completed the team discussed what had happened and planned the next stages together. Unanticipated or imposed delays happened on both sides. It took longer than expected to recruit people to take part in qualitative interviews, and the quantitative analysis was affected by delays in the release of data including

replacement of faulty data sets. There were also imposed breaks in synchronicity when there were pressing demands from other parts of our overall work in the research unit, or when we each took a holiday. Bryman (2007) discusses the possibility that the qualitative and quantitative components of a mixed methods study may get out of phase with each other. Our own experience was that although timelines did get out of phase over a period of weeks, these effects tended to even out, and did not present a serious problem. But it is hard to think what perfect chronological synchronicity would look like in advance, and easier to formulate in retrospect.

In our overall approach to analysis and interpretation, we moved a considerable way from the concurrent triangulation strategy described by Creswell (2003) which informed our original thinking. To some extent we used different methods to confirm or corroborate findings. As an example, statistical analysis showed considerable income loss after death of a partner for younger women including those with children, and interviews provided corroborative detailed information about the changes in income sources which led to such income reduction. In the other direction, qualitative evidence of the diversity and complexity of financial difficulties following death of a partner helped explain statistical findings showing widespread increase in 'financial distress' using a generalised measure at the population level. (These findings are presented later in Chapter 4.)

Integration of analysis and findings goes much further than corroboration or validation on either side, however. Our approach fits better, perhaps, the meaning of triangulation 'as seeking complementary information' as discussed by Hammersley (2005). Each kind of data reveals issues which are understood better or more fully with exploration in different ways. The qualitative interviews showed some complex financial transactions between bereaved partners and their adult children, sometimes related to new patterns of housing costs, the late onset of young adults' financial independence, and emotional attachment to continuing the gifting patterns of the deceased parent. Family obligations and expectations are not covered in the large scale survey, but once discovered qualitatively, prompted exploration of the limited quantitative data on money transfers between households. Both components also contributed to a fuller account, than would otherwise have been possible, of how expenditure patterns change following the death of a partner.

We believe that this approach to 'mixing' procedures and data analysis led to a more inclusive and consensual way of knowing about such complex financial implications, albeit shaped by the evolving context in which the research and the researchers' involvement developed. This approach perhaps fits the strategy described by Mason (2006) for using an integrated logic when mixing methods and linking different kinds of data. How well the two components enhanced and enriched each other, how much they questioned or challenged each other, and how the lived experience of bereavement was made manifest depended on our presentation of findings in the

combined account. The following and final section discussed aspects of writing this report.

2.4 Writing about findings

Our commitment to integration continued into the presentation of findings from the study. Sandelowski (2003) describes the challenges of writing and reading mixed methods studies. While the typical 'write-up' of quantitative research is conceived as an end product of a sequential process of enquiry (research aims; sampling; data collection; analysis and findings), Sandelowski sees the 'write-up' of qualitative research more as an enquiry in the making than the end product. Richardson (2000) also describes the writing up of qualitative research as a means of enquiry. There is considerable distance between this kind of writing and what is generally accepted as the traditional way of presenting quantitative research, originally based on the experimental scientific report (Bazerman, 1988).

At an early stage in the research, the lead researchers agreed to write a report with a sequential structure, moving from literature review, design and methods, chapters of substantive findings and conclusions with policy implications. This structure seemed most likely to fit current policy makers' ways of reading research and considering evidence. We also made early decisions about incorporating data in the report. We knew the presentation of statistical tables, graphs and verbatim quotations influenced the way people read a report and how they interpret findings (Corden and Sainsbury, 2006). As a result of recent empirical research Corden does not currently incorporate blocks of verbatim quotations in her own writing.³ Hirst generally expects to provide full explanation of quantitative analyses, displaying data in tables and figures within the text alongside technical appendices. Length of output was an issue. Although this final report is the main source document, and several shorter more focused publications will follow shortly, many readers dislike long reports.

The aim was thus a final report which would be understood by a wide readership, with sufficient display and technical interpretation of statistical data available for people who wished to look at this themselves. We aimed for some separation of statistical data display from the main text, for readers who did not want to engage with this or did not understand statistical techniques.

³ A study of the theory, practice and impact of using verbatim quotations in reporting applied social research was funded by the ESRC and completed by Anne Corden and Roy Sainsbury in 2005. A series of working papers and publications describing the main findings from this study can be found at <http://php.york.ac.uk/inst/spru/research/summs/verbquot.php>.

Finding a way forward required accommodation from both researchers, addressing issues such as balance, establishing validity and credibility and, importantly, the different ways in which people now approach reading, using hard print, electronic versions or a mix of both. The outcome has been a report in which the main text displays some data from both components of the research. Short phrases used by participants in qualitative interviews are occasionally embedded in the authors' text, to show the language and constructs people used. These phrases are italicised, to distinguish them from the authors' text. Some quantitative data and findings are reported in the main text, and are all explained in plain English, without need for readers to have technical expertise. Further and more detailed display of statistical data and analysis is presented in annexes to chapters, with brief commentaries. The report is made available electronically, so that readers can separate the main text and the annexes, and use mixes of hard print and electronically displayed text which best suit them.

As to crafting the chapters, the writing developed to some extent as part of the iterative process throughout design, data collection, analysis and interpretation. The continuous circulation of written memos, notes, progress reports, analyses and summaries, with responses then shared in further notes, evolved gradually into a flow of written interrogation and argument. The process of writing the report was then more of a process of organisation and collation of what already largely existed. The initial responsibility for this process of organisation of the four chapters of substantive findings which follow (Chapters 3, 4, 5 and 6) was divided equally, with subsequent iteration, adjustment and amendments. Stylistically, there was general agreement about construction of written prose and shared vocabulary.

The process of writing up our research was to some extent experimental. It was resource intensive but challenging and interesting. One of the outputs from this study will be a publication discussing the writing task. We shall value the views of readers of this report as to how far it contributes information about the material and financial consequences of death of a partner in a useful, policy relevant way.

This concludes our discussion about the research design and methodology. There follow four chapters of substantive findings from the research.

Chapter 3 Personal and Financial Circumstances Before a Partner Dies

3.1 Introduction

What happens to people's financial circumstances when their partner dies, and the administrative procedures they must deal with are of course, closely linked to their personal and economic circumstances and behaviour as a couple.

When death of an elderly person ends a long marriage, the bereaved partner often has the legacy of a lifetime's shared experience of flows in income and expenditure and a long history of budgeting and financial planning as a couple. People differ in how much they engage with such issues, but it seems likely that increasing age and frailty, and the inevitability of death, may lead some older couples to talk together about what will happen financially when one of them dies. What might happen to their shared home, pension or savings may become more salient. Some may make a will, or take simple measures such as making sure both partners know which banks, building societies, or insurance companies will become involved in the transfer of the couple's financial arrangements and responsibilities to the person left alone.

Younger people are in different stages of the life course. Their own death may seem a long way ahead, especially for people in relatively good health. The economic behaviour of younger couples, with and without marriage or formal partnerships, may be shaped around building up earnings, establishing their homes, and caring for children. The possibility of dying may be brought into focus only occasionally, for example when mortgage companies advise life insurance, or choices must be made in pension plans. Ill-health, however, or circumstances such as a dangerous work environment or taking part in risky leisure activities may lead some younger couples to think more about what might happen financially if one of them died.

This chapter starts to explore these issues, bringing quantitative and qualitative data together to demonstrate the diversity of personal and economic circumstances of those people who were subsequently bereaved by the death of a partner. We draw largely on data from the BHPS interviews that took place around six months before people's partners died (see Appendix A.3.4). Findings from our qualitative interviews are woven in, providing illustrative, explanatory or additional evidence.

First, we provide an overall picture of the circumstances of couples just before one partner died (3.2), describing their age and gender, living arrangements and family responsibilities, including periods spent providing care and support for partners at the end of their lives, when particular financial issues may arise. We describe people's health and housing arrangements preceding the death. We go on to describe their

financial situation (3.3), looking at levels and sources of income and identifying a variety of economic circumstances that may shape people's experiences of, and responses to, the financial consequences of the death of a partner. In 3.4 we review people's recent experiences of financial change and subjective assessments of their financial situation in the period preceding the death. In 3.5 we consider how far people anticipated any of the financial changes there might be if or when one partner died, or made plans to ensure financial well-being for the person left alone or, at least, to reduce insecurities and risks. The last part of the chapter (3.6) looks overall at couples' financial and economic circumstances in the period preceding death, and leads us to suggest potential risk factors for experience of financial problems following bereavement and, conversely, circumstances and strategies which may be protective.

The findings in this chapter set the context for understanding the financial and economic changes which result from the death of one partner, and how much of what happens was planned or anticipated. Although each person's experience and response are unique, identifying broad patterns can indicate the most important contributory factors and suggest appropriate entry points for policy action.

3.2 The context of death of a partner

This part describes the diversity of personal circumstances and family responsibilities, health and housing arrangements from which people experienced the death of their partner.

3.2.1 Age distribution and gender

At the population level, most bereaved partners are found in older age groups, reflecting the association between age and mortality and the relatively small age differences between partners (Bhrolcháin, 2005; Mortality Research Working Group, 2008). Mortality rates increase sharply after age 60 for both women and men but women are more likely to experience the death of a partner: they are typically younger than their male partners and women generally live longer than men. Nearly two-thirds of BHPS respondents whose partner died were women and most of them were in their 60s or older. Overall, three-quarters of women and men were over state pension age (60 for women, 65 for men) when their partner died (Table 3.1). Most pensioners were in their 70s or older: women were aged around 73 on average and men around 77. Respondents under pension age whose partner died were typically within ten years of state retirement age, around 50 for women and 55 for men on average.

The older age profile of people whose partner died highlights the extent to which the circumstances of many couples, including their financial assets and well-being, may have been shaped by the accumulative decisions, actions and resources over a long life span. Across the life course of family formation, labour market engagement and household change, outcomes will have been influenced by individuals' responses and relationships as well as by broader social factors such as class, gender and location. It is important to remember, however, that the age profile of people whose partner died is not the same as partnership duration. In our qualitative interviews, some older people who had entered second marriages had not had long together before their partner died. They explained how the couple's financial and economic circumstances at that time were influenced by decisions and resources within previous partnerships.

In the following analysis, we distinguish four sub-groups: women and men who were bereaved under and over pension age. These are useful analytical categories because they help explain variations in levels and sources of income. Their relative sizes are expected to change in future years partly, but not solely, as a result of proposed changes to state pension age. An ageing population will see an increasing proportion of partners bereaved in older age groups while gender difference may reduce as men's life expectancy increases at a faster rate than that of women (ONS, 2006b).

Fewer people under 50 years experience the death of a partner. The BHPS analysis showed that around 11 per cent of women and six per cent of men whose partner died were under 50 years of age. However, when the partner who died was still building up earnings capacity, had responsibility for children or a mortgage, and had not yet made much in the way of pension provision, there were likely to be particular financial implications. So, although fewer in number at a population level, it was important that we paid attention to this group. Our qualitative study group was built purposively to include bereaved people in all age groups. Appendix D provides a picture of some of the main personal characteristics and circumstances of the 44 people who took part in qualitative interviews. The youngest people who took part were women in their twenties and thirties; the oldest were men and women in their eighties.

In the BHPS analysis, 99 per cent of respondents described themselves as 'White British' and those adopting a different cultural identity were mostly women under pension age. It seems likely that members of ethnic minority groups are under-represented in the BHPS study group and their numbers are too small (seven respondents) for separate analysis. As explained in Chapter 2, our qualitative study group was not designed to include members of ethnic minority groups (see also Appendix D).

3.2.2 Living arrangements and family responsibilities

At the interview before a partner died, all couples in the BHPS study group were co-resident. This largely reflected the BHPS focus on and definition of private households (see Appendix A.3.2). However, couples were differentiated in other ways. The vast majority of couples (96 per cent) were legally married and two men were living with a partner of the same sex. Men were somewhat more likely than women to have been cohabiting (five and three per cent respectively) although some may have married just before their partner died.

The majority of couples in the BHPS study group were living on their own without other family or household members. More than nine out of ten women and men over pension age said they lived only with their partner. However, a substantial minority of younger couples were living with their children, including dependent children (Tables 3.2 and 3.3). Before their partner's death, almost one in five women under pension age had dependent children compared with one in ten men. Couples with younger children typically had two dependent children (53 per cent), or one child (36 per cent overall). Generally, people under state pension age presented more diverse living arrangements and circumstances because of the presence of dependent children, adult children, or both.

These general patterns were reflected in the household arrangements of people who took part in our qualitative interviews. Most of those we spoke to had been married to their partner. Among the older people were some with marriages of 50 to 60 years, and even longer. However, there was a wide range of length of partnerships and, as noted above, there was not a simple fit with people's ages. Some of those who took part had been in second marriages, including women able to compare the financial implications of two bereavements. In the qualitative interviews, people whose partnership had no legal status were generally in younger age groups, but some unmarried partnerships were many years long. One unmarried couple, with both partners under 40 years at the time of the death, had been together for 19 years. Other couples in relatively long partnerships without legal status had been making plans to marry at the time one partner died, and for some couples, recent marriage had been influenced by diagnosis of life limiting illness.

Among people who took part in qualitative interviews, those living with their partner without other household members during the year preceding the death, were generally people aged 60 years and older. Such couples often had adult children living independently, and some had grandchildren. Younger couples included some without children and others who lived with one, two or three dependent children. The children in these families ranged from younger than one year old when their parent died, to age 19 years, and included adopted children and children from one or both partners' previous relationships. Some couples had disabled children, of whom some lived with the family and some in residential care or boarding school. For a few

couples, there were also natural children of one or both partners with whom there was no contact. These included school age children who were living apart with their other parent, and children taken into care and known to be adopted. This considerable diversity of living arrangements and family structure among people under pension age deepens our understanding of the quantitative profile of couples where one partner died, described above.

Where households included adult children, these were usually young adults making the transition to a more independent life, adult children with special needs or circumstances who remained in the family home or adult children who had moved back into their parents' home in order to care for them at the end of their lives.

The qualitative study group also included some people in household arrangements that were not represented in the BHPS study group. Among participants in the qualitative interviews were some people whose partner had lived away from home in the year preceding death, in long-stay nursing home and hospital provision, or overseas in armed forces postings, situations rarely recorded in the BHPS.

3.2.3 Providing care

Among people who shared with their partner responsibilities for dependent children we might expect some considerable financial impact from the partner's death. The remaining parent now had to meet the children's needs for care and support without their partner and probably with different sources and levels of income. The various financial issues that arose and the different outcomes are discussed in the following chapters.

Another situation likely to be financially influential was that in which care was being provided to the partner who subsequently died. Previous research has shown the range of additional costs and expenses for relatives providing care for a sick or disabled person and, for some, the reduction in earnings related to this caring period (Glendinning, 1992).

Our statistical analysis showed that experience of a period of caregiving for a partner who subsequently died was widespread. Nearly half the respondents (46 per cent) in the BHPS study group, women and men alike, said they were caring for their partner in the months before he or she died. Those over pension age were more likely to describe themselves as carers, around half compared with a third under pension age. No more than one in twenty of those under pension age had been receiving carer's allowance.

In our qualitative interviews, the only people who had not experienced a period in which they had an active caring role were younger people whose partners died

suddenly or after unexpected admission to hospital following a road crash,⁴ violence, accident or sudden incidents such as heart attacks or aneurysms. Most people who took part in the qualitative interviews described periods in which they had provided intensive levels of care and nursing at home for partners with deteriorating respiratory and circulatory conditions, terminal cancers and conditions such as dementia or stroke. For some, whose partner developed an illness which developed rapidly, such as an aggressive cancer, their role as a carer had come suddenly and lasted only a few months. Those who described a caring role spanning several years had partners with long-term impairments or health problems. Periods of between six and ten years active caring were described by people whose partners had Alzheimer's disease, or recurrent cancer.

In the BHPS study group, partners of those identifying themselves as their 'carers' were more likely to have been in contact with health and social care services than partners of those who did not adopt the 'carer' label (Table 3.4). Our qualitative interviews showed that people who had provided intensive care for their partner at home usually had support from hospital and community nursing services; local hospices or social service provision such as day care or respite care for their partner, and some had been in touch with voluntary organisations such as carers' groups. Adult children or other relatives had sometimes been helpful during such periods of care, and it appeared that some church groups had provided high levels of practical support. For some people, however, it became impossible to provide at home the level of care required, and their partner had spent their last years in a nursing home or special NHS provision, or was cared for in the home of another relative with accommodation more appropriate for enabling home nursing.

Recognition of their role as 'carer', in the sense in which this term is used to describe people providing informal or unpaid care at home, can influence people's access to financial support and other services in the period leading up to a partner's death. In qualitative interviews, people who spontaneously used this language of 'caregiving' to describe themselves were generally people who had been in touch with carers' groups, or palliative care services. One person spoke about being a carer for six years as her '*role in life*'. Others, however, used a language of '*looking after*' or '*nursing*' their partner to describe what they had been doing in the period before death. For such people, 'carers' were generally the other people who came into their home to provide support for their partner, such as local authority or agency staff who helped with bathing or incontinence management. One person said her experience in a long marriage was that partners loved and cared for each other in many and different ways. When both of them were ageing, anyway, it was hard to pin-point a time when 'caregiving' began. Our interviews showed that delays in seeking financial

⁴ Our use of language here is deliberate, because we learned in qualitative interviews that the term 'road accident' is offensive to some people whose relatives died as a result of another person's drunkenness or dangerous driving.

support through DLA and carer's allowance were sometimes related to people's late identification of their own situations in the formal categories and language of 'caregiving' or 'carer'.

3.2.4 Health

Our statistical analysis shows that people whose partners died were often not in good health themselves when they were last living together. This is as we might expect, in a population among whom so many were in older age groups, and likely to be coming towards the end of their own lives. The broad picture shown in Table 3.5 confirms that self-assessed health problems were widespread among people of pension age and over. Of particular interest are the numbers of people reporting clinical levels of anxiety and depression at this time, higher among women, and especially among women of pension age and over, more than a third of whom described themselves as having such conditions.

We might expect some of this reported anxiety and depression to be related to very difficult circumstances of caring for a partner towards the end of their life, and for some, anticipation of death and widowhood. Some of the mental distress reported by people may have been related to dealing with their own impairments, health complaints, or limitations of daily activities. For this study, the broad picture of self-reported health at the time before their partner's death may be a pointer to the numbers and circumstances of people who were already not well equipped to deal with some of the issues which lay ahead. Financial uncertainties and new anxieties about resources or expenditure, and the practicalities of dealing with regulatory organisations to achieve transitions in resources were likely to be particular burdens for people already clinically depressed, or experiencing limitations in daily activities.

Among people who took part in qualitative interviews, those who said they had health problems themselves during the years before their partner died were generally in older age groups, which fits with the broad statistical picture. Conditions described included those commonly associated with ageing, such as arthritis, respiratory and circulatory problems. Some people related their health problems to their long-term caring role: they believed lifting partners and using heavy equipment had led to musculo-skeletal problems, and long-term emotional stress was reflected in their circulatory problems. The oldest person in our group was very frail, and both partners in the marriage had been cared for at home by an adult child, with support from social services. Among younger people who had health problems themselves in the time just before their partner died were people receiving long-term treatment for cancer, mental health conditions and advanced diabetes.

When a partner was very ill, it could be hard for some people to go for health checks themselves when they experienced symptoms, or to go forward with their own

scheduled operations. Some chose not to take steps which they perceived might increase the couple's emotional and practical burdens at the time. Keeping quiet about their own condition was one way of prioritising what had to be done. By contrast, some hurried to deal with their own health condition, wanting to be as well as possible to deal with what was happening. Both of these choices had financial implications following bereavement for some people, in addition to the health implications, as we see in following chapters.

However, looking across all those who took part in qualitative interviews, there was wide diversity in people's own health condition just before their partner died. The group included people in all age groups who said they were generally fit and well during the time preceding their partner's death, and for some couples, both partners had generally enjoyed good health and been fit and active when sudden death had happened.

3.2.5 Housing arrangements

Paying for their accommodation is one of the main regular financial outlays for many couples, and couples who have paid up their mortgages still have the expense of maintenance, redecoration, and insurance.

Our series of qualitative interviews provided perspectives on some of the housing issues which were important to couples during the year before the death. Among older people, arranging and paying for the maintenance of their property was becoming a problem for some. This happened, for example, when a partner who had usually done much of the work themselves was no longer well enough to do any decorating or repairs. Some people whose partners had long-term conditions were living in properties they had adapted to needs. Structural alterations such as new bathrooms and lifts had sometimes meant heavy expense, which had reduced savings. Other couples with need for adapted accommodation were already living in rented, purpose-built bungalows or flats; waiting for their names to come to the top of the list for allocation of such properties, or just about to move in when one person died. As explained in 3.2.2, couples lived separately when the needs of very ill partners could no longer be met adequately at home, and partners had moved into nursing homes or hospitals, or a relative's home.

Recent moves were not all health-related; moves to larger or better houses had been planned by some younger couples as their earnings increased, or their families grew. Couples who had planned such moves had not anticipated the onset of serious illness or death of one partner. Some recent moves were influenced by wanting to be closer to other relatives. The kind of paid work undertaken was also an influence on the accommodation in which some couples were living, for example through an

employer's requirement to live in accommodation provided, or having found a house which could be developed for incorporating a small business.

Those who were paying high mortgages, or had invested heavily in extending and improving their houses had been relying on high earnings, from one or both partners. Renting out part of a home was one way of increasing income, and some couples in higher income brackets had a second home for family holiday stays, or another property they let for income.

Table 3.6 draws on our statistical analysis and shows the broad picture of housing tenure in the year before their partner died, for men and women of different ages. We see that mortgage and rental payments were widespread among couples under pension age. At the BHPS interview before their partner died, just over half the women under pension age said the couple was making mortgage payments. Respondents over pension age were both more likely than those who were younger to live in rented accommodation, or to own their house outright. Table 3.7 shows that most people said they were able to keep rent and mortgage payments within their budget. However, among women under pension age whose partners died during the following year, the number who were finding it hard to meet rent or mortgage payments was much higher than among other respondents. Strategies to cope with such difficulties mainly included cutting back on other household spending (82 per cent) but some had borrowed money (20 per cent) or deferred payments by two months or more (nine per cent).

This description of housing arrangements in the period before the death sets the context for understanding some of the financial issues which subsequently arose. Maintaining rent or mortgage payments for a home after the death of a partner was likely to be a major issue for some people, which might prompt claims for council tax and housing benefit, or moving house. Some younger women entered widowhood already having problems making housing payments. Among people whose mortgage was paid up, issues might arise about inheritance of the property, how to maintain it without their partner, downsizing accommodation or release of equity. For those in rented accommodation, there might be tenancy issues. Chapter 4 explores these issues and outcomes for people after their partner died.

3.3 Financial situation

This part of the chapter addresses the general financial situation of people in the period leading up to the death, when they were living as a couple. This is likely to be a major influence on people's economic circumstances following death of their partner, both in terms of actual resources and in terms of the way people experienced their change in circumstances. Whether individual people feel 'better off' or 'worse off' in bereavement and whether their change in circumstances brings

financial anxieties is likely to be closely related to how they felt previously about their financial situation and security as a couple.

Data from the BHPS provide contemporaneous details of people's financial situation, and their assessments of their situation, when they took part in the interview preceding the death. From the qualitative interviews, we have retrospective information about the period preceding the death, which provides additional insights into economic experiences during this time.

The statistical analysis shows that, at the time of the last BHPS interview before the death of their partner, two out of three people described themselves as 'doing alright' or 'living comfortably' (Table 3.8). So most couples could be described as managing financially, with what they perceived to be a reasonable and acceptable standard of living. Amongst the remaining couples, most felt they were 'just about getting by', suggesting they currently had just enough for their needs and were managing the financial situation, but that there might be problems.

When we look at actual household incomes, we see that couples under pension age were often better off than would be expected from comparison with household incomes in the general population. At the BHPS interview before bereavement, more couples under pension age than would be expected were in the upper half of the national income distribution (Table 3.9). In contrast, households where respondents were over pension age were comparatively worse off: almost 60 per cent were found in the two lowest income groups, where 40 per cent would be expected.

We also compared household incomes with the most widely used measure of income poverty, defined as less than 60 per cent of the median household net equivalised income (see Appendix C). These comparisons showed that a majority of couples, 64 per cent overall, reported household incomes significantly above contemporary poverty levels (Table 3.10).

However, the extent to which such broad descriptions and typical situations can be generalised is limited. Across a range of indicators, the financial circumstances of couples show considerable variation. The typical household income of couples under pension age was around £355 a week before their partner died, but actual incomes varied markedly, driven mainly by variations in income from employment earnings. In seven out of ten couples where respondents were under pension age, the respondent, their partner or both were in paid employment (Table 3.11). The typical household income of pensioners was lower, around £250 a week, and showed much less variation because they relied mostly on state pensions and other benefits fixed around similar income thresholds. (See Figure 3.1 in the annex to Chapter 3.)

The broad pattern of association between particular sources of income and differences in household income levels is clear enough: households under pension

age are likely to receive most of their income from paid employment; households over pension age depend predominantly on state pensions and other benefits. When we look at those under pension age, a further broad distinction can be drawn between households that derived the bulk of their income from paid employment and those that were largely dependent on state provision. Households below pension age relying on means-tested benefits were among the lowest income groups. Above pension age, most households depended on state pensions and other benefits with some also receiving income from private pensions, investments and other sources. Variations in these latter sources accounted for much of the disparity in household incomes of people above pension age. Less than a tenth of their pre-bereavement household income came from investments and savings. For people bereaved under pension age, investments and savings provided an even lower proportion of household income (Tables 3.12 and 3.13).

These general patterns from the statistical analysis were reflected in the accounts from people who took part in qualitative interviews of their household income sources during the year preceding their partner's death. Among people below state retirement age when their partner died, most had experience of doing some paid work while living as a couple. Those not currently working shortly before their partner died had health problems themselves, were taking time at home to care for children or, for some, to care for a partner during a final illness. Partners who died below 60 years of age had also generally done paid work. Some had been working right up to the time of the road crash or heart attack. For those partners under pension age whose final illness had developed more gradually, there was often a pattern of interrupted working during periods of treatment, and then withdrawal from work, with periods on sick leave or incapacity benefits and, for some, early retirement.

As described in the qualitative interviews, transitions to retirement income came at different times for members of couples in which one or both lived beyond 60 years of age. The oldest people who took part in interviews, in their 80s, described their last year together with their partner as a time when their income came solely from pensions and benefits of different kinds, sometimes boosted by income from savings. People with good occupational pensions had sometimes taken early retirement. There were also people, both among partners who died and among those who lived on, who did paid work beyond the age at which they started drawing state or occupational pensions. These were generally people with professional experience or particular skills, who were able to go on working part-time into their late 60s. As a result of age differentials between partners, different employment decisions, health trajectories and access to pensions, there was great variety in combinations of sources of income in the year preceding death, among couples in which the surviving partner was aged over 60 years.

One demonstration of the impact of these wide variations in levels and sources of income is that, although most people in the BHPS study group had described

themselves as 'living comfortably' or 'doing alright', some households were experiencing financial hardship in the period preceding the death. Overall, five per cent of respondents said they were finding it 'quite difficult' or 'very difficult' managing financially, at the BHPS interview preceding the death, and a further 28 per cent felt they were 'just about getting by'. Table 3.8 shows that people under pension age were most likely to be struggling financially in the months before their partner died, women somewhat more so than men.

3.4 Recent changes in financial circumstances

All couples experience economic and financial change during their partnership. There are many factors involved – changes in resources may be related to employment histories or inheritance of assets; changes in needs and expectations may be related to family formation or age-related life style. In this study, we were interested in people's recent experiences of financial change, when they were last living with their partner. This was important for understanding what came after and making sense of how people felt about their financial circumstances after their partner died.

Financial problems can arise when someone is ill, as a result of extra expenses or reduced income from paid work. On the other hand, some people may put shopping for other than necessities 'on hold', reduce spending on social activities, or claim disability benefits, making them feel financially better off. In this part of the chapter we look at the extent to which people felt worse off or better off financially in the year prior to the death of their partner, and the factors involved.

3.4.1 Feeling worse off financially

When asked about recent changes in their financial situation, in the last BHPS interview before the death, around one in five respondents overall said they were 'worse off' than they had been a year ago. Women, both under and over pension age, were more likely than men to say they were worse off financially (Table 3.14). The two most common reasons for feeling worse off were 'increased expenses' and 'reduced earnings', which may be linked to withdrawal from the labour market of one or both partners, and extra costs associated with illness and providing care. Increased expenses was the predominant reason mentioned by respondents over pension age and may reflect increases in general living costs for people on fixed incomes as well as additional costs relating to their partner's care needs. Under pension age, reduced earnings was the main reason given for feeling worse off than the year before, closely followed by increased expenses. Between the last two BHPS interviews before their death, 11 per cent of partners under pension age had left paid work, reducing the proportion employed from 62 per cent to 51 per cent. At the same

time, the number of couples in which both partners were under 65 and neither worked increased from 22 to 26 per cent.

The qualitative interviews showed how a couple's income from earnings can decline from the onset of illness, and for some, through periods of treatment and gradual deterioration sometimes spanning several years. This had less impact when the partner who was ill was a second earner, and the main earner could continue to work and generate sufficient income for their needs. For example, men with good salaries said that when their wives had to stop their own part-time work, this affected the way things were paid for in the family, and patterns of saving, but their own earnings were sufficient to maintain living standards. When both partners' earnings were important for budgeting, decline in earning capacity of a partner who became ill had a major financial impact. It became even more difficult if the earnings of the other person were also reduced. This happened in various ways. Some people needed to take time away from work to support ill partners and go with them to hospital appointments and treatment sessions. Some reduced hours of work to manage the care of children and home, they had previously shared with their partner. The shock and distress caused by their partner's diagnosis or symptoms meant that some people felt unable to do their paid work anyway.

Our qualitative interviews showed how decline in earnings was cushioned for some couples by employers' arrangements for paying salaries and wages during long-term sickness. Some employers also made generous arrangements for paid 'compassionate leave'. Such schemes meant that loss of earnings did not cut in so quickly for the partner who was ill, or the other member of the couple. For self-employed people, the financial impact of decline in earnings could be very different, depending on the kind of work undertaken, and any private insurance arrangements. In some kinds of low paid self-employed work, such as driving, jobs could be taken at short notice, when it was possible to do some work. In this way, some self-employed partners whose illness had reached advanced stages could still manage a couple of days work in 'good weeks'. However, when self-employed work meant responsibility for running a business, or competing for long-term contracts with important deadlines, it could quickly become impossible to continue. People in such circumstances who had no private sickness insurance had experienced a rapid slide in income from high earnings to incapacity benefit.

Decline in earnings during the years preceding the death was not always directly associated with ill-health. Some people in their 50s and early 60s had been withdrawing from paid work anyway, as part of their plans for later life. Some people who could draw occupational or private pensions had decided to 'retire' from their main work, and were planning to live on lower incomes. Others had ideas for new ways of earning, such as developing a leisure interest into a small business.

No matter whether reduction in earnings was planned or not, increased expenses associated with a partner's illness and need for care were described in qualitative interviews by people in all age groups. Additional expenses described were similar to those well-known from previous research on caring (Glendinning, 1992). Costs of travelling with a partner to hospital for treatment could be high. When ambulance journeys were unpredictable or uncomfortable, some people chose to take their partner by car or taxi. There were expenses attached to visiting partners in hospital, nursing home or hospice. Bus passes for older people could be helpful in keeping down costs, but specialist hospitals were not always accessible by bus, requiring use of private vehicles or taxis. People had been amazed at hospital parking charges; some needed to visit hospital more than once a day, and some incurred big parking fines when appointments or treatment lasted longer than expected. Awareness of entitlement to 'blue badges' which might have reduced parking charges came too late for some people to take advantage. In London, congestion charges added to the expense of using private cars.

People whose partner was cared for in a nursing home, or received private nursing care at home not available through the NHS, contributed to the costs from what they considered joint savings. Paying such fees for several months, and in one case for two years, made inroads of thousands of pounds into the couple's savings. Some couples paid towards day care provided by the local authority. Readiness to try 'alternative treatments' for life-threatening illness meant that some couples spent heavily here.

Providing care at home for very ill partners led some couples to install lifts and adapt bathrooms. Local authority grants usually did not cover the full cost of such structural changes and some couples had to spend a lot of money. Getting larger cars or vans to enable access for a partner usually meant more expense. Motorised scooters were sometimes bought to extend possibilities of short shopping trips, or going round the park. People often found a good second-hand market here, but had typically spent between £700 and £900.

As partners' conditions deteriorated, there were often additional expenses such as new beds and mattresses, extra bedding, new clothes when partners lost or gained weight, and incontinence supplies. Some people bought equipment such as air purifiers, humidifiers, fans, and food liquidisers. There was often need for extra heating, greater use of the telephone, and increased electricity consumption to power medical equipment and lifts. Buying more convenience food to fit around caring, and buying food or drink supplements to tempt very ill partners, led to higher food spending and greater waste.

Particular expenses included fees incurred in arranging Power of Attorney, and fees to solicitors and accountants in settling private and business matters.

The impact of such additional expenses varied considerably. Some couples had spent many years on low incomes from incapacity benefit or state retirement pensions, and said they were used to juggling expenses and adapting spending patterns. People maintaining high earnings, and those with good pensions or savings knew that the couple could afford additional expenditure. But watching rapid depletion of savings led to anxieties, especially for people over pension age who had expected to rely themselves on future access to these savings. Some also felt angry about the requirement for private funding for some of their partner's health-related needs. Some people who were aware that their partner's life would be limited expected to meet some of the additional costs after the period of care ended, for example when fuel bills came later in the year. People who borrowed money to meet additional expenses also knew they would be paying off loans in the future. In this way, some people were already thinking towards some of the financial impacts which lay ahead.

We can assess the extent of economic disadvantage of couples in the year preceding the death against official measures of income poverty, and by comparing their incomes with those in the general population. Our analysis of BHPS data shows that more than a fifth of households were below the official poverty threshold (Table 3.10). Income poverty was more widespread among households with respondents over pension age: almost double that of households with younger respondents according to the official threshold. As a consequence, older households were 'pushed down' the national income distribution. Households with respondents above pension age were more likely than expected to be found in the lowest quintiles of the national income distribution, producing wide inequalities in income and wealth in pensioner households (Table 3.9).

Such inequalities among older age groups were clearly illustrated in the series of qualitative interviews. At one end of the spectrum of financial well-being was a couple in their late 60s, both with full state retirement pensions, and generous public sector occupational pensions from long professional careers, with additional income from savings, investment and property. At the other end of the spectrum was a couple in their late 80s, both of whom had employment histories interrupted by poor health. Their income for many years came from state retirement pension and pension credit, supplemented in recent years by attendance allowance. A large lump sum benefit back-payment came shortly before the death, but too late to have any impact on the couple's standard of living.

3.4.2 Feeling better off financially

When looking at the financial well-being of couples in the year preceding death, it is important also to consider those who felt 'better off' than they were a year ago. Questions arise as to whether feeling on an upward financial trajectory in the period

before death is any protection against financial difficulty in bereavement. On the other hand, it might be that people whose financial situation was improving, or who felt financial security was increasing, were particularly distressed by financial changes following bereavement.

In the qualitative interviews we conducted, the couple of years preceding the death were described as financially comfortable or secure by people living within their income, increasing their earnings, or improving their circumstances by adding to savings. Included here were people in all age groups and from all parts of the income range. Increases in earnings or pensions enabled some to keep up with increases in prices, or the costs of growing children. Some of the people we spoke to said one or both partners had already achieved high earnings; they had comfortable life styles. Some older people had become financially better off when their children became independent, and some had generous occupational pensions.

These relatively comfortable circumstances were reflected in the BHPS study group where two out of three couples felt they were 'living comfortably' or 'doing alright', more so among those over pension age (Table 3.8) and a majority of younger couples were in the top three fifths of the national income distribution (Table 3.9). Across the age range, around one in seven people (14 per cent overall), felt they had become better off in the year preceding their partner's death; indeed, slightly more younger women felt this way (Table 3.14). The predominant reason for feeling better off financially was 'increased benefits', followed by 'reduced expenses'.

The qualitative interviews help to explain why gaining receipt of higher rate disability living allowance, attendance allowance and sometimes carer's allowance led some couples to feel better off. These benefits could make considerable impact on household budgeting and standard of living among couples living at lower income levels. Disability living allowance and attendance allowance provided additional resources, unrelated to other household income, which was highly valued by some people. They were used to boost general household income, or were earmarked for regular expenses such as incontinence supplies and day care, or one-off expenses such as bedding and equipment. One woman said that they ate much better during the last year of her husband's life, as a result of his receiving higher rate attendance allowance. They could afford to go to hospital by taxi, and they renewed old domestic equipment, making life more comfortable than before, for both partners.

There had been some delays in getting disability living allowance. People valued advice and help with applications through hospitals, palliative care or support groups. According to the BHPS, one in four partners (26 per cent) received disability living allowance or attendance allowance and, between the last two interviews before their death, ten per cent of partners had successfully claimed these benefits. In the qualitative interviews, some people said that both partners were receiving these

benefits. Recent awards of disability living allowance to disabled children had also brought a welcome boost to income in some families.

Findings from the qualitative interviews also provide pointers to ways in which some expenses dropped in the period preceding the death. When a life-limiting illness meant giving up previous leisure activities; not going away on holiday; not wanting to buy new clothes, or getting rid of vehicles no longer used, people found they were spending less money.

Reduced housing costs led some people to feel better off financially in the time before the death. Some mortgages had been paid off recently, either by coming to the end of term or, for some people, through critical illness insurance. There had been reductions in council tax for some older people gaining new entitlement to council tax benefit at age 60 years, or when people in the household claimed a 'qualifying benefit' such as disability living allowance. Couples who had recently moved to smaller accommodation, better suited to the needs of a disabled partner, had noticed smaller fuel bills.

We also spoke to some people who said the time preceding their partner's death had been one of increasing living standards, but without feeling better off, because they drew heavily on credit. Using commercial loans or store cards to purchase household goods had grown to be a normal part of budgeting for some younger couples who expected to maintain earnings. They funded holidays and family treats by borrowing. People who knew they were living beyond their income said they had been concerned about growing indebtedness, and had been hoping to get spending more under control. We also spoke to people who said they had no idea of the extent of their partner's indebtedness until after they had died.

3.5 Looking ahead to economic change

We know that some people think ahead to changes in economic circumstances that might follow death, and some discuss this with a partner. Some decisions and actions are taken many years in advance of death, such as arranging life insurance and mortgage protection arrangements, taking decisions about benefits for survivors in pension arrangements, or writing a will. For some people, increasing age or awareness of a life limiting illness may focus attention on future provision for a partner or children, or how resources and assets might be redistributed.

In our qualitative interviews, we asked people to look back to any discussions they had had with their partner about what might happen financially if one of them should die and how far they had anticipated some of the income changes that might follow. As we might expect, some couples had not given much thought to this together, whereas others had made careful plans. We also asked if their partner had made a

will, and whether either partner, or both, had sought any financial or legal advice in anticipation of death.

3.5.1 Talking to a partner

Among people in younger age groups, some could not remember ever having talked seriously with their partner about what might happen if one of them died. For example, people in good health and busy with jobs and families often thought death was a long way ahead. When younger couples had talked about financial outcomes, should something happen to one of them, this had usually been in response to a 'trigger' experience. Personal experience of a financial shock, such as unexpected redundancy, had led some couples to think about other risks in life. The birth of a child, or a new partnership involving step-children or children living apart with previous partners had sometimes led to discussion of long-term financial responsibilities. Being an executor for a parent's will, or reading promotional material from insurance companies, led some couples to talk about their own circumstances.

Talking about such things in response to a 'trigger' experience, increasing age, or life events such as taking out mortgages and making pension arrangements led some couples to make decisions that would have financial implications if one of them died. This often happened incrementally, as required, and clear memories of what had been arranged sometimes faded, as people got on with their lives. Some decided not to take action as the risk of death seemed low; some said they just did not get round to doing anything.

People who said there had been no need, for a long time, to talk much to their partner about their future financial security included people at both ends of the income range. Some older couples who felt financially comfortable had made wills, to ensure continued well-being of the partner who lived longest, and no longer talked much about such things. People who had lived with their partners for several years on low incomes from benefits had a general sense that they would go on managing in this way when on their own.

Onset of serious illness led some couples to think hard about their financial situation. People who said they had talked fairly fully to their partner about what would happen financially, during the period leading up to death, were all people in couples where both knew death was approaching and both wanted and felt able to talk about this together. Some people said they recognised their partner wanted to order their affairs and leave matters as they wanted, especially partners who had generally dealt with the couple's financial matters. Partners who were dealing with an important financial issue, such as winding up a business or securing income for another family member, wanted to talk about this, to make things easier for the person who would have to go

on dealing with it alone. Some partners wanted to give reassurance that there would be continuing adequate income from pensions or investments.

Older people who had built up savings or assets said they talked at various times to their partner about what they wanted to happen when they died. Some took advice from financial advisers or solicitors when writing wills, taking into account inheritance tax planning. Some partners with no savings to pass on made sure the other person knew where in the house to find paperwork that would become relevant, such as addresses of pension companies. Some men gave careful instructions about how items such as their tools, books or leisure equipment should be sold to raise money for the person who lived on.

Such discussions had not been possible, however, when one or both partners found it hard to talk together about death. In some qualitative interviews, both men and women said that partners receiving palliative care for advanced conditions made it clear that they did not want to talk about dying. Their focus was on day-to-day living, in the hope of reducing symptoms and possible recovery. Wills made some time ago, in different circumstances, were sometimes not revisited. It was then hard for the other person to raise issues they would have liked to talk about, such as provision for children, what pension arrangements there might be for them, or what kind of funeral their partner might like. This led some people to ways of finding information they wanted without asking their partner, or putting money aside, secretly, to help them deal with any financial problems that might arise later.

In some families, it was the caring partner, or other relatives closely involved, who were reluctant to talk about an approaching death. Some people said that they recognised, in retrospect, that when their partner tried to introduce a topic such as what was likely to happen to occupational pensions, they had closed down such discussion themselves, assuring their partner that these things would work out alright. They said they had wanted to save their partner energy, lessen anxieties and move thoughts in directions that seemed more positive, but said also that, emotionally, such discussions were too hard for them to deal with.

Other people who had not talked recently about what might happen financially if one of them died included some who said there had just been assumptions, on both sides, that things would work out. This was often based on beliefs that the person left alone would have some security as a result of decisions taken at earlier stages in their lives about mortgage protection, insurance, occupational pension options, or beliefs about financial protection provided by marriage. As we see later, some people's beliefs and assumptions turned out to be wrong.

3.5.2 Making a will

Among those who took part in qualitative interviews, everybody knew in advance of the death whether their partner had made a will. When there was a will, most people knew beforehand what it contained and the reasons for their partner's intentions. Married couples had sometimes written 'mirror wills', each leaving their entire estate to their partner. Some older partners who had made joint or separate wills some years ago looked at these again when they had diagnoses of life threatening illness, but we saw in 3.5.1 that this did not always happen. Couples with substantial assets or valuable homes who wanted to pass on some of their wealth to the next generation sometimes took new advice at this stage about inheritance tax planning. This led some to alter the formal ownership of their home, from being 'joint tenants' to 'tenants-in-common'.

Leaving a will was also important to some older people with little in the way of assets. It appeared that leaving a formal statement of their wishes had seemed, for some people, an appropriate behaviour; it was what people ought to do and what families expected. Thus wills made by older partners in low income groups included some which were just simple statements that they left everything to their spouse, with instructions about small pieces of jewellery or personal items for named children. Wills were also a way of indicating particular wishes about funeral arrangements including choice of burial or cremation, religious or secular ceremonies.

In our qualitative interviews, partners over pension age who had died intestate were among the partners who were described as not wanting to talk about death. Included here were partners described as having nothing to leave anyway, as well as people with valuable homes. Some had talked about making a will, at various times in their lives, but not got round to it, and for some it was then 'too late' when they became very ill.

Most partners who died without leaving a will, in our series of qualitative interviews, were under pension age. Some partners who had little in the way of savings, and thought that their joint home would be protected through mortgage arrangements or life insurance, were said to feel no need to make a will. Young parents said they had not expected to die yet, and had not thought of making a will. Those partners in their 30s and 40s who had written a will had been required to do so, for example through service in the armed forces; been triggered to do this by diagnosis of life threatening illness; or for one couple, simply the offer of a free legal service for making a will, through Union membership at work. Partners who had died intestate in their 50s or early 60s were described as having not got round to making a will, or thinking that their spouse would naturally inherit what they had previously shared. Knowing they only had a few weeks left led some men in this age group to arrange to write a will, but there was not always time to complete this before death.

The BHPS does not ask questions about making wills, so we do not have the broad overall picture. However our qualitative findings would seem to reflect a continuation of earlier findings in the literature (see 1.2.2) that many partners, especially in younger age groups, often do not feel the need to make a will, put off doing so, or assume that any assets would be transferred to their surviving partner without difficulty.

3.6 Summary

This chapter has looked in some detail at the personal and economic circumstances of people when they lived in a couple, just before their partner died. We can expect people's circumstances and experience at this time to be a major influence on the financial implications of death of their partner. There are many complex strands in these economic circumstances: age and length of partnership; life stage and family histories; couples' employment histories; the health of family members, and how far couples have made plans for bereavement.

As expected, we find considerable heterogeneity, and some wide inequalities in economic resources and opportunities, both among people in older age groups (the majority) and among people of working age. By looking at couples' financial and economic circumstances in the period preceding death, we can go on to make suggestions about groups of people who may be at particular risk of financial difficulty when a partner dies.

For people experiencing financial problems just before the death, decline in income in bereavement may bring further problems. A minority of people, around ten or 15 per cent, were struggling financially at the time of the last BHPS interview before their partner's death. They were poorer than households in general or significantly below the official poverty threshold. Some such people might have opportunities in the labour market for improving their financial situation following bereavement. However, many people beyond state retirement age (those most likely to be very poor) and younger people unable to work may be unable to increase incomes in this way. Households mainly dependent on social security might be especially vulnerable, and at risk of continuing financial hardship and persistent poverty.

People liable for loan repayments at the time their partner died may also face problems. Dealing with a legacy of debt might be particularly hard for bereaved people with limited financial resources. Living standards previously maintained by borrowing might be reduced for bereaved people who can no longer afford credit. Almost one in ten households reporting circumstances at the time of the BHPS interview preceding the death was making repayments on loans and hire purchases. Such commitments were rare amongst those over pension age but involved more than a quarter of households where respondents were under pension age. Meeting

repayments was reportedly a challenge for many younger respondents especially women, almost half of whom said repayments were a burden compared with a fifth of men under pension age.

People who must continue paying mortgage payments from fewer resources in bereavement might be at particular risk. Our statistical analysis showed that mortgage and rental payments for accommodation were widespread among respondents under pension age, just before the death, but less common for older people, a majority of whom owned their house outright. Women under pension age were most likely to report housing costs: over half said the couple had a mortgage just before the death compared with less than a third of men under pension age whose partners died (Table 3.6). This gender difference in outstanding mortgages reflects both age gaps between married partners and the five year difference in state pension age. Although the majority of people said then that they were able to keep their rent and mortgage payments within budget (Table 3.7), what happens to mortgages following death depends on the terms of the mortgage, including formal ownership of the property and insurance cover. People not in marriages or civil partnerships, living with partners who formally owned the shared home and had not made a will, might be another group at risk because they are excluded from legislation protecting property rights and financial responsibilities of couples (Wong, 2005).

People already experiencing problems with particular expenditures may find the problem remains or increases when their partner dies. One example is paying for fuel. At the time of the last BHPS interview before bereavement an estimated one in eight households (12 per cent) was spending more than ten per cent of net household income on oil, gas and electricity. Disproportionately high fuel expenditure may be associated with a partner's care needs, as described above, but also with poor housing and inefficient heating systems. In these circumstances, low income households, largely people over pension age, would be especially vulnerable. While increased fuel expenditure associated with a partner's care stops when that partner dies, bills covering that period may not arrive until much later. Dealing with these, and continued high fuel expenditure due to housing structure and heating systems, their own health needs, or rising fuel costs, is likely to be particularly hard for people on low or reduced incomes.

People whose partners had financial responsibilities or commitments beyond their immediate household may face particular problems in bereavement. At the time of the last BHPS interview before their death, a small number of partners (16 out of 621 who were asked) said they sent or gave money to someone living in another household. These payments variously covered child maintenance, household bills, education fees or costs, spending money, repayment of a loan, or some other regular payment, and such payments were made mostly to adult children or other relatives.

Continuing such payments, following the death may be hard, from reduced incomes, but deciding not to may affect family relationships, and involve emotional risk.

This chapter has set the context from which we now go on in Chapter 4 to look at the immediate changes in income and resources following death of a partner, and what happened to the groups of people just described whom our analysis suggested might face particular problems.

Already, we have growing awareness of some of the strong emotional components in financial and economic matters. While we, as researchers, had interest in issues and categories such as 'paying for accommodation' or 'meeting fuel bills' the people we interviewed often spoke about their behaviour using words such as '*keeping the family home going*' or '*needing to keep him warm*'. They were describing experiences which were more than pragmatic money management. We follow such ideas further through Chapters 4 and 5, and bring them into focus in Chapter 6.

Chapter 4 Changes in Income Following Bereavement

In our qualitative interviews, when people talked about financial changes following their partner's death, it was changes in income that came first to mind. As the interviews developed people went on to talk about changes in expenditure or money management, but their immediate response to enquiry about what had changed financially was to talk about pensions and benefits, loss of their partner's earnings, or new kinds of income such as survivors' benefits and insurance payments. Thus the focus of this chapter is on changes in income following bereavement. This provides the first part of our analysis of financial implications of the death. Chapters 4 and 5 look at other changes in economic circumstances and experiences, including spending patterns and dealing with the administrative processes that govern particular income streams.

The quantitative material provides the broad picture in which we can follow details of levels (4.1) of household income before and after a partner's death, as well as the particular components (4.2) of partners' and the bereaved persons' incomes. We present analysis to show which income sources were statistically the most important drivers of household income change following the death (4.3). We then set a chronological context for change in income. BHPS interviews take place at approximately 12 month intervals and interviews conducted immediately before and after bereavement generally took place within six months of the death (Appendix A.3.4). This time frame enables us to chart annual income changes, gain some insights into immediate outcomes following the death, and monitor what happened over the next couple of years. Transitory or longer lasting changes in people's financial resources are identified, related to trajectories in household income and, for people bereaved in younger age groups, employment trajectories following their partners' death (4.4).

Our qualitative interviews spanned different time periods from the BHPS. People we spoke to generally remembered the immediate changes in income following the death, and talked about what had subsequently happened up to the present time – periods of up to three years. Within the broad picture presented in Parts 4.1 to 4.4, we use this qualitative material to provide explanation of or throw additional light on circumstances identified in the statistical analysis.

We then move on to consider the impact of a partner's death on financial well-being at the population level. By relating household incomes before and after the death of partners to the overall income distribution in the general population we can discuss financial outcomes in terms of income poverty and income inequalities (4.5).

Our qualitative material shows how some couple's plans and expectations preceding the death were fulfilled, while others led to financial shocks and problems. The qualitative interviews suggested that the predictability of income change, or the insecurity experienced when there were financial shocks and economic problems, were important influences on the way people felt about their financial circumstances. This may help to explain some of the findings from the BHPS data on people's subjective assessments of changes in their financial well-being following the death of a partner (4.6).

4.1 Changes in levels of household income

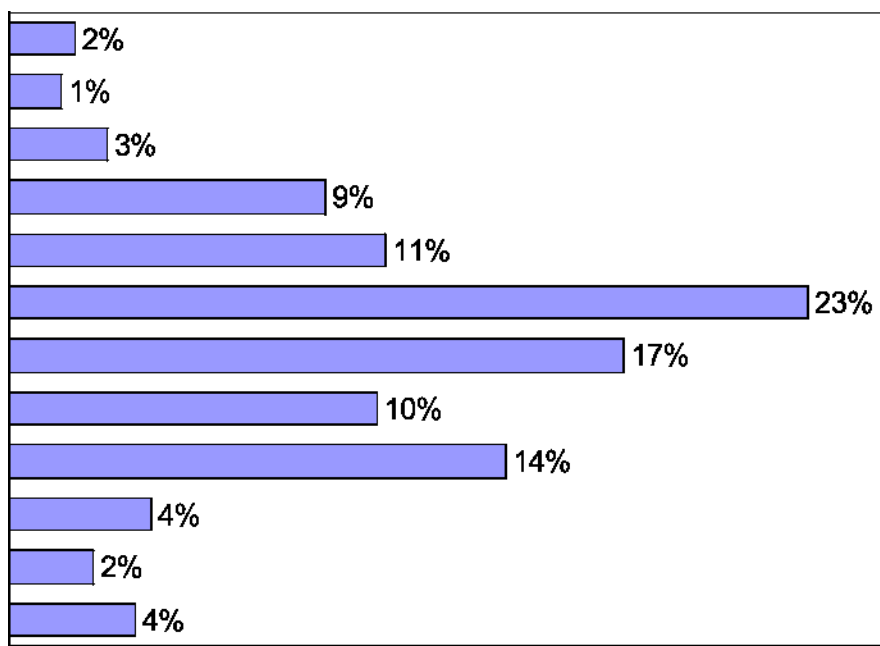
When a partner dies, his or her income is lost entirely and usually immediately following the death. How much is lost is influenced by the components of that income. After the death, some people may inherit a survivor's benefit or annuity from their partner's occupational or private pension, and some may be entitled to claim social security bereavement allowances through their partner's National Insurance contributions. These new income sources, triggered by the death, rarely cover the income that is lost, though other changes, such as a return to paid employment or entitlement to means-tested benefits or tax credits, may limit or prevent a drop in income. However, most bereaved people are likely to have lower incomes immediately after the death of a partner than they had as a couple.

Thus, most people in our BHPS study group saw their household incomes fall to a significant degree immediately following the death of a partner. Household incomes fell, overall, by more than a third with bereaved women reporting the sharpest declines (Tables 4.1 and 4.2). Although statistically significant, falls in actual household incomes of that magnitude do not, of course, necessarily imply a decline in financial well-being. Death of a partner reduces some financial needs and outgoings and if these decline in proportion to the drop in income, the bereaved partner may be no worse off financially. To investigate this further, adjustments to household incomes, using equivalence scales, were applied to take into account the effects of household size and composition on needs when making income comparisons. The McClements equivalence scale, used here, is based on the calculation that a single person's income meets the same financial needs as a couple's income when it is 61 per cent of a couple's income. According to this estimate, if a bereaved person's income is 39 per cent lower than the income received as a couple, there has been no change in financial well-being. Income changes larger or smaller than that would imply that the bereaved person is financially worse off or better off respectively. Equivalised household incomes are thus widely used as a generalised measure of financial or economic well-being (see Appendix C.2, C.5 and C.7).

When account was taken of household size and composition before and after bereavement, to match better people's financial needs and resources, a drop in income was still widely observed although changes were smaller and generally not statistically significant. One exception was a significant drop in the equivalised incomes of women over pension age. Alongside a small increase in the equivalised incomes of bereaved men over pension age, the death of a partner opened up a significant gender difference in financial outcomes for bereaved pensioners. Among older couples, the death of a man generally led to greater loss of income than the death of a woman. Before the death, there was no difference in the average household incomes of pensioner women and men who went on to survive their partner. Following the death, the incomes of women pensioners were £100 a week less on average than those of their male counterparts (Table 4.1). We explore the reasons for the gender gap later in this chapter.

Although household incomes dropped on average following the death of a partner, individual amounts varied widely even after taking into account changes in household size and composition. Indeed, Figure 4.1 shows that there were almost as many gainers as losers following changes in equivalised household incomes. A substantial proportion of bereaved people (40 per cent) reported comparatively small changes in household incomes, equivalent to less than \pm £50 a week. For 15 per cent of households, equivalised incomes increased by £100 or more per week producing for them a perhaps noticeable improvement in financial well-being compared with a fall of £100 or more per week for almost one in four (24 per cent) households (Figure 4.1). Men were more likely than women to record increases in equivalised household income of £100 a week a more, while both men and women under pension age predominated among those who experienced the largest declines (Table 4.3).

Figure 4.1 Change in equivalised household incomes between BHPS interviews before and after bereavement (£s per week)



People who took part in our qualitative interviews talked about the immediate changes in income in the first three or four months following their partner's death. Everybody remembered how their sources of income had changed. The impact depended on the amounts lost or gained; whether losses were replaced or balanced out by reduced expenditure, and whether gains were balanced out by increased expenditure. Also important to people was how long it took to bring replacement income on stream. Examples from the wide range of experiences are presented in the following sections.

4.2 Changes in components of household income

Changes in household income levels following death of a partner were accompanied by changes in the contribution of paid employment, private income sources and public provision.

Analysis of the BHPS data shows that under pension age, people were most likely to see a fall in the contribution of employment earnings to their household incomes following their partner's death. A majority of households under pension age no longer drew the bulk of their income from paid employment, reversing the situation that held before the death. We shall see in 4.2.1 that this largely reflects the loss of partners' earnings but also the extent to which some people themselves withdrew

from the workforce around the time their partner died. Bereaved men were more likely than bereaved women to give up paid work.

The income streams drawn on after the death varied by gender. The proportion of households reliant on private sources, including personal pensions and investments, increased markedly amongst men under pension age, though from a small base. Private income sources increased only slightly for women under pension age: their households were somewhat more likely to draw their income from state provision after the death. They included households combining paid employment and benefit income (including child benefit, means-tested and in-work benefits) in contrast to a decline in such households headed by men (Tables 4.4 and 4.5).

Over pension age, the balance between the contribution of state pensions and other benefits, as opposed to income from private sources, also changed according to gender. Before and after bereavement, most pensioner households drew their income largely from state pensions and benefits. However, more pensioner women households relied on state provision after their partner died, whereas an increased proportion of men received income mainly from private sources (Tables 4.4 and 4.5).

We go on to look in more detail at the changes in different sources of income.

4.2.1 Partner's income sources

Driving the changes in household income sources described above was loss of the partner's income. According to the BHPS analysis, the most widespread source of lost income for people under pension age was a partner's employment earnings: such losses affected half the households of bereaved women and two out of five households of bereaved men (Table 4.6).

People under state retirement age who took part in our qualitative interviews included both men and women for whom their partner's death meant loss of that person's earnings. These interviews showed how the immediate impact of loss of a partner's earnings varied considerably, depending on their importance in household budgeting. For one young woman who had chosen to be at home with their children, the unexpected death of the sole family breadwinner meant immediate financial problems. Most people in the qualitative interviews who lost earnings when their partner died had previously been part of a two-earner couple. In money terms, the loss of income from a secondary earner was proportionately less than loss of earnings from a partner who had been the main or joint earner. However, the financial impact also depended on what happened to the other person's earnings after the death. For a main earner with children, who had worked throughout his wife's illness and returned to full-time work after her death, the immediate financial impact was much less than that experienced by a man of similar age whose wife had

been the main earner. This father had to take unpaid leave during his wife's illness, and reduce his hours of work immediately after her death to care for their children. We have more to say about employment trajectories in 4.4.2.

When partners had been self-employed, earnings sometimes continued to come in to their estate, as clients paid bills for work completed before death. Such money was not always immediately accessible, however. There were some examples, when the circumstances of sudden death of a young man were a shock to employers and colleagues, of companies making ad hoc arrangements to pay the equivalent of their employee's full time wages for one or two additional months, as gestures of sympathy for his partner and children. But by the third month after death, among those people who took part in qualitative interviews, the income stream from partners' earnings had generally dried up completely.

Among people under state pension age, the BHPS analysis shows the second most widespread source of lost income, affecting more than four out of ten households was their partner's income from savings and investments (Table 4.6). However, the amounts were small and typically formed less than five per cent of household incomes (Table 4.4). More important was the loss of benefits claimed by partners who had been out of work for health or other reasons, or received a disability benefit. BHPS analysis showed that half the women and almost half the men under pension age had lived with partners who had claimed one or more social security benefit, including incapacity benefit, job seeker's allowance or disability living allowance. A substantial minority of people under pension age, around one in four, also lost their partner's occupational pension.

In our series of qualitative interviews we spoke to people whose partner had been receiving income replacement benefits in the time before death. Partners receiving incapacity benefits had been employed when illness developed or recurred. When they were unable to continue working, they moved through periods of statutory or occupational sick pay, and incapacity benefit. For those couples, the financial impact of transition from earnings to benefits had been gradual, over a period of one or two years, and in some cases, the other person in the couple had continued to do some paid work. In sharp contrast were couples where both partners had impairments or long histories of health problems, and neither had done paid work for several years. Couples in these circumstances were among those with the lowest overall household income before bereavement, among those under state pension age who took part in our qualitative interviews. At the time of the death they were receiving income support and full housing benefits, and one such household included another adult who had relied on income support for several years.

Analysis of BHPS data shows that over state pension age, the most widespread source of lost income was the partner's state retirement pension, affecting more than nine out of ten households. Around one in three also lost income from a benefit

claimed by the partner; in most cases this was disability living allowance or attendance allowance (Table 4.6).

In our series of qualitative interviews, all the men partners who died when they were over 65 years had been receiving a state retirement pension, sometimes including a component for their wife, and some couples were claiming pension credit. Among women partners who died over 60 years of age were some with long working histories and full National Insurance contributions records who had a full state retirement pension in their own right, as well as women with small state retirement pensions of their own. A woman who died soon after her 60th birthday had not completed arrangements to claim her state pension.

We spoke to a small group of women, over state retirement pension age when their husband died, whose husbands had been working shortly before death in their mid-60s. When men worked on after age 65 years such couples were used to budgeting with state, occupational pensions and earnings, although these husbands' part-time professional earnings and earnings from self-employed business were not substantial in money terms. Another husband was claiming statutory sick pay when he died at age 64 years, and had been talking to his wife about his hopes of returning to part-time work. Most of the people over state pension age who took part in qualitative interviews, however, lived with partners who were no longer doing paid work. According to the BHPS, very few pensioner households, around one in twenty, had lost income because the partner had been in paid work at the interview before he or she died (Table 4.6).

Loss of partner's income, as shown by the BHPS data, largely reflects gender differences in labour market histories and employment patterns. Thus, women were twice as likely as men to have lost their partner's work-related disability benefit; and three times as many women as men over pension age lost their partner's occupational pension. Loss of partners' state pension was also gendered, influenced by the five year difference in women's and men's state retirement age. Thus, men under pension age were more likely than women under pension age to have lost their partner's state pension. Among people over pension age, more women than men had also lost income from their partners' investments and savings. This too may reflect gendered employment patterns and earnings, affecting partner's capacity to save and invest. As noted above however, the contribution of this income stream to household incomes was relatively limited (Table 4.6).

Just over one in four people, both above and below pension age, lost their partner's disability living allowance or attendance allowance. These are non-contributory benefits designed to contribute to the extra costs of being disabled. They are considered relatively valuable, in money terms, and special rules enable quick access to people who are terminally ill. Depending on the date on which a person dies, and how this fits the payment cycle, it is possible for overpayments to occur

which are reclaimed by DWP. Some people caring for partners receiving higher rates of disability living allowance or attendance allowance are entitled to a carer's allowance for themselves. Payments of carer's allowance continue for another eight weeks after the death. The perceived impact of loss of these benefits depended largely on how they were being used by the couple, and this is explored in Chapter 5.

4.2.2 Bereaved person's income sources

As well as losing their partner's income streams, some people saw changes in the makeup of their own income as new or replacement sources became available or were accessed, and existing sources ended or were discontinued (Table 4.7).

New income streams directly triggered by the death included bereavement allowance, widowed parent's allowance, and a pension from a partner's previous employer (or survivor's benefit). One or more of these benefits was reported by almost two out of three women interviewed in the BHPS after the death of their partner (64 per cent). Receipt of these benefits was significantly higher among women under pension age, 83 per cent compared with 58 per cent among older women. For various reasons, receipt of these benefits was much lower among men (ten per cent overall). Eligibility for bereavement benefits was not extended to men until April 2001 onwards, towards the end of the BHPS study period, and then was not fully recognised in the survey questionnaire at subsequent interview waves; hence the low level of receipt among men indicated in Table 4.7. The distribution of survivors' benefits from a partner's previous employer has long been skewed towards women because men's partners were, traditionally, less likely to have built up an occupational pension with such entitlements.

People who took part in our qualitative interviews had much to say about the process of applying for and renegotiating benefits following bereavement, and this is reported in the following chapter. At the time of our interviews, there was considerable confusion about bereavement benefits, among both people who had claimed these and people who were not entitled. Names of the different benefits were used wrongly, and people in scope generally had a poor grasp of eligibility criteria. We were unable to determine entitlement, but there appeared to be some non-take-up due to lack of understanding. The policy intentions behind bereavement benefits were not well understood.

Among people receiving bereavement allowance and widowed parent's allowance there were various perceptions of the purpose of these benefits. This, along with misunderstandings about eligibility criteria, meant that some people felt confused, angry and even unfairly treated in the current scheme. Some people were puzzled that entitlement appeared to be 'bought' by their partners in National Insurance contributions, much like an insurance policy, but payments depended on the

surviving parent's circumstances, such as age and marital status. People who had not been married felt it unjust that they did not qualify for bereavement benefits, despite their partner's National Insurance contributions, especially when there were children of the relationship. People often found it hard to understand the policy behind the age rules, and some people who felt financially comfortable were surprised they were entitled to financial support. However, some parents appreciated knowing that widowed parent's allowance gave them some reliable support while they brought up their children. We discuss bereavement benefits further in Chapter 5.

Receipt of survivors' benefits from partners' occupational pensions reflected gendered patterns of labour market engagement, job status and lifetime earnings. In the BHPS study group, approaching half the women reported receiving survivors' benefits after their partner died compared with one in ten men (Table 4.7). Bereaved men under pension age were more likely than older men to receive a survivor's benefit, pointing to possible differences in employment patterns between younger and older women. In contrast, younger women were less likely than women pensioners to receive survivors' benefits following the death of a partner. The qualitative interviews confirmed the financial value to people of good survivors' pensions. People who considered they were well provided for through partners' public sector employment pensions or long-term private pension contributions made a contrast between their own circumstances and those of friends who had no, or very small, survivors' pensions.

Uptake of means-tested benefits appears to have increased slightly upon bereavement, according to the quantitative findings. This was most likely the case among women, more of whom reported a claim for income support and council tax benefit. Part of the increase is likely to reflect women's vulnerability to a drop in income following the death of their partner. In our series of qualitative interviews we spoke both to men and women who were previously part of their partner's joint claim for mean-tested benefits and now claiming in their own right, and to partners who had to make completely new claims. A young woman, not married to her partner and thus not entitled to bereavement benefits, had to claim income support for herself and her children immediately after the death. An older woman whose partner received good occupational pensions found there were no components for survivors, and had to claim pension credit and council tax benefit.

Table 4.7 shows that, according to the broad picture, uptake of disability benefits also increased: more men under pension age claimed a work-related disability benefit following bereavement, whereas more women under pension age, and men over pension age, claimed a disability costs allowance (disability living allowance or attendance allowance). The increase in claims for work-related disability benefits among men may be related to men with deteriorating health being unable to sustain or return to paid work (as discussed above and in 4.2.1) and establishing an independent benefit income after bereavement. The qualitative interviews also

showed how the development of depression following bereavement led some people to take long periods away from work, with claims for incapacity benefit.

We looked for any information from the qualitative interviews that might help to explain the increase in the proportion of women claiming disability living allowance or attendance allowance after bereavement. What we found was that women who had received support and advice in establishing independent benefit incomes after their partner died had sometimes been urged to claim disability living allowance when advisers heard about their health conditions. Such advice had come from visitors from the Pension Service and local community support organisations. Those who had made claims had been successful; one woman was waiting for help in completing her application form. There was one example of a man who had received advice about disability living allowance, in very similar circumstances – getting support from a local organisation to establish benefit income in his own right. Such findings suggest that there is some non-take-up of disability living allowance among people whose partners generally deal with benefits and who are assessed as part of a couple. It is when they are reassessed for benefits in their own right that full advice and information about disability living allowance reaches them, triggering a claim. Evidence from other research also shows how difficult it sometimes is for full-time carers to address their own health care needs which may come to the fore only when caregiving ends (Keeley and Clarke, 2002: 25; Rogers *et al.*, 1998; Seddon *et al.*, 2002).

Most of what people told us about tax credit components of income was to do with administration and delivery, and this is discussed in the next chapter. Changes in the structure of tax credits during the period covered in our BHPS analysis mean that we cannot provide useful statistical findings about tax credits.

4.3 Evaluating income effects

So far we have used the BHPS data to describe changes in household income levels following the death of a partner and the accompanying changes in income sources. The qualitative material from our interviews has shown how changes in income levels and income components are closely intertwined and shaped by individual circumstances and decisions over the life course.

It was not possible to use the BHPS data to determine precisely how changes in sources of income triggered by the death led to changes in household income levels, because we do not have a reliable accounting framework; and because changes in some income components may have happened independently of the death. Further analysis therefore aimed to pinpoint which income sources were *statistically* the most important drivers of the extent to which household incomes rose or fell when a partner died (4.3.1). Such analysis can also help identify those groups of bereaved

partners most at risk of poor financial outcomes. We then (4.3.2) go on to consider other changes and events coinciding with, or following, the death which may have contributed to the observed income effects.

4.3.1 Linking income levels and sources

Further analysis confirmed that lost earnings, whether of the partner who died, the bereaved person who was unable to sustain paid work, or both, had the most impact on driving household incomes down. In contrast, people who stayed in or returned to work following the death of a partner were protected from a drop in household income.⁵ Loss of partners' disability benefit (mainly disability living allowance or attendance allowance), occupational pension, work-related disability benefit and personal pension were each associated with a significant drop in household incomes. Receiving a state retirement pension after the death of a partner limited but did not prevent a drop in household incomes. People in receipt of a personal pension after the death of their partner, or a pension from his or her former employer, were also protected from financial decline (Tables 4.8 to 4.13).

These income sources varied by age of course (see Tables 4.5 to 4.7) and help to explain changes in household incomes between different age groups (Table 4.2). Across the age groups however, and in addition to loss of any particular income stream, women were at greater risk than men of a significant fall in household income. Women who lost their partner's earnings, for example, saw a larger income drop than their male counterparts, reflecting gender differences in pay and work hours. People who had said they were not legally married to their partner, also faced additional risk of reduced household incomes on top of the impact associated with loss of any particular income source. Our qualitative interviews showed some of the additional financial risks of being in a partnership without legal status. Such people had no entitlement to bereavement benefits, and when partners died intestate, other people were sometimes legal beneficiaries to the estate.

The statistical analysis shows that the presence of dependent children was not significantly associated with changes in household income levels when a partner died. This suggests that the extent of income change was more or less the same for families with and without children or, at least, that the presence of children cannot account alone for differences in financial change between bereaved partners with children and those without. Whatever income streams were lost or replaced, their impact on household finances was similar, on average, for families with and without dependent children. In fact, the household incomes of three out of four families with

⁵Of people under pension age for whom economic activity information is available immediately before (B1) *and* after bereavement (A1), 58 per cent were in employment on both occasions, 11 per cent left and three per cent took up paid work. The remaining 28 per cent were reportedly not in paid work on both occasions.

dependent children declined after the death of a partner, including almost half whose equivalised incomes dropped by more than £100 a week; but sample numbers were too small to show that they were more at risk than otherwise comparable households.⁶

4.3.2 Other changes of circumstances

Despite evidence on the timing of financial change and some clear links to the loss of partners' income, not all changes in levels and sources of income observed in the BHPS data could necessarily be attributed to the death of a partner. Other changes in people's circumstances might well have accompanied or coincided with the death and influenced household finances. We therefore looked in the BHPS data for other events and transitions that might have affected household incomes.

As it was, other changes and events were relatively uncommon and are unlikely to affect conclusions about the income effects of a partner's death described above. Most changes in household structure observed by the time of the first BHPS interview following bereavement were attributable only to the death of a partner: no one had moved into the household and no one else had moved out (Table 4.14). There were three typical household transitions between the interviews conducted immediately before (B1) and after (A1) bereavement:

- 74 per cent of couples had been living together with no one else and, following their partner's death, the other person remained on their own in the same accommodation. This transition was typical of pensioner households.
- 16 per cent of couples had been living with others, mostly dependent or non-dependent children, and following the death, the household stayed together at the same address (with one exception) and no one else moved in. People under pension age were more or less equally divided between this transition and the preceding one.
- Five per cent of couples had been living together with no one else and, following the death, the bereaved person lived alone but moved to a different address.

The remaining transitions included situations, for example, where bereaved partners had moved to live in a different household headed by an adult child. As time went on, some bereaved people and their families formed new households. By the time of the

⁶ Altogether, 24 families with dependent children before and after the death of a partner provided information about household incomes on both occasions. Their household incomes dropped by £192 a week on average (SE= £25), a 38 per cent cut, or by £60 a week (SE= £20) when equivalised.

third interview after bereavement (A3), the proportion of households represented by the three typical transitions described above had declined from 95 to 86 per cent.⁷

The circumstances of people who took part in our qualitative interviews reflected this overall picture. Most wanted to stay on in the home they had previously shared with their partner. Despite widespread initial uncertainties about tenure and finance, and some problems in meeting housing costs, few had to move in the immediate aftermath of bereavement. This is discussed further in Chapter 5. Although few people moved home in the year following the death, some had begun to think about this by the time they took part in a qualitative interview. Some were now finding their home too expensive to maintain on their reduced income, or too big and needing more maintenance than they wanted to cope with alone. Plans unrelated to loss of a partner included moving to adapted accommodation, as health deteriorated.

Other changes of circumstances consequent on, or coinciding with, bereavement and likely to have financial implications, were also relatively rare in the BHPS study group. It appeared that between BHPS interviews conducted immediately before (B1) and after (A1) the death of a partner:

- Three people, recorded as parents with dependent children before the death of their partner, no longer had any children in their benefit unit, because they had turned 16, left full-time education or moved away. Five other bereaved parents had fewer dependent children living with them for similar reasons.
- Overall, six per cent of women (28) and four per cent of men (10) would have been categorised as 'lone parents' after the death of a partner.
- One woman aged 45 and without dependent children had re-partnered.
- Under two per cent of men (5), and one per cent of women (5), had reached state retirement age.
- Apart from respondents and their partners, the number of employed people had increased in 14 households and decreased in 16 households. Together they represent five per cent of all households for which information was available on both occasions; their impact on overall changes in household income from paid work was negligible.

People who took part in our qualitative interviews had experienced some of these changes in circumstances coinciding with bereavement, and talked about the financial implications. As older children moved towards independence, parents' entitlement to child benefits and tax credits ended or were reduced shortly after their partner's death. In such families, everyday household expenses were reduced when

⁷ The comparable proportion at the second interview after bereavement (A2) was 91 per cent. These proportions probably underestimate the extent of household change because they are based on comparing household composition at each of the three waves after the death of a partner (A1, A2 and A3) with what it was before the death (B1). Household changes between A1 and A2, for example, would not be captured by these comparisons.

young adults spent less time at home, but there were also new expenses for parents, for example equipping young people for student life or giving financial support to young adult children with low earnings from first jobs. Parents of disabled children talked about a welcome new stream of family income when a child was awarded disability living allowance shortly after their partner's death, or reduction in council tax when disabled young people reached 18 years.

Beyond the immediate impact of changes in levels and sources of income following the death of a partner, further transitions as people took up paid work, claimed entitlements or retired meant that household incomes continued to adapt to changed circumstances. In the next part of the chapter we trace these trajectories over the two or three years after the death.

4.4 Economic trajectories

So far we have used BHPS data to observe changes in income levels and sources immediately following the death of a partner, specifically changes occurring between the interviews conducted just before and after the death. We have also drawn on material from our qualitative interviews, in which people talked about changes in income which came in the first weeks after bereavement, to provide insights and explanations which fill out the broad statistical picture. In this part, we take a longer view. We investigate how people's incomes changed over the two or three years following death of a partner (4.4.1) and then go on to look at employment trajectories which largely underpin income changes observed among younger people (4.4.2).

4.4.1 Trajectories of household income

The BHPS analysis shows that the drop in household incomes initially experienced by women and men under pension age was apparently soon reversed. As we have seen, some men eventually took up or returned to paid work and earnings from employment generally increased. The explanation is less clear cut for women under pension age although there was a marked increase in those who reported a multiplicity of income streams, which could include employment in combination with other sources (Tables 4.15 and 4.16). By the second interview after the death, average equivalised incomes among non-pensioner households exceeded pre-bereavement levels. Among men over pension age, average equivalised incomes rose throughout the period following their partner's death. They did not experience a drop in financial resources immediately following the death (Table 4.2) and generally speaking, their equivalised incomes continued to exceed pre-bereavement levels. Women over pension age present a different trajectory. Their equivalised household incomes had fallen on average following the death of their partner and, despite a

small rise thereafter, had barely returned to former levels within two or three years of the death (Figures 4.2 to 4.5).

Our qualitative interviews showed how the early months following bereavement involved economic transitions for everybody. It took time to deal with pension funders and insurance companies; mortgage companies; official organisations such as DWP and local authority housing departments and some people had to wait for estates to be settled. These administrative transitions and processes are discussed further in the following chapter. At the time people took part in our qualitative interviews some, but not all, of the initial financial and economic transitions immediately following bereavement had been completed, and people were some way into their changed economic situation. They now had some experience of managing different sources and levels of income, and adapting their budgeting. Those who were confident that they were financially secure used phrases such as *'I'm still comfortable'*. Some words used were generally positive but more tentative and suggested remaining uncertainties such as *'I hope I'm going to be alright'*, or *'I seem to be managing'*. People who had experienced a big drop in income but felt they were adapting positively said *'there is much less now but I'm managing'*, or *'I do have to be very careful now'*; but we also talked to people who were currently facing considerable financial difficulty who told us that *'I get by, but there's nothing left at the end of the week'*, or *'I'm battling'* or *'things are very bad'*. Those with major concerns for the future included younger people with children, older people who had already drawn on savings, and people managing debts.

Within these assessments of financial situations from people's own words and their perceptions of financial change, we find explanations for some of the income trajectories observed in our statistical analysis. We can also illustrate how some people experienced moves into financial hardship following death of a partner.

Looking first at people over pension age who took part in our qualitative interviews, their experiences fitted the patterns seen in the BHPS analysis. Women usually perceived an immediate dip in income following death of their partner, due to loss of partner's state benefits, occupational and private pensions, and income from his savings and investments. Women whose partner had claimed state retirement pension for them both had to wait for establishment of their own benefit income by the Pension Service. Although this generally happened within two or three weeks, it had stretched to months for some women, who had no income during this period. Women over state retirement age whose income dropped to levels at which they were entitled to claim a payment for funeral expenses from the social fund had been living for many years with partners on low incomes from incapacity benefits.

Most women over state retirement age who took part in our interviews explained how incomes had gradually risen again as pensions and benefits in their own right came on stream. As explained earlier, some new claims were made for disability living

allowance during this stage of assessment and receipt of advice. Survivors' benefits from partner's occupational or private pensions were reported generally as coming on stream fairly quickly. Amounts received varied considerably, but even small payments of around £30 per month were helpful to people who otherwise had low incomes. Payments from partners' life insurances came through for some women, which were variously used but sometimes invested to bring in a monthly income. There were often surprises for women when they heard from pensions and life insurance companies. Finding out how much money they would receive, or discovering that they would benefit from pension schemes of which they were unaware was a positive experience for some. Others received bad news that survivors' benefits would be lower than expected. It was a great shock to find out that a partner's valuable private pensions did not include survivors' benefits, contrary to advice received by the couple.

The perceived impact of reduction in income associated with loss of a partner's occupational or private pension, or having to wait while such things were settled, was cushioned for women who had their own occupational pension or earnings. Such women knew that this made them better off than some of their widowed friends.

For older women who now depended entirely on state pensions and benefits, income was pegged to upratings. At the time we spoke to them, six months or more after their partner's death, women with low levels of incomes which entitled them to claim pension credit talked about '*just managing*'. Living in rented accommodation with no housing costs, being very careful with household budgeting, and getting some help from other people which would otherwise have had to be paid for, such as gardening, helped some to keep going financially. It could be hard to look to the future, where there might be problems if the price of food or fuel increased, or any household repairs were required. It was important not to build up any debt.

Women at higher income levels felt they were '*managing*' or '*doing quite well*' if they had adapted to lower incomes than they had with their partner, by budgeting more carefully. One woman over state retirement age who thought she was financially better off than when living with her husband had returned to her paid work, received a survivor's benefit from his occupational pension, had investment income and had received a large and unexpected life insurance payment.

Some women over state retirement age when bereaved were still uncertain what their overall financial situation was when we spoke to them. Ten months after her partner's death, one woman was waiting for tax credit reconciliations, with possibilities of large overpayments from the time her partner was alive which would reduce her future tax credit income. Another was facing a long delay, already up to two years, in settling her husband's estate, on which there might be further claims from creditors. Such long-standing uncertainties about financial security had been

hard to deal with. The women could not tell how realistic was their budgeting and planning.

We look now at men over state retirement age who took part in our qualitative interviews. It was men with the lowest incomes who were most aware of any dip in income when their partner died. Loss of a wife's high rate disability living allowance and reduction of their jointly assessed state retirement pension and pension credit had an immediate impact on household budgeting for one man, who claimed a funeral expenses payment from the social fund.

At higher income levels, loss of a partner's income had much less perceived impact in the short term for men over state retirement age. Their previous partner's disability living allowance or attendance allowance was a smaller component of household income for men who had occupational pensions, or income from annuities or investments as well as state retirement pension. Men at higher income levels acknowledged the loss of their partner's state retirement pension but this seemed to be perceived as less of an impact when the woman had received a pension in her own right, possibly because it was kept separate from the household's finances. For example, some men said their wives had spent part of their own pension on personal needs and interests, or family presents and activities.

By the time we spoke to the men who were over state retirement age when their partners died, some said that they were now financially better off than when they lived with their partner. They pointed to additional income components such as life insurance payments and receipt of survivors' benefit. Men who said they were better off also put into the equation reduced spending, sometimes including expenditure associated with their partner's illness, and we return to this in the following chapter.

Among people below pension age who took part in our interviews, there was a similar picture. An experience described by many people was a dip in income immediately after bereavement, followed for some by a gradual return to previous levels as new or replacement income sources came on stream. At the time we spoke to people, those below pension age who said their overall financial situation and living standards were similar to those they had when their partner was alive included:

- Men with high earnings, who had always been the main breadwinner and had continued in the same employment, at the same level, after the death. Their mortgages were paid up before their partner's death, or paid off after the death through endowments or insurances.
- Women who had been married, who lost a partner's earnings but had some protection through survivors' benefits from his occupational pension. They had their own earnings and bereavement benefits. They lived in rented accommodation or their mortgages were paid up through endowments or insurances, or had been renegotiated after the death.

- Men and women who had already adapted to reduced incomes, during a period of care, whose mortgages were paid up as a result of the death, and who were now budgeting very carefully.

Men and women below state pension age who said they were currently in financial distress or soon likely to be were:

- People previously included in a partner's benefit claim, for whom there were problems and delays in establishing their own benefit entitlements, who also had health problems or outstanding debt.
- People who had lost a partner's earnings and stopped work themselves, spending life insurance and savings, or moving to benefits, without plans for future income.

People below state pension age currently finding it much harder financially, but who hoped they were managing included:

- Women whose partner had been the main or sole breadwinner, who had moved to benefit income for themselves and children, but were already thinking ahead to employment possibilities for the future.
- Women who lost their partner's high earnings and currently boosted part-time earnings with tax credits, but whose mortgages had been paid off.
- Older women who lost a comfortable standard of living from their partner's private pensions from which they had no survivors' benefits, and moved to bereavement allowance.

People bereaved under state pension age who said that they were now financially better off than when they lived as a couple included:

- Women who had lost a partner's earnings, but had survivors' pensions; their own earnings, and mortgages paid off through life insurances.

These examples, drawn from our qualitative interviews, show how people's financial situations changed over time and the particular factors involved before and after bereavement. They further help to explain and interpret the broad statistical picture which showed an expected decline in actual household incomes following the death of a partner. Most people in the BHPS study group also experienced a net decline in their financial resources, that is, incomes adjusted for household size and composition. On the whole, former income levels had been restored by the second BHPS interview after the death and people's experience of financial deprivation had been relatively short-lived. However, there was considerable variation in individual trajectories and the qualitative interviews show how some people experienced financial hardship and uncertainty into the third year after the death of a partner.

4.4.2 Employment trajectories

We saw in 4.2.1 that loss of partners' earnings was a key driver in reduction of income immediately following bereavement for people under pension age. Decline in the contribution of earnings to household incomes was also influenced by people's decisions about staying in or taking up paid work themselves after the death (Table 4.4). Although most bereaved people under pension age (58 per cent) were in paid work before *and* after the death, there was a noticeable decline in the proportion of men in paid work following the death of their partner; whereas, the proportion of employed working age women dipped only slightly (Table 4.7). Longer term trajectories show that the proportions of women and men in paid work subsequently increased and had returned to pre-bereavement levels by the second BHPS interview following the death of a partner.

According to the standard survey question on economic status asked in the BHPS, people mostly described themselves as 'retired' or 'looking after family or home' after leaving the workforce although some men reported as 'long-term sick or disabled'. Whether such moves occurred prior to the death or soon afterwards, or people remained in paid work following the death, the qualitative evidence shows that decisions about employment and work patterns were often linked in some way with providing end of life care or bereavement. Our interviews provide insights into some of the decisions underlying the patterns of employment trajectories seen in statistical analysis.

When previous partners had been ill, some people who had been in paid work told us they reduced their hours of work to support and care for the sick partner, or take on more domestic responsibilities such as child care. According to the BHPS, the number of hours people usually worked declined slightly between the last two interviews before a partner died as one in eight full-time workers changed to working under 30 hours a week.

Our qualitative interviews showed that some people who knew their partner's life would be limited were already thinking whether and how they might go on working afterwards. Trying to keep paid work going in some form, during periods of care, seemed important to parents who realised that future financial security and wellbeing for their children would depend on their own earnings capacity. Having cooperative or understanding employers and colleagues enabled some people to work flexibly, or from home, or to reduce work commitments temporarily. In Scotland, social services provided some home care for children whose parent was ill, which helped the other parent maintain professional work. Self-employed people tried to keep up professional contacts and networks of clients. Some people who had already drawn heavily on sick leave or compassionate leave during periods of care were uncertain how long jobs would be held open for them following bereavement.

It was not only people with children who wanted to keep their own paid work going during their partner's illness and death. Paid work seemed the normal route to financial security, and some people had also believed that going back to work would help them emotionally if their partner died. Included here were people who had learned, earlier in their lives, that going out to work helped them manage depressive illness, and some people already over state pension age who had always enjoyed their jobs.

In our series of qualitative interviews, the general pattern was that people who had jobs when partners had been ill, or before they took time off to care in the final few months of a partner's life, went back to the same work fairly soon in bereavement. For those who continued to receive full pay while away from work, through employers' arrangements for paid sick leave or 'compassionate leave', there was no overall loss of their own earnings. But some people needed to return to work gradually, working fewer hours or taking on fewer responsibilities in the first months of bereavement, while they grew stronger emotionally or tested out how to combine sole responsibility for children and doing paid work. People previously working part time, as a second earner, often did not initially know whether or how they could now earn enough money to cover living costs, a major concern for people with children and people unsure of the security of their home.

Those people who told the researchers they did not expect to try working again after caring for their partner through many years illness included some women approaching 60 years of age who were themselves in poor health. There were also some men in their 40s and 50s, with health problems, who said they did not expect to be able to cope again with paid work, after the loss of their partner. Some of these men also now had additional family responsibilities which their wife had usually dealt with.

In contrast to people below state pension age who had been supporting partners through periods of illness, those whose partners died unexpectedly had no prior period of adjustment to their working pattern. Our interviews showed how complex and fine-tuned were some couples' arrangements to combine work and caring for children, for example one person working at night or during weekends when their partner was at home for their children. When it was not possible to replace the partner's share in such arrangements, or find a new pattern of working, people gave up their jobs.

The shock of a partner's unexpected or traumatic death meant that some people who had been doing paid work were too distressed to think about going back in the immediate aftermath. Employers' response to the situation was an important influence on what happened. Problems arose when there was lack of clarity about the length and conditions of what had initially been termed 'compassionate leave'. For some people, transitions to employers' sickness schemes meant they then had

access to support from human resources personnel, and structured return-to-work arrangements, which could be helpful. However, some people left jobs at this stage; and self-employed people lost earnings, and client bases. When a partner's sudden death meant loss of a family house and moving home, or supporting shocked children, it had not seemed sensible to try to keep a job as well. Some people who had demanding, pressured jobs just did not feel they would want or be able to do such work any more, and gave in their notice. Not going back to work had meant, for all these people, moving to state benefits for financial support.

By the time of our qualitative interviews people who had gone back to and stayed in their job after their partner died thought, in retrospect, this had been a generally positive course of action for themselves. They mentioned the following as supportive elements:

- Having understanding employers.
- Having supportive colleagues and clients.
- Support from human resources departments and access to structured return to work schemes.
- Being able to work flexibly, to manage the 'bad days' and accommodate times when overwhelmed by grief, or not working well.
- Having interesting work, which kept their minds occupied.
- Being able to work hours and at levels of responsibility that suited them.
- Being able to make and afford child care arrangements that suited them.
- Wanting a future that was financially secure and grounded in earnings, especially when they had children.
- Experiencing that being a sole earner was financially viable.
- Support and encouragement from wider family and friends.
- Providing a familiar routine and structure from which to assess more long-term options, such as retraining or career change.
- Knowing, from previous experience, that paid work gave some protection from developing depression.
- Needing to get out of the house.

People who had gone back to work but left jobs or were currently on sick leave or claiming incapacity benefits when they took part in interviews pointed to the following as contributory factors:

- Having poor health since bereavement.
- Needing treatment for a long term health condition that preceded bereavement.
- Going back to work too early after the shock of sudden death.
- Development of additional stress, related to work.

- Having employers who were unwilling to accommodate to the change in personal circumstances.
- Not being able to work flexibly.
- Having a job which proved too hard to combine with child care, for example work which involved travelling abroad.
- Finding it too exhausting, mentally and physically, to combine paid work, child care and maintain a home without a partner.
- Having a child with special needs, making additional demands.

We looked, in the qualitative data, for any information that might throw light on the finding from the BHPS that, among people bereaved under pension age, markedly fewer men were in paid work following the death, whereas the proportion of women in work hardly changed. Among people who took part in the qualitative interviews there were both men and women who left their jobs after their partner died. Nobody had started work for the first time after a partner died, but one woman was training, with a view to starting work and one other, over state retirement age was thinking of finding some paid work. Some people, both men and women bereaved under pension age, had poor health and were finding it hard to keep working. By the time of our qualitative interviews, women with young children, previously doing small jobs as a second earner or not working outside the home, had moved quickly into thinking how they were going to become long-term family breadwinners. Some had already embarked on retraining in the second year of bereavement. We also spoke to some men with children who were finding it hard to adjust jobs to accommodate to their children's needs or to think of new jobs they could do. There may be patterns of gendered employment opportunities, particularly around part-time working, which make it specially hard for some men to go on working after bereavement.

4.5 Bereaved people in the general population

Changes in levels and sources of income provide only one perspective on the financial implications of bereavement. What happens to the living standards and financial welfare of bereaved people is likely to be a very individual experience. As the qualitative material shows, people's experiences were shaped by a complex mix of personal responses and circumstances. Another way of understanding financial outcomes is to look at the broader picture gained by relating household incomes before and after the death of a partner to the distribution of incomes in the general population. This is the approach taken in this part of the chapter.

People near the bottom of the income scale, or below the official poverty line, are most likely to be experiencing financial hardship (Bradshaw *et al.*, 2008). An important question is whether the death of a partner leads to economic decline and how long such disadvantage persists after the death. To investigate this further, we

look first at the position of bereaved people within the overall income distribution (4.5.1). This approach provides a broad assessment of their economic well-being relative to that of the population at large and enables us to examine the impact of death of a partner on household income inequalities. We then go on (4.5.2) to consider the position of bereaved people in relation to the official poverty line, defined as having an income less than 60 per cent of median household income. Both approaches produce broadly similar conclusions on whose economic welfare was most at risk following the death of a partner.

4.5.1 Bereaved people in the overall income distribution

On the whole, the financial well-being of bereaved people relative to that of the general population declined after the death of a partner. Analysis of BHPS data showed that more than a third of households (37 per cent) dropped to a lower quintile of the population equivalised income distribution immediately following bereavement. That figure was almost twice as many as moved to a higher income quintile (21 per cent). Bereaved people under pension age were most likely to move down the income scale, as were bereaved women over pension age. In contrast, men over pension age were more likely to see an increase rather than a fall in their financial well-being when measured against the overall income distribution (Tables 4.17 and 4.18).

The pattern of gains and losses in household incomes varied widely following death of a partner (see Figure 4.1 above). As we have observed, loss or retention of employment earnings as well as access to private and occupational pensions, and survivors' benefits, were key drivers of household income change. On their own, these 'market transfers', largely distributed on the basis of occupational class and gender, lead to marked income inequalities. However, state pensions and welfare benefits moderated the tendency towards increasing income inequalities arising from the differential impact of bereavement on women's and men's access to employment and personal pensions. As a consequence, the extent of household income inequality hardly changed following bereavement except among men over pension age. They saw an increase in household income inequality following the death of a partner, reflecting widening disparities between those with incomes from occupational and private pensions, and those who relied predominantly on state pensions and benefits (Tables 4.19 and 4.20).

4.5.2 Income poverty following bereavement

The overall drop in income following death of a partner pushed one in five households (20 per cent) below the official poverty line. The proportion of households in poverty increased among both women and men under pension age, and among

women pensioners for whom poverty levels before bereavement were already high. Income poverty among these groups also intensified and the proportion of women in 'very poor' households, well below the poverty line, more than doubled. By comparison, fewer men over pension age moved below the poverty line following the death of a partner and somewhat more moved above. Their improved financial circumstances led to more pensioner men placed well beyond the official poverty threshold than was the case before bereavement (Tables 4.21 and 4.22).

Our statistical analysis shows that low income households were, unsurprisingly, most vulnerable economically following the death of a partner: the lower their pre-bereavement income the greater the risk, pointing to persistent or recurrent poverty in some households (Table 4.23). Low incomes apart, women were more at risk of poverty than men following the death of their partner. Women and men over pension age whose income was drawn largely from state pensions and other benefits also faced increased risk of poverty unless they received a substantial boost from occupational pensions, private pensions or investments. People who were in paid work before or after bereavement faced reduced risk of poverty; however, loss of the main breadwinner's earnings increased the chances of falling below the poverty line (Tables 4.24 and 4.25).

Whether couples were legally married or unmarried cohabitants, had dependent children or not, or described themselves as caring for their partner, were not generally associated with the likelihood of households being income poor after the death of a partner. Statistically speaking, the likelihood of poverty was more or less the same regardless of these particular circumstances. Households with dependent children, for example, were as likely to experience poverty following bereavement as households without dependent children: as far as is known, there was no factor associated with the presence of dependent children that increased their protection from or risk of poverty beyond those identified as statistically significant in Tables 4.24 and 4.25. In fact, more families with dependent children were in poverty after the death of a partner than before, although sample numbers were too small to show that this was a statistically significant change, or that they were more likely to experience poverty than families without dependent children.⁸

⁸ Altogether, 24 families with dependent children before and after the death of a partner provided information on both occasions to assess their poverty status. Before the death, seven per cent (3) were below the official poverty threshold; after the death this proportion had increased to 29 per cent (8). Moreover, those in poverty after bereavement all had household incomes less than 50 per cent of the median, well below the poverty line. However, the difference between proportions in poverty before and after bereavement was not statistically significant ($P > 0.05$, paired sample). Actual numbers and weighted percentages are shown here.

4.5.3 Poverty trajectories

Most falls into poverty following the death of a partner were relatively short-lived. Between the first and second BHPS interview after the death of a partner (A1 to A2), the number of people moving out of poverty generally exceeded the number falling below the poverty threshold (Table 4.26; Figures 4.6 to 4.9). As a consequence, the extent of poverty began to decline, most consistently among men below pension age for whom poverty rates returned to pre-bereavement levels between the second and third interview after the death of a partner (A2 to A3). Women followed different poverty trajectories after their partners' death. Despite an initial decline, the extent of poverty among women under pension age remained above pre-bereavement levels and the intensity of poverty in this group increased again between the second and third interview after the death. The raised intensity of poverty among older women following bereavement persisted across the three interviews conducted after the death. Moreover, women over pension age were most likely to experience recurring poverty in the post-bereavement period (Tables 4.27 and 4.28). In contrast, year-on-year changes in the extent and intensity of poverty among men over pension age were apparently unrelated to the death of a partner (Figures 4.10 to 4.13).

People on low incomes may not themselves notice the relatively small changes in household finances that can easily push them below the official poverty line, especially those who were experiencing financial hardship before the death of a partner (Table 4.23). In our qualitative interviews we made no attempt to estimate incomes in money terms. When talking to us, people did not use the language of 'poverty', or describe themselves as 'poor'. Nor did people at the other end of the income scale talk about themselves as 'wealthy' or 'rich'. They described their living standards as a couple in words such as '*we were fairly comfortable*', '*we usually managed*', '*we had what we needed*', '*it was a struggle sometimes*', or '*his family often had to help us out*'. How people talked about their financial situation is, of course, important in understanding how they were managing financially and whether changes in levels and sources of income had influenced their sense of financial well-being and security. We therefore now move on to consider how people viewed the changes in their financial situation following the death of a partner.

4.6 Subjective assessments of financial well-being

So far, this chapter has drawn largely on measures and descriptors of people's incomes and sources of income. We have also presented some examples of the way people who took part in qualitative interviews talked about and viewed their changed financial circumstances. It is possible to analyse more systematically how people assessed their own financial situation, as now follows. In this part of the chapter we investigate people's appraisals of their financial situation and how it had changed. We also explore the reasons they gave for better or worse perceived outcomes.

In each interview wave of the BHPS, respondents were asked whether they felt 'better off' or 'worse off' financially than they were a year ago; they are also asked why they felt that way.⁹ Similar issues were explored in our qualitative interviews. Put together, the qualitative and quantitative data provide a fairly coherent account of people's experience of recent changes in financial well-being. We look first at those who said they felt worse off financially after the death of a partner.

4.6.1 Worse off financially

At the BHPS interview following the death of their partner (A1), over 40 per cent of respondents said they felt financially worse off than they were a year ago. That figure is around twice the proportion of people who reported at interviews before the death of their partner that their financial situation had worsened (Table 4.29). An increase of that magnitude suggests that financial and other consequences of bereavement had disturbed the apparent stability or predictability of household finances to which many were accustomed. Indeed, the raised proportion of people feeling worse off after bereavement was accompanied by fewer people saying their financial situation was 'about the same', rather than fewer people feeling better off.

An increased proportion of both women and men, across all age groups, felt worse off financially after their partner died. Women were more likely than men to say their financial situation had worsened and women under state pension age were most likely to report a downturn in their finances (Table 4.29).

People's assessments of financial change during the year their partner died were broadly aligned with both objective and subjective measures of their financial situation. Thus, people who said they were financially worse off after bereavement had seen their equivalised household incomes fall by over £60 a week on average, compared with a £20 increase for people who felt financially better off. Similarly, bereaved people who said they were just about getting by or finding it difficult to manage were more likely to say they were worse off financially after the death of a partner; whereas people who felt they were living comfortably were more likely to say they were financially better off. However, these patterns were less clear cut at the individual level: feeling worse off, for example, was reported by people whose household incomes had decreased or increased by widely varying amounts. There was thus no firm statistical evidence of any simple or direct link between observed changes in people's household incomes and them feeling worse off financially (Tables 4.30 and 4.31). This suggests that people were looking well beyond changes in levels of income, and how they were managing financially, when evaluating their recent experiences of financial change. In Chapter 6, we consider people's subjective

⁹Those respondents who said their financial situation was 'about the same' as it was a year ago were not asked to give any explanation of their assessment.

assessments of financial change within the context of bereavement and the grieving process. Here we examine the reasons they gave to explain perceived changes in their financial well-being.

When asked why they felt worse off, both the qualitative and quantitative findings covered a wide variety of individual responses, pointing to complex explanations of people's experience of financial change and how that might be shaped by bereavement. The quantitative findings show that many people reported loss of benefits and earned income as particular reasons for feeling worse off financially after the death of a partner (Table 4.32). Statistical analysis confirmed that loss of partners' disability benefits such as disability living allowance or attendance allowance, or work-related disability benefits, such as incapacity benefit, significantly increased the chances of feeling worse off; these benefits were perhaps those people most likely had in mind when describing their worsening financial situation (Table 4.33).

Statistical analysis also confirmed that women were more likely than men to feel financially worse off after the death of a partner, irrespective of the loss of any particular income stream. However, other factors describing particular sub-groups of bereaved partners were not associated with increased or reduced chances of feeling worse off. This would indicate that bereaved people with dependent children, for example, were as likely to feel financially worse off as people without children; or that family type alone cannot account for differences in subjective financial outcomes between those with and without dependent children. In fact, more people with dependent children felt worse off after the death of a partner than before, although sample numbers were too small to be confident that the increase in proportions was statistically significant.¹⁰

As well as the reasons for feeling worse off noted above (and listed in full in Table 4.32), some people gave reasons that could not be assigned to one of the categories used by the BHPS staff for coding respondent's answers. In these instances, answers were coded as 'other reasons for being worse off'. Interestingly, almost half of those asked why they were worse off financially gave reasons that were recorded in this way (46 per cent). Although we cannot be certain, many of these unspecified reasons were likely to have been related to some particular consequence of bereavement because the proportion recorded as 'other' was much

¹⁰Altogether, 30 families with dependent children before and after the death of a partner provided an assessment of recent financial change on both occasions. Before the death, 17 per cent (4) felt their financial situation had worsened over the previous 12 months; after the death this proportion had increased to 49 per cent (12). The difference between proportions feeling worse off before and after bereavement reached borderline significance ($P=0.05$, paired sample). Actual numbers and weighted percentages are shown here.

higher than at previous interviews conducted before the death.¹¹ The large proportion of miscellaneous responses further suggests that change in financial circumstances following the death of a partner was likely to have been a very individual experience, shaped by a particular combination of circumstances. We examine other changes in people's financial circumstances in Chapter 5 and show how these further differentiated their experiences of financial and economic transitions following bereavement.

4.6.2 Better off financially

A minority of people in the BHPS study group, around 17 per cent overall, said they felt 'better off' financially after the death of their partner than they had been 12 months previously. Fewer expenses, windfalls (including bequests, insurance payouts), and increases in state pension, benefit and allowances were the predominant reasons for feeling better off. A few people also mentioned the contribution of increased investment income and earnings to their improved financial situation (Table 4.34). Statistical analysis suggested that receipt of survivors' benefits and bereavement allowances might have contributed towards feeling better off financially after the death of a partner. Irrespective of changes in particular income streams however, men were significantly more likely than women to feel better off financially (Table 4.35).

Feeling better off after bereavement represents perhaps a modest improvement in the financial situation of almost half these people because they had previously said their financial situation was fairly stable (or about the same) during the year before their partner died. For others who felt better off, their assessments point to a more dramatic change as one in four had previously reported feeling worse off before their partner died. The reasons given for feeling worse off at that time, mainly increased expenses and reduced earnings, contrast directly with those for feeling better off after bereavement, and help explain the apparent reversal in their financial well-being (Table 4.34).

4.7 Summary

In this chapter we have examined people's financial circumstances before and after the death of a partner, focusing on the links between changing levels and sources of income, and tracing their financial well-being over the two or three years following the death.

¹¹ Across the three pre-bereavement interviews in the quantitative survey, the proportion of respondents coded as giving 'other reasons for being worse off' averages around eight per cent, well below the 46 per cent estimated here from the first interviews conducted after the death of a partner.

Our findings draw attention to the influence of the couple's prior opportunities and decisions, often over a long period, including labour market histories, family formation, and choices about pension and mortgage arrangements, as well as the influence of provision of end-of-life care. Not everyone had made financial preparations for death, such as drawing up a will, and those who had planned ahead did not necessarily experience a smooth financial transition upon the death of a partner. Other people who made no specific plans evidently faced no serious financial difficulties or setback when their partner died. There were particular economic shocks, and immediate negative financial outcomes, for some people who were not married but had believed that a long-lasting partnership with children gave some economic rights.

Broadly speaking, according to analysis of the BHPS, women were more at risk of poor financial outcomes than men, although their attachment to the labour market and employment history, and that of their partner, could moderate the negative impact on income levels. Men with occupational and private pensions were often better off financially after their partner died. Apart from those with a survivor's benefit or annuity from a partner's private pension, women and less privileged men were often less well protected from loss of a partner's income. Younger women, with and without children, and with limited attachment to the workforce, were at particular risk immediately following death of a partner. Material from our qualitative interviews draws further attention to the considerable diversity in financial outcomes and trajectories within these broad patterns. Some otherwise vulnerable people avoided adverse financial consequences when a partner died, while more privileged people could face a lower standard of living.

A sizeable minority of people, almost one in four, experienced what some might consider a substantial decrease in their financial resources (that is, a drop of more than £100 a week in equivalised household income) following the death of a partner; yet many more felt financially worse off than they had been before the death. Our findings show one route to poverty, and one cause of deepening poverty, to be death of a life partner: for women and men under pension age and especially women pensioners. Overall, one in five households dropped below the official poverty threshold following death of a partner.

A drop in financial resources following death of a partner, including for some falling below the official poverty line, was relatively short-lived for many people. Most had recovered their financial position within 12 to 18 months according to the quantitative evidence; but this broad picture conceals a great deal of hardship and anxiety, which was apparent from our qualitative interviews. For some people, financial difficulties were longer lasting, and older women in particular faced increased risk of recurrent or persistent poverty after their partner died.

The diversity of outcomes and people's views about what happened is due in part to other economic transitions and financial changes alongside the rise or fall in income following the death of a partner. In the next chapter, we examine changes in spending patterns, financial management, and housing costs, the impact of debt, lump sum payments and car ownership, and consider how they contributed to individual differences in people's experiences of economic change. We also describe people's views and experiences of dealing with the institutional arrangements and administrative processes that govern various income streams and lie behind many of the financial changes triggered by a partner's death.

Chapter 5 The Practicalities of Dealing with Economic Change

In the previous chapter, we described and explained income changes and trajectories, moves into and out of poverty, and people's subjective assessments of financial change following the death of a partner. Behind the various income streams and economic changes triggered by a partner's death lie a host of financial and regulatory organisations, which process information, determine entitlements, administer payments, and deal with queries and complaints. Included are government departments such as DWP and HMRC, local authorities, private pension providers and insurance companies. Following a partner's death, most people have to negotiate existing financial arrangements with some such bodies and, for some, make new contacts to establish liabilities and receipts.

In this chapter we describe people's experiences of dealing with these administrative processes (5.1), identifying aspects found helpful and those where improvements would reduce problems met by some bereaved people. We then consider some of the immediate financial demands faced by people after a partner died, including paying for the funeral, meeting housing costs, and dealing with debts (5.2), and the role of lump sum payments received after the death. The last part (5.3) discusses changes in money management, expenditure patterns, savings and informal gifting arrangements within families. The chapter draws largely on findings from qualitative interviews, with some additional perspectives from the BHPS analysis to set the broader context.

At various points we show how financial problems, and practicalities involved in dealing with them, affect people emotionally. We go on to explore this further in Chapter 6 and show how economic issues fit within a psychological model of coping with bereavement.

5.1 Dealing with administration

Death of a partner always means a certain amount of administrative work for the other person. Funeral arrangements must be made, and there are usually negotiations with a range of regulatory authorities and agencies. Depending on individual circumstances, the bereaved person may have help with some of this administrative work, from family members or friends. Some seek professional advice and some do things on their own.

In our qualitative interviews, people often said that dealing with administrative matters was an important part of their experience of the first few weeks of

bereavement. People who had met delays, problems and frustrations, or had felt they were treated inappropriately at such a sensitive time, had clear memories of these experiences and the negative impact this had on them. Those for whom administrative processes had gone smoothly, and who had dealt with polite and understanding people, remembered and appreciated this.

In order for our findings to be useful for policy and practice, this part of the chapter continues under sub-headings reflecting the range of different organisations and agencies involved. We draw together at the end those findings which have general relevance for all organisations working with people whose partner has died.

5.1.1 Department for Work and Pensions

When a person registers a death at the Register Office the Registrar issues form BD8 which is a Certificate of Registration of Death for social security purposes. The person to whom the form is issued is asked to fill in as much information as is known and applicable, and send it to a Jobcentre Plus office, Jobcentre or Pension centre. This is a formal route to DWP, to provide information to ensure that benefits payable to the person who has died are up to date, and payments stop at the appropriate time. The final question on form BD8 asks if the person registering the death wants to claim bereavement benefits because the person who has died was their spouse or civil partner. At the same time, DWP leaflet D49 may be given, which includes some information about bereavement benefits, other benefits which may be available to bereaved family members, and a check list of things to do after a death. This check list says that it is important to advise the office that was paying any benefit or tax credit to the person who has died, as well as completing and returning form BD8.

In our qualitative interviews many people did not remember this form or how they had dealt with it. Some deaths had been registered by other family members, and it was not then clear how much information made available at the Registrar's office had been passed on to the person whose partner had died. Only a few people made direct links between their completion of BD8 and benefit procedures which followed.

Despite that, most people in our study, or someone acting on their behalf, would have had further contact with DWP. Almost nine out of ten partners in the BHPS study sample had been receiving a state pension or other benefit just before their death. Many of them would have had regular dealings and correspondence with more than one DWP office, including the Disability and Carers Service but most commonly with the Pension Service, reflecting the older age profile of people approaching the end of life.¹² More than half the people bereaved under pension age,

¹² In April 2008, the Pension Service and the Disability and Carers Service merged into a single agency, the Pension, Disability and Carers Service.

or their agents, would have been in touch with a Jobcentre, Jobcentre Plus or Pension office to sort out their partner's pensions and benefits (Table 5.1). Our qualitative interviews provide insights into how those contacts were experienced.

People who took part in the qualitative interviews had generally taken action quickly to stop their partner's pensions and benefits. This seemed a particularly urgent matter for people used to living on low incomes, in order to avoid the possibility of overpayments which would then have to be repaid. In retrospect, people remembered getting in touch with DWP by telephoning office numbers they had to hand, or calling in at local Jobcentres in the days immediately following the death. It was unusual for people to remember completing the form BD8. Among those who did remember, the main issue had been how to submit this form. Some people had asked at their post office for appropriately addressed envelopes but these were not available. People over pension age, and post office clerks consulted, were puzzled by instructions on the form to send it to a Jobcentre. Uncertainties of this kind, and having to make telephone calls to try to find out what to do with the form in the days after a partner died, had been distressing. People who had such experiences felt strongly that they could be avoided through improved administrative processes.

Getting in touch quickly with DWP was also important for people who knew that state benefits were likely now to be their own main income source, and people who needed urgent information about what financial support might be available to them. People of working age had generally seen their local Jobcentre as the place to go for this information and advice. People over state retirement age who had been contacted quickly by the Pension Service remembered this as helpful.

Dealing with benefits, after the death

Among people who took part in our interviews, general experience was that benefits previously paid to their partner (such as incapacity benefit, and disability living allowance or attendance allowance) stopped quickly, as they had expected. Those whose partners received disability living allowance or attendance allowance mostly knew that payments would end immediately, and this had seemed appropriate. Only one person, receiving pension credit, had been hopeful that a partner's disability living allowance might go on for a couple of months, to smooth the income transition. People who received a letter, soon after the death, explaining that an over-payment of disability living allowance or attendance allowance had been made and asking for repayment, had sometimes been surprised. However, people then generally understood why they were asked to pay money back. Again, it was seen as important to deal with this urgently, and the practicalities involved in making the repayment at such a time had been a burden to some. A view shared by people across the income spectrum was that paying back a partner's overpaid disability living allowance or attendance allowance was likely to be a financial and emotional problem for some people. There were queries as to whether the policy was appropriate, and whether it

was cost effective for the government to reclaim the relatively small amounts of money involved.

The end of a partner's disability living allowance or attendance allowance was followed shortly by the end of carer's allowance which some people had been receiving. It was people who had been in touch with palliative care services, or voluntary organisations providing support when their partners were alive who understood most clearly that carer's allowance should continue for eight weeks after the death before its withdrawal. This had not always happened, however. Our study group included people whose carer's allowance stopped at the same time as their partner's disability living allowance, and some people who had been asked, later on, to pay back the eight weeks' entitlement. Those involved did not have clear understanding of technical or administrative rules that led to such outcomes, and believed that administrative errors had been made. They talked about the financial and emotional distress they had experienced.

As well as dealing with partners' benefits and carer's allowance, most people who took part in our qualitative interviews had to be in touch with DWP about their own income after their partner died. For some, the change in their circumstances meant adjustments to benefits they had previously claimed as a couple, such as income support. Others had to make completely new claims for income replacement benefits such as incapacity benefits, income support, state retirement pension or pension credit, and some enquired about bereavement benefits and social fund grants. People over state pension age had expected discussions with DWP about their change of circumstances. Evidence from the BHPS shows further that the number of people below pension age claiming benefits increased after the death of a partner, especially among women; this was the case even without considering bereavement benefits which could be claimed only after the death (Table 5.2).

The qualitative interviews showed a wide range of experience among people who were in touch with DWP about their own pensions and benefits after their partner died.

Experiences of claiming state retirement pensions and pension credit

Qualitative findings were that, in general, people over state pension age when their partner died and already receiving a state pension, said that arrangements had gone smoothly for them. Pensions paid on the basis of people's own contributions went on being paid; pensions being paid on the basis of their partner's contributions were adjusted and payments started again after two or three weeks. Personal contacts from Pension Service staff, soon after a partner's death, were appreciated by all those people who remembered such an experience. Older people who were unsure what would happen to their state pension said it was helpful to have a visitor from the Pension Service at that stage, to explain procedures and likely time scales. Such

visits reduced concerns about financial security and administrative process; the staff involved were remembered as being understanding people.

Some older people received information and advice about other benefits and services to which they were entitled during these discussions with Pension Service staff soon after bereavement. Some learned about pension credit, and were helped to claim, and some went on to claim entitlements to attendance allowance. It was this meeting that alerted some people to possible changes in their council tax liability, or entitlement to council tax benefit.

Generally, then, older people in our qualitative study group had not met problems related to receipt of state retirement pension. But when problems had arisen, these had led to lengthy confusion and uncertainty for the people involved, and serious financial consequences. Arriving at a final assessment of the amount of entitlement to a widow's retirement pension had taken four months for one woman. The financial uncertainty resulting from several months of variable pension payments was one influence on her decision to declare bankruptcy. For another woman, a delay of nine weeks in processing a new state retirement pension was a time of financial and emotional strain, with a need to keep up with mortgage payments while waiting for regular income. The people involved in these major delays in establishing state retirement pension understood that their circumstances were not straightforward; that it had taken time to trace a partner's contributions records through various changes in employment circumstances; or that it took time to calculate a deferred pension, and discuss options for different ways of receiving the money due. But both said that the effect of the long period of financial uncertainty and reduced income was increased by the strain of what had seemed endless telephone calls, with constant need to give the same information to many different people who seemed not to be in touch with each other and explained delays by referring to lost papers and problems in working across sites. The people concerned were critical of their experiences of being told one thing by one DWP representative and then told by another member of staff that this had been wrong advice.

Experiences of claiming incapacity benefits and income support

People previously included in their partner's claim for incapacity benefits or income support had to establish a source of income in their own right after their partner's death. Enquiries to Jobcentres led some who had been married to discover entitlement to a bereavement benefit, as described in the next section. When both members of a couple had been in poor health for a long time, the transition was usually from being part of a partner's incapacity benefit claim to making a new claim for incapacity benefit for themselves. Support from welfare rights advisers and voluntary organisations had sometimes been important here. People coping with long-term health problems as well as the recent death said they would not have been able to manage the visits to Jobcentres, deal with the applications for benefit, or manage to budget while waiting for payments, without this kind of support. One

person had been helped to claim a social fund crisis loan to tide over the waiting period, with support from his community group. Another person with a number of health problems had relied on friends and community volunteers to bring gifts of food while waiting for benefits payments to start.

Among people in our qualitative study group, some new claims for incapacity benefit were made by people not able to go back to jobs because their health was affected by the trauma of a partner's sudden death. By the time of our research interviews some such people had returned to jobs held open for them, but others had left previous work. One such person had just been asked to attend a meeting at Jobcentre Plus, to discuss her circumstances. The person concerned was expecting some discussion about trying work again. It was now nearly a year after her partner's death, and returning to work had begun to seem a possibility for the future.

New claims for income support were made immediately by people who lost all or their main source of income when their partner died. Women with young children who made enquiries about claiming income support described very different experiences. For one person, the initial interview at Jobcentre Plus had been helpful and supportive, and income support payments started quickly. By the time of the research interview, some 16 months later, she had returned to the same Adviser, and had encouraging and helpful discussion about possibilities for working to support her family, in the future. A quite different experience was described by a woman who made a claim for income support, a couple of months after her partner's death, in order to get help with her mortgage. The questions asked, and being told she would be asked to go for regular meetings at Jobcentre Plus to talk about her plans for the future seemed additional strain and unhelpful, and this person withdrew her application for income support.

Experiences of bereavement benefits

Not everyone is entitled to claim bereavement benefits after a partner's death; eligibility depends on a partner's national insurance contribution record and other criteria. We cannot use the BHPS to investigate the uptake of bereavement benefits for the reasons outlined in Chapter 4 (see 4.2.2). We can however draw on DWP caseload estimates to provide the broad context and point to recent trends. These estimates show that approaching 60,000 people were claiming bereavement allowance or widowed parent's allowance in 2007. Almost half the claims (around 27,000 in 2007) had started in the previous 12 months and approaching seven out of ten claimants were women. In addition, around 90,000 women received widow's allowance or widowed mother's allowance under arrangements that existed before widow's benefits were replaced by bereavement benefits in April 2001. The number of claims for bereavement allowance has gradually declined in recent years, reflecting increased life expectancy, while claims for widowed parent's allowance, by bereaved partners with dependent children, have increased (Tables 5.3 and 5.4, Figure 5.1).

It is not possible to estimate take-up of these benefits (the proportion of people with entitlements who receive the benefits) from DWP figures because the number of eligible non-claimants is not known. Nor is it possible to tell, from our qualitative interviews, how far people were receiving their correct entitlements to bereavement benefits, although it appeared to the researchers that there might have been some non-take-up of bereavement payment. There were, however, useful findings about ways in which people found out about bereavement benefits and their claiming experiences.

There was widespread lack of awareness of, and confusion and misunderstanding about, entitlement to bereavement benefits. Those people in our study group who remembered finding out about bereavement benefits from information received at the registrar's office and then taking action to claim were all men in younger age groups, who had registered their partner's death themselves. They had read information given to them at the office and gone on to claim bereavement payments and, for those with children, widowed parent's allowance. An older woman had also seen the information in a booklet from the registrar's office, but had been uncertain about entitlement. It was subsequently talking to a social worker about bereavement allowance which encouraged her to claim. Those people who learned that they might be entitled to bereavement benefits through hospital contacts were people whose partner died in intensive care wards, and who were given 'information packs' that might be helpful or supportive at such a time. Other sources of information that led to successful claims were visitors from the Pension Service; telephone calls to a partner's tax office; personal advice or written information from palliative care and hospice teams; and funeral directors.

Information from family and friends had also been of key importance in learning about availability of bereavement benefits and being encouraged to make claims, especially among people who did not feel like reading information leaflets or had hazy, or outdated, ideas about financial support for paying for funerals. Some people observed, in retrospect, that looking for information about benefits and helping with practicalities of claiming was something that relatives and friends identified as a way of giving help and support. Such help with administrative work in the early days after the death could be both a practical relief and an emotional support.

People who said they had learned about availability of bereavement benefits after active search themselves for financial support had found web based information or gone to Jobcentre Plus to make enquiries. For people unused to Jobcentres, having to wait, and having to explain their circumstances in a busy office had sometimes been negative experiences.

Across the interviews, there was a general feeling of surprise that there seemed to be no formal automatic notifications to people whose partner had died that there were bereavement benefits to which they might be entitled. For some people,

learning about these benefits had seemed a 'hit and miss' process. Without helpful relatives or friends, some people felt they might not have applied. Those who felt that claiming bereavement benefits depended entirely on their own initiatives had often been angry when they discovered there were time limits to claiming entitlements. Particularly dissatisfied was a person who only discovered entitlements when he realised that his income tax liability had been adjusted on the assumption he had been receiving bereavement allowance for several months. He felt strongly that there should be a different approach from DWP: pro-active information-giving to relevant people at the appropriate time, perhaps with an automatic administrative trigger. There might be more emphasis on 'claiming entitlements' rather than using the language of 'applying for benefits'. The latter view was shared by several people, for whom bereavement benefits represented firm entitlements due to them because their partner had paid tax and NI contributions, rather than social security benefits which they needed to ask for.

Administrative errors in paying bereavement benefits were hard for people to deal with, emotionally and practically. Notification, some 15 months after a partner's death, of a large overpayment of widowed parent's allowance was a blow to a young parent, who went to a Tribunal. At the time of the research interview, 21 months after the death, the person concerned was still waiting for information from DWP to clarify her situation.

5.1.2 Her Majesty's Revenue and Customs

There are various reasons for getting in touch with HMRC after a partner dies. The government leaflet D49 advises people whose partner was receiving any tax credits or child benefit to get in touch with the office making such payments within five days after the death. If partners were paying tax on earned income or investments, their tax affairs have to be wound up. Some people had to take on new responsibilities if they had previously relied on their partner for practical help in dealing with their own tax affairs.

Overall, 16 per cent of households in the BHPS study sample had been paying income tax during the year one partner died. Two out of three people under pension age would have had dealings with tax offices (Table 5.5). People in our qualitative study group remembered a number of ways in which they had been in touch with different branches of HMRC, following their partner's death. Dealing with a partner's money, property and possessions means, for some people, involvement in arrangements for paying inheritance tax, and we discuss this in a later section.

Child benefit, child tax credit and working tax credit

The rules governing child benefit are such that only one person is awarded child benefit for a particular child. In two parent families it is most often the mother who is

awarded child benefit. In our qualitative study group, mothers whose partner had died did not remember any particular issues arising around child benefits, following the death, and payments continued to be made as usual. Fathers whose partner had died remembered '*a lot of form filling*' to transfer child benefits to their name, and some frustration about this time consuming matter. One man, whose assumption that child benefits for their children would continue to be paid into the joint account when his wife died proved wrong, was surprised and angry about the bureaucracy involved in ending his wife's claim and making a new claim. He felt the claim form did not fit such circumstances. He felt it inappropriate to deal with this personal matter by telephone, and was surprised there were no facilities for making enquiries through email correspondence.

In contrast to child benefit, the rules governing child tax credit and working tax credit are such that people living as a couple must claim jointly with their partner. The death of one partner is a change of circumstances that ends that entitlement, and a fresh claim must be made as a single person. Some people may gain completely new entitlements to tax credits when their partner dies because of an overall drop in family income; some people may lose entitlement to working tax credit because they do not themselves do paid work. There were examples of all these situations among the people who took part in our interviews and a wide range of experience of issues arising.

In our study group, people who remembered few problems with their tax credits included people who had received professional help in dealing with the major income transitions which followed their partner's death. There were also people who had dealt with the matter on their own, and remembered a fairly easy process. These were generally people who had been claiming tax credits previously as a couple and thus had some experience of dealing with the tax credit office by telephone.

Using the telephone to explain personal circumstances following bereavement was often hard for people, however, and there were often emotional impacts of the practicalities involved in making contact with a tax credit office. Finding a route through a telephone answering system brought into focus for some people changes in the way they were now categorised, as a single person. Getting through to a member of staff who seemed understanding, said they were sorry to hear about the situation, and dealt with matters efficiently was remembered as a great relief and help. One person thought it had been staff at the tax credit office who had mentioned bereavement benefits to her, and this had been helpful. However, people had different experiences here, and those who felt staff had said unhelpful or hurtful things remembered the spoken words very clearly, sometimes for more than a year.

People who described dealing with tax credits as a major difficulty included people who were taking on a completely new task, either because the couple had not claimed before, or because it had been their partner who had mainly dealt with tax

credits. Compiling the financial information required, filling in the forms and following up matters by telephone had been a great burden for some people who had never done this before but knew they needed tax credits quickly to maintain family income. One woman, when interviewed eleven months after her partner died, said that she still could not face the potential difficulty she perceived in re-instating her child tax credit. As already described for child benefit, there was some frustration with a bureaucratic process that required a new application when one partner died, and people queried the resource implications of this policy, both for HMRC and grieving parents.

People who received standard letters from tax credit offices addressed to their partner, after informing the office of the death, had been greatly distressed and were still angry about this. They found it hard to believe that such a bad mistake could be allowed to happen within the government's sophisticated information transfer systems. The experience of receiving inappropriate letters addressed to the partner from offices which had been informed about their death was widespread, and it was by no means only tax credit offices which were involved. Such letters had also come from mortgage companies, banks and insurance companies.

Achieving transitions from previously joint tax credit claims brought particular problems for some people. Being told, in the first year of bereavement, of liability for overpayments of several thousand pounds for tax credits awarded on the basis of assessments of the couple's previous income had been a great blow to people. If overpayments had resulted from administrative error, the perceived injustice of this situation was hard to bear at such a time. There was also some anger at discovering that widowed parent's allowance was taken into account for assessment of tax credits only when notified of a tax credit over-payment that had accrued through not declaring the allowance as taxable income. People to whom this had happened felt strongly that both DWP and HMRC had a responsibility to make this situation much clearer, and help bereaved people avoid such over-payments.

The qualitative study group included some parents for whom tax credits now made up a substantial proportion of family income following bereavement. Some had strong negative feelings about this, and both women and men said that this was contributing to ongoing feelings of economic anxiety and insecurity, rather than providing reassurance of financial support for their family until they were able to be more financially independent. They described the stress involved in trying to communicate with tax credit offices, their problems in trying to understand how tax credit worked, the unpredictability of levels of entitlement, the administrative errors that were made and the possibility of their being required to pay back large overpayments.

Winding up a partner's tax affairs

HM Revenue and Customs leaflet IR45 gives information about '*What to do about tax when someone dies*', but nobody in our qualitative study group mentioned they had

used this. Those people interviewed who took part in winding up their partner's tax affairs had generally not met major problems. Where partners had previously used accountants or financial advisers when dealing with tax, their help was often sought again at this stage and people were generally satisfied with the advice and practical help received. People who dealt with the matter themselves and had little previous experience, had to learn about matters and procedures which were new to them. One issue had been finding out which tax office to contact, and employers and pensions organisations had sometimes been helpful here. Once inside the tax office, having to conduct business through telephone facilities did not suit people who were finding it hard to explain their circumstances to strangers on a phone. Some people said it had taken longer than expected for tax rebates to come through.

In this group of people, those who found dealing with a partner's tax affairs turned out to be a complex and lengthy matter had partners who had been engaged in self-employment or business ventures when they died, or some years ago. They understood the issues and the reasons for delay in settling matters, but were unable to provide themselves the information required by HMRC.

Self-assessment – taking on a new role

As well as dealing with a partner's tax affairs, some people who took part in our interviews had to take on new responsibilities in dealing with HMRC in relation to their own tax affairs. It had previously been their partner who took the major role in filling in self-assessment forms for them both, and storing the relevant documents and accounts from banks, building societies, pensions companies and investments. People who now preferred to seek professional help with this incurred an additional expense.

Those who took on (or expected to take on) the new role by themselves were generally people who felt comfortable with administration and understood income tax. Those less certain they would manage felt they would give it a try, when the need arose. Some of those interviewed, women and men, said dealing with income tax returns had always been their task anyway when their partner was alive, and there was no new role here for them.

5.1.3 Local authority offices

Getting in touch with the local authority soon after a partner's death had seemed a priority for people who had been claiming housing benefit or council tax benefit with their partner. They wanted to know what would happen to their housing benefits as a result of changes in income. People who had been claiming full housing benefits feared arrears in rent or council tax that might accrue while they waited for DWP to process adjustments to or new claims for income support, pension credit or incapacity benefit.

One in five people (20 per cent) in the BHPS study sample had claimed housing benefit or council tax benefit, or both, before their partner died and that figure increased slightly after the death (27 per cent). Most of these claimants were receiving council tax benefit (95 per cent) and new claims for this benefit were largely responsible for the overall increase in uptake. Altogether, at least one in three people or someone acting on their behalf (34 per cent) would have had contact with local authority departments dealing with these benefits soon after a partner's death, including people whose claims apparently came to an end. The increased uptake of council tax benefit continued beyond the immediate period following the death (Table 5.6).

Generally, those people in our qualitative study group who had to negotiate with housing benefits departments soon after a partner's death said that this had been a fairly easy process. When staff already knew about their partner's death when people visited the office, they found this very helpful. There was then no need to explain the reason for their visit; staff were able to give relevant information and reassurance quickly. Some people had worked out afterwards that housing benefits staff knew their partner had died through information passed from the Registrar or, some thought, the Pension Service. They told the researchers this kind of information link was helpful, and some wished there had been similar links between other government departments. People who received letters from housing benefits departments, telling them how their housing benefits would be adjusted or their council tax liability reduced for single occupancy, before they got round to telephoning or visiting the office themselves, also appreciated this.

Where there had been major problems with housing benefit payments, immediately following a partner's death, the people concerned remembered these as being linked to delays in establishing their entitlements to pension credit or income support. Knowing that arrears of full rent and council tax were accruing during transitional periods of several weeks was highly stressful for people also waiting for benefits payments from DWP to start. At the time of the research interview, nine months after her partner's death, one older person had not yet made up the savings on which she had drawn in order to pay rent and council tax while waiting for housing benefits to be recalculated. She remembered making lots of telephone calls to try to find out what was happening, and being upset and deeply worried. For another person, there was additional strain in discovering the level of housing arrears which had built up during her partner's final illness. There had been difficult negotiations to confirm tenancy and agree how the debt was to be repaid, at a time when income support entitlement had not yet been settled, in the first few weeks following the death.

Separate from housing benefits was the matter of 'blue badges' obtained by some partners.¹³ The check list of 'things to do' in the DWP leaflet D49 reminds people to return disabled parking permits by getting in touch with the local authority. Finding out which office was involved had sometimes been difficult, and some people had been surprised to find they were expected to send back the badge in the post. People said the potential value of badges could be several hundred pounds, and they could easily be stolen. What was perceived as poor administrative procedure here remained a frustration for one person for a long time. Also frustrated was a parent who tried to renew, in her own name, a blue badge previously issued to the other parent, for use of their car for their disabled children. The procedure required handing in the badge and making a completely new application. This would mean waiting for the application to be processed; and a period without a parking permit would make life for the recently bereaved family extra hard. People observed how intense their feelings had been at this time about administrative and bureaucratic matters that might seem relatively small annoyances to other people, and how hard it was to deal with such unwanted additional stress when their partner had just died.

5.1.4 Banks and building societies

The main issues which people remembered from their dealings with banks and building societies soon after their partner's death were maintaining their personal access to cash, closing partner's accounts, or removing partner's names from joint accounts, and their experiences of dealing with staff.

Generally, in our qualitative study group, people had not had major problems maintaining access to cash in banks or building societies. People who previously had joint current accounts with their partners had generally been able to continue using these accounts as usual. Partners who had known their lives were ending had sometimes taken steps themselves to close personal accounts and transfer monies to joint accounts, to avoid delays or problems in access to this money following their death. There was praise for local bank staff who realised what might be happening when very ill customers made such arrangements, and responded with kindness and understanding when people went back, in due course, to arrange for the joint accounts to be transferred into their own names.

When people did have problems in gaining access to joint current accounts, this was generally attributed to delays in the banks' probate departments, and some people were critical of bank requirements here that later proved to be wrong. Being unable to access joint current accounts for several months, including writing cheques or using debit cards, had caused practical difficulty and stress. Having a separate bank

¹³ The Blue Badge scheme operates throughout Great Britain, regulating parking concessions for people with particular needs, and is administered by local authorities.

account had helped some people get through short periods of delay in accessing a joint account. It was fear of problems arising from not being able to access joint accounts that led some people to delay telling the bank holding a joint account about their partner's death, choosing to move cash into personal accounts before approaching the bank.

Those people who met problems in closing a partner's personal account included people who had not been married, who felt bank staff were not well informed about dealing with this situation. Closing partners' personal accounts from which direct debit payments were made sometimes led to troublesome outcomes. For example, an unexpectedly high telephone bill was found to be due to loss of the discount for direct debit payments. Regaining the discount meant having to open a new bank account, an irritation and more administrative work. Other people described considerable problems in transferring telephone and computer accounts previously dealt with in direct debits from a partner's personal bank account. Long delays and requests for new references led to problems for people whose paid work depended on communication technology.

Taking a partner's name off a previous joint account, or transferring the money to a new personal account as a single person was a sensitive matter for some people. People who were not ready to make this formal recognition of their partner's death resented perceived pressure from bank staff. On the other hand, people who wanted to move quickly away from seeing their partner's name on cheques and statements resented any delay in transferring accounts to new names.

As described in previous sections, people said the way in which they had been dealt with by bank and building society staff in local offices had a major impact. Being offered private space for discussion and talking to staff who understood arrangements needed, gave correct advice and acknowledged the sad circumstances was remembered as very helpful. Unexpected rudeness and insensitivity of staff caused hurt, and being urged to '*have a good day*' by call centre staff was remembered as deeply upsetting.

5.1.5 Pensions and insurance companies

Dealing with pension providers and insurance companies was a common experience following the death of a partner. Two out of three people or someone acting on their behalf (68 per cent) are likely to have engaged with such companies, according to the BHPS analysis. These contacts variously covered partners' occupational pensions (45 per cent), private pensions (seven per cent), survivor's benefits from partners' former employers (35 per cent), or lump sum payments from life insurance companies (28 per cent) or pension providers (nine per cent). Additionally, one in ten partners had had private medical insurance cover although it is not known what

benefits these brought after the death. Women, or someone acting on their behalf, were most likely to have dealt with such matters, reflecting the greater likelihood of men having life insurance and occupational pensions with provision for lump sum payments on death and survivor's benefits (Tables 5.7 and 5.8).

Across our qualitative study group, negotiations about entitlements to lump sums or pensions as a result of partners' private and occupational pensions arrangements had generally gone fairly smoothly. Pensions companies or employers responded quickly to initial telephone enquiries or letters. Some people remembered filling in fairly simple forms and dealing with matters by post, or being visited at home by staff in employers' human resources departments. When there were decisions to make about whether to take lump sums or pensions, some sought advice from financial advisers or accountants. Few people remembered particular problems – those which were described related to arrangements for making payments to children who benefited from pensions, or delays in working out entitlements for a person whose partner had deferred their pension. There were welcome surprises for some people, when letters or telephone calls from pensions companies told them about entitlements that were unknown to them. Some said they thought their partner had also forgotten about such arrangements, sometimes made several years ago. There were also disappointments for some, when told that their expectations of pensions rights were unfounded, as discussed in 4.4.1.

People entitled to payments through a partner's life insurance also, generally, did not meet major problems. When difficulties did arise, and turned into what people described as '*long drawn out wrangles*' for several months, this was a strain. A person whose partner died abroad described many and repeated demands from the insurance company for information, and relying on support from a financial adviser during the protracted negotiations. Some people had similar experiences in dealing with car insurance companies after road crashes. One person, three years after the death, said they were still affected by memories of lengthy and troublesome negotiations, and the extreme anger and hurt caused by receiving a letter addressed to a husband killed in the car, asking him questions about his driving capacity and experience.

Problems did arise with other kinds of insurance, such as mortgage protection and car loan insurance and these are described in the next part of the chapter.

5.1.6 Probate service

People who took part in our interviews explained how they had been involved in dealing with their partner's money, property and possessions. This had been a simple process for some people, for example married people who had been joint owners of their home and/or whose partner had little in the way of personal

possessions or savings. For such people, the process had often been one of simply asking other relatives if they wanted small items, in memory, and talking to bank staff about how to transfer small savings accounts.

The term '*going through Probate*' was often used fairly loosely to cover the different formal processes involved in executorship of wills, and administration of estates when there was no will.

Among older people in the qualitative study group, adult children had sometimes been named executors of their partner's will. People in our group who had themselves been named executors in partners' wills, and people whose partners had not left a will, and who had to apply for what is formally called a 'grant of letters of administration' often wanted to try to deal with matters themselves. Wanting to avoid the expenses anticipated in seeking help from a solicitor or accountant was a strong influence here. Also influential was feeling that this was something they could still do personally for their partner, or feeling general confidence about dealing with administration and bureaucracy. People whose partner had already engaged legal help in inheritance tax planning, people who were expecting to make Deeds of Variation for their inheritance from their partner, and people who were expecting some complexity in settling the estate generally sought help from solicitors.

There was a range of experience among people involved in executorship and administration. The amount of work involved in settling the estate and the time this took was often a surprise. In retrospect, some people wished they had asked for more help from a solicitor. Those for whom the process turned into a great burden included people for whom complications arose, for example learning that the laws of intestacy meant unexpected involvement of a co-applicant for a grant of letters of administration. Not yet having got round, after a recent marriage, to changing surnames used in various regulatory systems also led to what seemed a massive amount of bureaucracy. Others who found dealing with executorship a great burden, at both a practical and emotional level, were people who had become overwhelmed by what seemed endless letters and forms, piles of papers, and growing anxiety about legal responsibility and financial security. People used similar language, across interviews, when they reflected on '*dreading the postman for what he would bring in the morning*', looking at the '*piles of papers on the desk*' and the '*great burden*' of trying to work through it all.

People told by agencies such as advice bureaux or mortgage companies that it was necessary to apply for a grant of probate or letters of administration, only to discover that such a formal process was unnecessary, were angry about the unnecessary stress caused. Some described persistent wrong advice here from organisations they expected to be properly informed.

Dealing with a partner's estate was not always difficult, however. People who said that the estate had been settled quickly and easily included people who had received advice and help from family and friends; people who had received professional help, and people whose partner's financial affairs had been relatively straightforward. Included here were partners who had left wills and partners who had died intestate.

Dealing with a partner's money and possessions brought some surprises. People who were not married and whose partner had not made a will discovered that the laws of intestacy governing inheritance prioritised children of their partner's previous relationship over themselves, even after their long partnership. Discoveries of previously unknown levels of indebtedness are described further in the next section. On the positive side, some people discovered partners' patterns of generous financial gifting to family members, and charities. Such discoveries brought new perspectives on their partners' lives, and led to thinking deeply about whether or how they wanted to continue these patterns, which had been important to their partner and raised expectations among those who had previously benefited. Surprise at discovering their partner's capacity for building up savings from low incomes brought an additional positive dimension to their partner's character.

One issue raised by people whose partners had left assets was that inheritance tax was the first claim on an estate, before any other distribution of monies. Those people concerned said that personally, it had been possible to make arrangements to manage this without negative impact. However, thinking about this afterwards and discussing it with friends who had met similar situations, or might do in the future, led to views that this was a harsh requirement that some bereaved people would find hard to manage, and might lead to having to sell a home.

Peoples' views and experiences about dealing with the range of different administrative and regulatory systems enable us to draw some general conclusions, which we present at the end of this chapter.

5.2 Immediate financial demands

Death of a partner means making a number of adjustments to household budgeting and money management, over different time spans. Our qualitative interviews showed that expenses and financial demands perceived as particularly urgent, in the first weeks after a partner died, included paying for the funeral, meeting housing costs, and dealing with debts.

5.2.1 Paying for the funeral

There was a wide range of personal and family preferences about funerals among people who took part in our interviews.

Some people's partners had made clear before they died, in writing their will or talking to their partner, what kind of arrangements they would like. This was one influence on the arrangements made. Other influences included cultural and religious beliefs and practices, family traditions and expectations, military arrangements, local traditions (for example, horse-drawn hearse processions) and environmental principles. The number of people likely to attend was also taken into consideration – funerals of older people were sometimes small family gatherings, while hundreds of people were expected at funerals of some younger people with many friends and work colleagues.

Those people who thought in advance about meeting the cost of the funeral included people at low income levels for whom a funeral bill represented a big expense. Most knew that fees and charges varied among different funeral directors. For most of those thinking ahead to the eventual bill, it was more important to choose a funeral director who was trusted to '*do a good job*' than to look around for economic options. Making funeral arrangements was emotionally hard, anyway, and people usually did not want to spend time or energy looking themselves for 'best buys', although relatives had sometimes been helpful in making initial enquiries on their behalf. Faced with choices about coffins and flowers, some remembered deciding on 'middle-range' options, not wanting to think or show themselves '*mean*' in deciding on cheapest items, but reluctant to be extravagant. In retrospect, some people who thought their bill was high felt they might have given more consideration to costs, when they made arrangements. None, however, suggested any pressure from funeral directors to spend more.

There were such pressures, however, from within the wider families of some of those people who took part in interviews. When members of a partner's family of origin wanted more elaborate and more expensive arrangements it could be hard to resist or negotiate, in the immediate grief of a partner's death. People did not have energy to spend on trying to reach compromises about details such as numbers of cars, or floral arrangements, and felt shamed by having to spell out to relatives and funeral directors the '*bottom line*' for the bill they could meet. Such family conflicts about funeral expenses remained unresolved for many months.

With such a wide range of funeral arrangements described, we can say little about costs, other than that eventual bills reported ranged from £1,500 for a church service and burial, with simple catering for friends in the church hall, to around £4,000 for a cremation and interment of ashes, with hospitality for a large gathering in commercial

premises. For those who wanted a headstone, the additional bill was typically between £1,000 and £2,000.

Meeting these expenses was just not an issue for some people who took part, including people who felt financially secure, those who felt comfortable that bills would be met from their partner's estate or life insurance, as anticipated by their partner, and those whose partner's employer took responsibility. For others, the funeral director's bill became an immediate financial concern. One young woman was still sad, three years after her partner died, that her first thought on going home after her partner's road crash had been how was she going to be able to pay for his funeral. Funeral directors, generally, were described as considerate and helpful in discussions about ways of paying bills. It was from funeral directors that some people learned about bereavement benefits that might be used towards funeral expenses. Those who already knew about the availability of a funeral expenses payment from the social fund were people whose main income, as a couple, had come from longterm benefits. Staff from the Pension Service, who visited soon after a partner's death, also mentioned funeral expenses payments to older people claiming pension credit.

Those people in our qualitative group who applied for a social fund funeral expenses payment were successful. Grants received, remembered as ranging from £150 to £1,500, went some way towards meeting their funeral costs. Some people who thought they would be entitled to a funeral expenses payment preferred not to claim but to use personal resources. Included here was a relative acting with Power of Attorney who expected complexity and delay in establishing the entitlement to a funeral expenses payment, and decided not to bother.

People who knew little about grants towards funerals but had been urged by friends to make enquiries, regretted the time and energy they had spent in queues at local advice agencies only to discover they were a long way out of scope.

In addition to bereavement payments and funeral expenses payments, other sources of income used for paying for funerals included lump sum payments from partners' life insurances and pensions. When funeral expenses were going to be met from the estate, funeral directors were generally happy to wait for payment. But when there were other beneficiaries of the estate, in addition to the partner of the person who died, some people chose to pay funeral costs personally, in order not to reduce the inheritances of others. As expected, some people had financial help from family members. In this qualitative group, financial help accepted came from parents, or brothers and sisters. Members of younger generations were not expected to contribute financially. Indeed, financial transfers across generations were sometimes downwards from the bereaved person, who met expenses of funeral clothes and flowers for adult children who could not afford this themselves.

People unable to meet funeral expenses immediately from resources available had been offered arrangements for paying in instalments, and this did suit some. An older man explained that a social fund funeral expenses payment of £1,300 reduced his bill to around £2,000, for which the funeral director was accepting monthly instalments of £150 without interest. He felt it was important to keep up the instalments, because missing payments did accrue high interest. He put aside £20 per week from pension credit, meeting the balance on the instalment from other pension payments and occasionally pawning items. Knowing about the high interest charged on missing payments influenced some people in deciding not to accept funeral directors' offers of instalment payments, but to borrow from members of the wider family in order to pay the bill outright. Loans still due to brothers or grandparents were a continuing concern to some people, but less of an anxiety than the risk of defaulting on instalments to funeral directors.

5.2.2 Meeting housing costs

People who took part in the qualitative interviews told us that one of the most pressing financial issues immediately after their partner died was how 'safe' their home was. The previously shared home usually had deep emotional significance and most, in the immediate aftermath of death, wanted to stay on. For most bereaved parents, the family home offered at least some security and stability for their children.

Those people who felt confident there would be no immediate financial issues related to housing costs and they could stay in their home were owner occupiers who had paid up their mortgages. As we might expect, owner occupiers in their 70s and 80s had often paid up their mortgages several years ago. Couples below state pension age who had already paid up their mortgages included people with higher earnings, and couples who had critical illness protection for their mortgage which came into effect when one of them developed a life limiting illness.

For everybody else, there was some element of uncertainty about meeting on-going housing costs. Owner occupiers with mortgage loans who believed they had mortgage protection, or would be covered through endowment policies or a partner's separate life insurance, knew that administration might take some time, during which current mortgage liabilities would continue. Some people were unsure whether or what arrangements were in place to help them deal with mortgage loans. Such financial uncertainty was a strain, and for some people, a cause of acute anxiety. People who knew immediately that they had no protection included people with and without children who had decided with their partner not to spend money on insuring their mortgage as they were both young and not expecting health problems.

Among those who paid rent for their home, people who had previously been joint tenants in local authority or housing association properties generally felt confident

about security of tenure. Those whose partners had held the tenancy were unsure what would happen. Some people renting properties adapted to the needs of their disabled partner were not immediately confident they would be able to continue the tenancy, if they themselves did not need sheltered or adapted accommodation. People living in accommodation provided through their partner's employment knew they would eventually have to move. Apart from security of tenancy, being able to meet the rent from a reduced income was a concern for some, for example not knowing how long it would take to adjust housing benefits.

A particular kind of housing uncertainty was faced by people who were at an advanced stage of moving home when their partner died. It was hard to decide what to do next – go ahead with what they had planned with their partner, or put arrangements on hold.

Our interviews showed how some of these issues were resolved during the months following the death. By the time of the qualitative research interviews, only one person who had been living as a couple in rented accommodation was expecting to have to move. This would be a move from a house provided through the partner's employer, in a planned and acceptable way some 15 months after the death. Although fears about security of tenure proved to be unfounded for most people in rented accommodation, financial problems did arise. We showed in 5.1.3 how delays in adjustment of housing benefits led quickly to rent arrears, with erosion of savings. For another person, asking for transfer of tenancy from a partner's name led to discovering high rent arrears on the property. There followed months of financial distress, and at the time of the research interview, nine months after the death, there was hope that the local authority would make a discretionary decision to write off arrears.

There was a broadly similar picture among people with on-going mortgage commitments when their partner died: generally, initial uncertainties and anxieties were eventually resolved but, for some, there were major financial problems. It was a great relief when mortgage protection arrangements went through quickly, or when speedy and trouble-free administration of insurance and pension pay-outs enabled people to pay off mortgages. Lengthy administrative process, however, meant emotional strain and practical problems in trying to meet mortgage payments until things were settled. Interviews showed it could take three or four months before final arrangements were made for paying off mortgages through life insurance or endowment policies. People were angry when they had to spend what seemed hours on the telephone, being passed around between staff who seemed lacking in sensitivity, could not give them the answers they needed or bring matters to a conclusion. Delays in settling a partner's estate could also cause delay in paying off a mortgage. People who could not meet mortgage payments during these transitions had to borrow money.

People who discovered or had always known no mortgage protection arrangements were in place faced hard decisions if they also knew it would be difficult to meet repayments from their reduced income. An initial application for help with a mortgage through income support was abandoned because of negative experiences at Jobcentre Plus.¹⁴ One choice made was to sell the house immediately and move in with relatives until able to make more permanent arrangements. It was hard for people to make an immediate decision to sell a home at a time of such emotional distress, however, and some people found themselves struggling along to see what happened. By the time of the research interview one such person had been able to reduce monthly mortgage repayments after an unexpected lump sum payment, but another had seen repayments increase after re-mortgaging, and her home was on the market. Mortgage companies had offered 'payment holidays' to people having problems meeting repayments after their partner died. One view was that this did provide some '*breathing space*' and had been helpful. A different view from a person who had declined the offer was that the interest charged just increased the long-term commitment.

People who had been about to move home with a partner when they died made different decisions, one going ahead alone with the move but one deciding to stay and make house adaptations to fit the family's changed circumstances. In retrospect, people felt differently about whether they had made the right decisions here.

Overall, the qualitative interviews showed that a partner's death often led to uncertainties and financial problems about accommodation, during the first six months. At the time they seemed acute problems, and had led to distress, debt and for one person a quick house sale. In this study group, it was generally women who experienced the greatest problems. As time went on, some of the problems were resolved or reduced, but by the time they took part in qualitative research interviews, problems in meeting housing costs had continued for some people for up to a year.

By the second or third year following their partner's death more women were expecting to move eventually. For some, there were financial influences related to bereavement such as finding family homes too expensive to maintain after experience of living on a reduced income. Older people with large houses and gardens expected to move to smaller homes as they grew less able to manage the property. Other influences were unrelated to the partner's death, including a need for adapted accommodation, as health deteriorated. At this stage, some two to three years after bereavement, expectations of moving to a new home in the next few years were generally reported as a positive next step in life.

¹⁴ Some help is available for paying mortgage interest or interest on loans for repairs and improvements to some people claiming income support or job seeker's allowance.

Turning to the BHPS study sample for the overall picture, we find examples of all the housing transitions described in the qualitative interviews, including moving house and changes of tenure. The quantitative data confirmed the varied impact of changed housing circumstances and costs on people's views, both positive and negative, about how they were managing financially. In particular, an increase in outright ownership, linked to lump sum payments, meant that fewer people, seven per cent overall, mostly women below pension age (64 per cent), were still meeting mortgage payments after the death.

The quantitative findings confirm that moving house was relatively uncommon following the death of a partner despite initial uncertainty about accommodation for some people in circumstances similar to those we interviewed. As far as is known, a large majority of people lived at the same address throughout the two or three years of the BHPS study sample following the death. Between five and ten per cent of bereaved partners had moved house by the first interview after their partner's death, and that proportion increased slightly over the next year or so (cf. 4.3.2, Table 4.14). People living in privately rented housing or tied accommodation were most likely to have moved when first interviewed in the BHPS after the death (27 per cent compared with around five per cent in other tenures).

Within this overall pattern of comparative stability of tenure, the number of people owning their property outright increased with a corresponding fall in outstanding mortgages. Some mortgage agreements would have been concluded on reaching their normal term but there was a noticeable increase in the rate of mortgage completions between interviews conducted immediately before and after the death (Table 5.9, Figure 5.2). Over half of householders with a mortgage became outright owners soon after their partner died (Table 5.10).

Mortgage protection and lump sum payments following the death were apparently linked with many of these mortgage completions. Just over a quarter of couples in the BHPS study sample with a mortgage on their accommodation (27 per cent) had said their payments included a mortgage protection policy. In addition, more than two out of five people overall received a lump sum from a bequest, life insurance or pension payment soon after the death of a partner (Table 5.11 and Figure 5.3). Mortgagors who received a lump sum payment or had mortgage protection were more likely to become outright owners after the death of a partner than those without any of these payouts. At the first BHPS interview after the death (A1), 62 per cent of mortgagors with such a payout had become outright owners compared with 44 per cent of those without; comparable proportions at the second interview (A2) were 73 and 54 per cent respectively.

While the extent of outright ownership increased after the death of a partner, the number of people getting a full rent rebate increased only slightly. New recipients of rebates were largely offset by those no longer eligible for such support (Tables 5.9

and 5.10). Altogether, the number of people with no direct accommodation costs, that is no mortgage or rental payments (excluding repairs, maintenance and insurance costs), increased significantly. Under two-thirds reported no direct housing costs before the death of a partner; that figure increased to almost three out of four households after the death (Table 5.9). For people who no longer had direct housing costs, the amounts paid before the death had ranged widely from £20 to £700 a month, averaging over £200. When all households reporting mortgage or rental payments before the death of a partner are considered, including those still making payments after the death, net housing costs decreased by around £50 a month on average.

The perceived impacts of changes in housing costs on people's finances following a partner's death are difficult to gauge. This is because people's views about their financial situation, gathered in the BHPS, cover their circumstances as a whole and may not stem solely from changes in housing costs. Approaching half the people who reported increases in net monthly housing costs of £40 or more, or increases in excess of one tenth of their net household income, variously said that they felt 'worse off' financially, or were 'finding it quite or very difficult' to manage, or were 'just about getting by'. More direct evidence of adverse impacts on this group of people comes from reports that around a fifth of them said they were 'finding it difficult to keep up with their housing payments' and some had to 'cut back on other household spending in order to make the payments'. However, comparable proportions of people whose housing costs *decreased* following the death of a partner reported similar financial difficulties. Thus, there was no straightforward statistical relationship between people's perceptions of their financial situation, reported difficulties paying for accommodation, and changes in housing costs (Tables 5.12 and 5.13). Although the lack of relationship may reflect the broad context and scope of the BHPS questions, it also chimes with the qualitative evidence. As described above, people's views about their housing costs following the death of a partner reflect not only the diversity of their housing circumstances, but also the impact of support from the wider family, payment holidays, lump sum payments, rent arrears and uncertainty about mortgage protection cover.

5.2.3 Dealing with debt

The value of the mixed methods approach is underlined when we look at dealing with indebtedness, in a similar way as described in the previous section about dealing with housing costs. Thus the qualitative data provides the rich and detailed information about the early process of discovering and tackling debt in the midst of bereavement while the quantitative data provide the general longer term overview, and point to reduced indebtedness and no firm evidence that continuing repayments were particularly burdensome following the death of a partner.

In this qualitative study group, having to deal immediately with a partner's outstanding loans or debt, other than mortgage loans already discussed above, was mainly an issue for people in their 40s and younger. Older people, across the income spectrum, generally said they were used to budgeting within their income. Retirement from paid work had been the point at which some had paid off outstanding loans for car purchase or household equipment, using pension pay-outs. Other older people said that borrowing money or using credit with overdrafts or store cards had never been part of their life. The only person over state retirement age for whom debt became an immediate financial problem was a person who had agreed to have a number of her partner's credit arrangements and commercial loans registered in her name alone. Getting an appointment to discuss options with CAB took several weeks, after which the hard decision was made to declare bankruptcy. In retrospect, at the time of our interview, this still seemed the right decision.

Some younger couples had also thought it important to avoid borrowing money. However, compared with our group of people over state pension age, using credit cards and commercial loans was not such an unusual part of week to week budgeting for younger couples. For some, managing on long-term benefits involved juggling a number of small commercial loans along with occasional applications to the social fund. Arrears of rent or water charges could build up if the partner who took responsibility for paying was seriously ill. Among young couples with one main earner, buying a car had sometimes been possible only by getting a bank or commercial loan, and furniture for setting up home had been bought using payment instalment plans. Spending beyond income, using a number of credit cards and small commercial loans to buy clothes, leisure items or holidays, was sometimes also a normal way of managing finances, for couples with higher incomes. Some loan accounts had been in joint names, others in the name of one or other partner. While some couples had felt they were borrowing too much, others saw using interest free credit as a sensible way of managing money. When people were in good health, and there were regular earnings, having protection clauses on credit or loans had not always seemed a priority. Some people had accepted optional protection arrangements on larger loans, for example for car purchase. However, as we saw with mortgage loans, some chose not to spend more on insuring their loan against a risk perceived unlikely.

Dealing with these loans and debts after a partner's death became an immediate financial demand. Matters were resolved relatively quickly for some people who already knew a loan had been taken out by a partner on their own account with clear protection clauses. They said that on seeing evidence of death, companies had written off debts without argument. Sorting things out was often much harder, however. Dealing with a number of different creditors, and a mix of joint and personal loan accounts took up considerable time. Not knowing which loans had any protection made things harder, as did not understanding where liability lay, in the

case of credit or loans taken out in joint names. There was additional distress for people who had been unaware of the extent of a partner's indebtedness.

People who found themselves in arrears to local authority housing departments and water companies said they had been dealt with by understanding staff, who explained amounts for which they were now personally liable, and suggested ways of paying. However, people who had to deal with commercial creditors thought some had taken advantage of their confusion and anxiety at the time, moving quickly to making persistent telephone calls and what seemed at the time like threatening letters. There was particular criticism for organisations which telephoned people at home and, when children took the call, asked inappropriate questions. Advice bureaux had been helpful in explaining where liability lay for a partner's debt, and how this depended on the terms of and signatories to the loan. Although it was a relief to find that a partner's personal debt fell to the estate and not to themselves, some people whose partners had left some money went on believing they themselves had met the debt, because of the consequent reduction in their own inheritance.

Arguments with credit companies and building societies about liability for debts had sometimes gone on for months; an exhausting and stressful experience, leading to deep anxiety for some people. The most extreme example described was a 14 month argument with a high street building society which accepted that there was a legitimate protection clause in a partner's car purchase loan only after representation from a solicitor.

Overall, findings from our qualitative interviews showed that in the group of people who took part, it was generally younger people who met immediate problems in dealing with loans and debt when their partner died. Finding out where legal liability lay and dealing with persistent and unsympathetic creditors took time and was emotionally exhausting. Discovery of the extent of a partner's unknown debt was a great shock. Again, in this group of people it was generally women who experienced immediate problems, including women with young children. Contributory factors are likely to be complex, perhaps including gendered patterns of money management and borrowing, and gender effects of terms and conditions in lending.

The qualitative interviews gave some indication of change in patterns of borrowing, following a partner's death. Some people decided to take over what had previously been a joint credit arrangement or arrange transfer to themselves of a partner's personal loan. For example, some people wanted to keep the credit and store cards that they had always used for household budgeting, and it sometimes seemed economically sensible to take over a partner's interest free loan for a car. Meeting continuing personal liabilities from reduced incomes was a financial strain when incomes dipped following bereavement, however. People who experienced the greatest difficulties in settling debts, dealing with credit companies and making loan

repayments in the period immediately following the death said they had already reduced their borrowing or planned to do so as soon as possible.

Findings from the BHPS analysis perhaps point to a more settled period after the initial problems and distress of dealing with loans, debts and arrears described in our qualitative interviews. The quantitative evidence confirms that borrowing money was more widespread among younger couples; even in this age group however, no more than a third reported loan repayments in the first interview after the death, and indebtedness was being gradually reduced. Moreover, there was no evidence that death of a partner had led to an increase in the number of people taking out a loan, or that the perceived 'burden' of meeting loan repayments had increased, though findings are constrained by the timing of interviews and limited scope of the survey questions (see further Appendix C.11).

Before bereavement, around 30 per cent of people under pension age in the BHPS said they were making repayments on hire purchases or loans compared with four per cent over pension age. After the death these proportions had declined to 21 and three per cent respectively. Loans declined in extent among both women and men under pension age although they were more widespread among men (Table 5.14). The decline in the proportion of people reporting that they made loan repayments had begun even before the death of a partner but the largest decreases were recorded in the two years following bereavement (Figure 5.4). Declining indebtedness was driven by two trends: the lowest uptake of new loans and hire purchases, and the highest rate of completed repayments, occurred between the interviews conducted immediately before and after bereavement.

Thus, fewer households in the BHPS study sample were paying for credit following the death of a partner than before, at least on hire purchase agreements and formal loans. Moreover, outstanding debts of this kind and the interest they accrued were less likely to be perceived as burdensome after bereavement: 21 per cent compared with 37 per cent before the partner's death saw loan repayments as a 'heavy burden' or 'somewhat of a burden'. On the face of it, women were more likely than men to feel that loan repayments were a burden after their partner died (29 and 12 per cent respectively) but sample sizes were too small to test the difference statistically.

The decline in loan repayments may have occurred for various reasons. Some debts may have been foreclosed as described in our qualitative interviews. In other instances, lump sum payments may have helped people pay off outstanding debts after the death (Table 5.11). Around 60 per cent of loan repayments ended for people who had received a lump sum; but even without a lump sum, a substantial minority of people (45 per cent) said they no longer made repayments (the difference between the two proportions was not statistically significant). It seems, therefore, that people in a variety of circumstances reduced their level of debt after a partner's death.

5.3 Managing household finances

Chapter 4 explained changes in income sources following a partner's death and people's perceptions of their financial situation. The most important immediate expenditures and financial demands were described above. This section goes on to explain a wide range of longer term financial adjustments which people made. We look first at practical money management, and then at household budgeting and patterns of spending and saving.

5.3.1 Practical money management

The impact of dealing alone with practical money matters and household budgeting was closely linked to what had happened when the partner was alive. People who took part in our qualitative interviews described a wide range of arrangements for sharing income and expenditure, when living as a couple. Some people described arrangements which fitted 'models' described in other literature (see 1.2.2). Thus some couples had pooled their incomes completely or partially, and some had greater separateness in financial matters. Among couples who pooled their incomes, one partner did sometimes take the main responsibility in dealing with the everyday practicalities such as paying bills and dealing with the bank.

Our BHPS study sample shows further how couples had organised their household's finances, according to conventional typologies, and incorporated varying degrees of shared responsibility (Table 5.15). Nearly half of people (45 per cent) said they pooled their finances and managed them jointly; this arrangement was equally common among women and men. Very few people said they kept their own money completely separate from that of their partner (two per cent).

Between totally separate arrangements and holding a common pool of money, most couples (52 per cent) had shared different responsibilities for managing the household finances; these arrangements often followed gendered lines. The most common arrangement, reported by 41 per cent of people, was where one partner looked after all the household money apart from their partner's personal spending money. Under these arrangements, the household money was more often looked after by the woman (29 per cent compared with 12 per cent of men) whether the respondent or the respondent's partner. A less common arrangement, reported by 11 per cent, involved one partner receiving an allowance for housekeeping and the other partner looking after the rest of their finances. Under this arrangement, the housekeeping money was usually given to the woman (nine per cent compared with two per cent of men) whether the respondent or the respondent's partner.

Making big financial decisions shows further the extent to which couples shared in managing the household finances when the partner was alive. Six out of ten people

in the BHPS study sample said they made important decisions together about their finances and big spending choices (Table 5.16). Men predominated where one person in a couple had the final say (48 per cent compared with 35 per cent of women), especially where the male respondent would survive his partner's death; male partners approaching the end of life were less likely to have been the main decision maker at that time.

Our qualitative findings show layers of additional complexity in arrangements for managing the household finances. At the time of the death, some couples had been at different stages of transferring roles and responsibilities within the marriage, and sharing their understanding of and interest in the financial situation. As some partners became seriously ill, the other in the couple had gradually taken over practical economic management. Ways of managing that suited changing circumstances emerged. Examples included setting up new bank accounts for payments of benefits; greater use of electronic transfer in paying bills; new patterns for buying food. Some of these changes suited the partner who was ill, enabling them to participate longer in previous activities. Some of the changes suited the person who was gradually taking over, seeming easier or more convenient, or fitting more naturally into their own approach to dealing with matters. Not only had some couples been at different stages within this process of transfer, but also the time trajectories involved had been different. Thus, when a partner died after years of Alzheimer's, transfer of all financial roles and responsibilities to the other person was already complete. When a young parent died after palliative care, the other person had just started to take over the practical household economic management, which had usually been their partner's role. Partners who were physically very frail sometimes still wanted to go on talking about financial matters and influencing decisions until close to death; while others chose not to or felt unable to go on engaging. Some people in our group had registered Power of Attorney for their partner's affairs.

In addition to transfer of responsibilities, some couples who made definite plans together in anticipation of death as an inevitable outcome had transferred resources. Changes in the distribution of assets had been made to ensure access to cash after the death, and to make practical management easier. Among people with greater resources, inheritance tax planning had involved moving capital and transferring ownership of assets.

Handling partners' disability living allowance awards created an additional tier in some couple's money management. Where partners perceived their disability living allowance as a new source of income, enabling them to pay for 'extras', new spending patterns emerged for some couples. Examples in our study group came from couples where money was generally pooled, or partially pooled, but the disability living allowance was earmarked for specific expenses. For some low income couples, disability living allowance introduced a new level of personal control over a regular, valuable income strand.

The range of couples' arrangements for managing money described above provides the context for understanding what happened to people in bereavement.

As we might expect, those people who found few problems in dealing on their own with household money management were people who had already been doing this when their partner was alive, or who had shared responsibilities and had a general understanding of the couple's overall affairs. There were women and men here, in all age groups. In this study group, people who pooled all or most of their income and said they made financial decisions together had all been two-earner couples, with joint bank accounts from which most of the household bills were paid by direct debit or standing order. Sometimes one or both partners also had a separate account, typically used for personal spending on clothes, gifts and savings. When their partner died, such people already understood how their household budgeting worked, and they continued to use what had previously been the joint account in the same way.

Other people in our qualitative study group said they shared their money but one person took the lead in particular financial decisions and arrangements. There were couples here across all age groups, with and without earnings. Some said this system had just evolved during their partnership, reflecting different levels of interest or skill in financial matters, or traditional gendered roles. Others said they had to take over financial management because their partners worked away from home for long periods or, as explained above, when partners became unable to take part through illness. There were also people who said one partner found it hard to control spending and it was therefore important that the other kept overall management of the joint income. In this study group, partners whose spending had been controlled in this way were generally men. Some of the men interviewed said they had moved into their partnership from living with their parents, and had just never learned to manage money well. This was also how some women described their previous partner. Other women said they tried to keep overall control because their partners were naturally generous and liked to spend money on their home and family, wanted to treat friends or had expensive leisure interests. Sometimes both partners had found it hard to control spending, and financial management had generally been a problem for the couple. Women who had experienced financial difficulties in previous marriages told us they had come into the recent partnership knowing they wanted to be in overall financial control.

After the death of a partner, if the bereaved person was the one who had generally led financial decisions and management, it was not so hard to continue doing this. Some loss of confidence for a time was more to do with uncertainties about levels and sources of income, or having no-one to talk to about money, rather than loss of belief in their management capacity. But when it was their partner who had led decision making and managed practicalities, some people found themselves with a considerable learning task. We spoke to women and men in all age groups who told us how hard this had been. They had learned by trial and error how to monitor and

manage bank accounts; how frequently utility bills and council tax became due and the amounts required; the size of the supermarket bill, and the expenses of running a car. It was particularly hard for people now living on lower incomes, who had to learn to reduce previous expenditure patterns at the same time as learning how to manage the household budget. Women who took part in our interviews at least eight months after their partner's death said they still found their new responsibilities hard and worried about possible consequences of lack of experience. Men who explained that they had never learned, when growing up, how money was managed for family life, still found it frightening to have such responsibility; found it hard to plan ahead and, like the women, were often worried about what might happen if they did things badly, especially when they had children. We spoke to women and men who said the first few months of bereavement had been a time of financial chaos for them. Some had relied on support from voluntary organisations to help sort things out and establish systems for paying household bills.

Both women and men who had to learn how to manage the household finances told us that using cheques to pay bills had been important. Some had cancelled direct debit arrangements previously favoured by partners. They found paying by cheque gave them more time and flexibility in juggling demands, with less risk of overdraft. There was strong criticism for utility companies who made it more expensive to pay bills by cheque than by direct debits or standing orders.

Turning to the BHPS study sample, we found no clear or consistent picture that previous arrangements for managing the household finances, as described in the broad categories used here (Tables 5.15 and 5.16), influenced how people were coping financially following the death of a partner. There was no overall association between such arrangements for organising household finances and people's subjective assessments of their financial well-being after the death. Whether people previously took most responsibility or little responsibility for managing their household finances, or shared that responsibility with their partner, was unrelated to how well they were managing financially after the death, whether they felt 'better off' or 'worse off', or whether they felt confident or uncertain about their financial well-being in the coming year.¹⁵

Such findings may seem puzzling, alongside the qualitative findings that prior financial arrangements and experience within couples may affect what happens after the death of a partner, or how people experience financial transitions. We suggest, rather, that putting together the qualitative and the quantitative evidence shows that the link is not straightforward or predictable. The BHPS analysis shows, for example, that people who said that they and their partners had an 'equal say' in big financial decisions were more likely than expected to report that they were 'doing alright'

¹⁵ Overall association assessed by chi-squared tests ($P > 0.50$).

financially after their partner died.¹⁶ This suggests that involvement in big financial decisions, some of which may have affected them after their partner died, contributed to people's sense of financial well-being and security. It is difficult, however, to anticipate what might be the outcome where the partner who died had the 'final say in big financial decisions'. In such circumstances, some people might struggle initially to manage the household finances after the death and to feel worse off if they felt that they were not managing well. In fact, the women whose partners had had the final say in big financial decisions were more likely than expected to say that they felt 'better off' after the death. Drawing on the qualitative material, it might be that the partners in such instances had not been particularly good decision makers or prudent money managers, or had made decisions that were not necessarily shared or agreed with the person who was bereaved.

5.3.2 Budgeting in bereavement

Everybody, no matter how their incomes changed or whether they had to take on new management roles, eventually experienced changes in household budgets. Death of a partner generally meant different requirements for buying food. Different patterns of use of the home were often reflected in changes in gas, electricity and water consumption. Some people paid less council tax, through single person occupancy. Expenses in getting around changed with different patterns of use of private cars and public transport. Completely new expenses arose when people bought services they needed as a single person, domestic cleaning or gardening services for instance, and for bereaved parents, child care or help from au pairs. Spending time in different ways, without a partner, often meant different spending patterns. Some people re-assessed their approach to saving.

People took part in our qualitative interviews at various times after their partner's death, and some who had not yet been alone for a whole year said that their budgeting was still settling down. Some were still uncertain of their overall resources so it was hard for them to judge how their spending matched income. The wide range of incomes and family structure in our study group meant there was also a wide range of budgetary requirements and expectations. So people's accounts of how they were getting on balancing their budgets were highly variable. We discussed paying for accommodation and dealing with debt in 5.2.2 and 5.2.3. Here we have selected other general findings, which have policy relevance in various fields.

Utility bills

Qualitative interviews showed that household bills which were prioritised included gas, electricity, water and, for some people, council tax. People who had cared for their partner at home during their final illness had often been surprised to get such

¹⁶ That is, more than expected according to the adjusted standardised residuals.

high utility bills soon after bereavement. During the period of care some had been aware of increased use of fuel to keep homes warm enough all the time, and increased use of electricity for extra laundry, and equipment such as electric blankets, humidifiers, fans, and nursing equipment. The early bills after the death brought home how much they had been spending and it was a relief when, for most, subsequent utility bills declined again.

Fuel costs often remained an underlying source of concern, especially for people now living on a reduced income. Those at home most of the day, and those whose homes had old or uneconomic heating systems, often saw little scope for cutting down heating costs. Changing a payment method, such as moving from direct debit arrangements to pre-payment cards or paying by cheque, was one way of reducing anxiety about not being able to meet bills. Some people had learned about local authority schemes for home insulation and window replacement, and had already taken up such services or planned to do so. Jobcentres and visitors from the Pension Service had been sources of information here. Also concerned about paying for electricity were people who expected use of home computers and electrical equipment to increase sharply in the near future, as children grew older or people did more paid work at home to fit their changed circumstances. A need to economise had led some people to ask for water meters, which were considered to have led to slightly reduced bills from water companies.

Findings from the BHPS study sample confirmed that fuel costs often took some considerable time to bring into line with changed circumstances. Equivalised fuel costs adjusted for household size and composition increased by over a third following a partner's death. Early reductions in fuel use may have been masked by the impact of payments in arrears which covered fuel costs before some partners had died. There is also evidence of higher fuel spending before the death, which may reflect the additional needs for heating during the time spent caring for their partner at home, as described by some of the people who took part in qualitative interviews. Despite that, fuel costs declined slowly thereafter and generally took up to two years or more to adapt to household circumstances after the death of a partner (Figures 5.5 to 5.6).

At the same time, most household incomes fell (as observed in Chapter 4), leading to a sharp rise in the share of income devoted to fuel expenditure. Fuel poverty, defined as spending more than a tenth of net household income on fuel, almost trebled after the death of a partner to encompass one in three households. More than one in five people (23 per cent) reported high fuel bills on two successive occasions following a partner's death. Fuel poverty was concentrated among low income households and consequently, women and men over pension age were most likely to be fuel poor following the death of a partner. People experiencing fuel poverty were more likely than expected to say they were struggling or just about managing financially, and to feel worse off than a year ago (Figure 5.7, Table 5.17).

We recognise that reducing fuel costs following the death of a partner may be difficult to achieve in the short term. It can cost as much to heat a house for one person as for two, and potential economies are constrained by the energy efficiency of dwellings and heating systems. Overall, there was no evidence that large increases in fuel costs, relative to household size and composition, were statistically associated with financial strain, worsening finances, or worries about managing in the future; and for many they were short-lived. However, an extended period of high fuel bills adversely affected the financial circumstances of a substantial minority of low income households and, as our qualitative interviews showed, was a continuing cause for concern (Figure 5.8).

Food expenditure

For most people, there was more scope for adjusting spending on food, if they needed to adapt to a reduced income. In the same way as described already for sharing money and financial management, planning meals and buying food had been done differently by couples. Some couples did this together, while for others it was the responsibility of mainly one person. When the partner who died was the one who generally bought food and made meals this was a new task for the bereaved person. When it was the bereaved person who had previously had general responsibility, the task was learning to buy and cook less. Some people learned quickly that it was hard to buy some kinds of food in smaller quantities. There was strong criticism for supermarkets where it was hard to buy portions of meat or fish, or fresh fruit appropriate for the needs of a single adult, because of the way items were wrapped. This was a reason why some people gave up trying to cook good food for themselves. It was hard enough to find motivation to buy fresh food and cook a dinner to eat alone, when coping with bereavement, without the added frustration of wasting food they felt they were forced to buy.

However, some people were strongly motivated to eat well, and some found some relief from grief in preparing meals and cooking. Parents were committed to giving their children good food. We spoke to older men who had set out purposefully on the task of '*learning to cook*' when their wife died, or during their last illness. They had asked women friends about buying food and cooking, or joined small groups of people in similar circumstances for informal '*lessons*' offered through their church or a voluntary group. Some such men still found it hard to plan and buy food, but some had developed a new interest here as a way of spending time alone.

Both women and men across age groups, however, told us that they had lost interest in buying food and cooking, and some had stopped inviting friends to meals. This was reflected in reduced spending. Some people living on out-of-work benefits, who had lost motivation to cook or who found it hard to get to shops without their partner, said their diet was now very poor.

But some people told us they were probably spending proportionally more on food than when their partners were alive. Included here were people who thought they were now eating better, for example choosing for themselves organic foods or meals that partners had not enjoyed. There were also people who were spending more than before, and more than they wanted, on the '*comfort eating*' they now found hard to control. Both women and men described eating too much since their partners died, or turning easily to chocolate and crisps in trying to cope with a partner's death.

Findings from the BHPS study sample indicate that most people had adjusted their spending on food by the time of the first interview after their partner's death. However, the extent to which food spending matched changed circumstances varied, especially for people managing reduced financial resources to meet ongoing needs. As we shall observe, there was also some evidence that difficulties adjusting food budgets after a partner died may have contributed to people's experience of feeling worse off financially, more so for men than women.

Across the BHPS sample as a whole, food expenditure fell by over £20 a week on average for women and men alike, that is from over £60 to around £40 a week, representing a decrease of 35 per cent following the death of a partner. Households that changed from a couple to a single person (the predominant case in the BHPS study sample) recorded comparable reductions: 38 per cent for women (from £60 to £37 on average) and 37 per cent for men (from £56 to £35) (Figures 5.9 and 5.10).

The overall decrease in food spending estimated from the BHPS study sample closely approximates the 'economies of scale' typically assumed when comparing the financial resources of two person and single person households. Thus, when food spending is equalised to take account of differences in household size and composition, there is no difference in weekly amounts spent on food between interviews before and after bereavement, indicating that most people had reduced food spending proportionate to their assumed needs (Figures 5.11 and 5.12). The qualitative interviews suggest that some people expected food expenditure to fall further than the reduction assumed in equivalence scales used by survey analysts.

As observed in Chapter 4 however, household incomes generally fell following the death of a partner, especially among women. An important question therefore is whether food spending, despite decreases following the death of a partner, placed greater demands on reduced household resources. To investigate this further in the BHPS, we examined food spending as a proportion of net household income. Following the death of a partner, shares of income devoted to food spending increased significantly for women across the age range, but did not vary for men. These changes in the share of household income spent on food were largely driven by changing income levels, notably decreases in women's incomes after a partner died. Such effects were possibly short-lived: beyond the first BHPS interview after bereavement (A1), women's food spending shares more or less returned to former

levels. As equivalised household incomes stabilised, or further adjustments were made to food budgets, or both, shares of income devoted to food spending decreased (Figures 5.13 to 5.16).

An increasing share of income spent on food after bereavement was generally associated with people feeling worse off financially; however, the challenge of managing the food budget was apparently more widely felt by men. As the share of income devoted to food spending increased following a partner's death, the number of men feeling financially worse off also increased, more so than among women. These findings suggest that difficulties adjusting food budgets after a partner died may have been a contributory factor in respondents' views about their financial situation following bereavement. That such an effect was most pronounced among men, who generally did not report reduced financial resources comparable to that of women, might reflect the difficulties described by the men in our qualitative interviews who had little prior experience managing a household budget (Figure 5.17).

Private transport

Among people who took part in qualitative interviews, there were some big changes in budgeting among people who had used cars when their partner was alive. When the partner who died was the only driver, cars had been sold or given to family members and journeys were now made by public transport, taxi or when family or friends offered lifts. Older people who had some free use of public transport appreciated this. When people had no access to public transport for journeys they wanted to make, taxi fares seemed a major new expense and some cut down their travelling, with constraints on social participation.

Some couples had run two cars. Selling one of them, or replacing both with a vehicle to suit the changed circumstances had seemed financially sensible to some people. But others found it hard to get rid of a vehicle that had particular emotional significance, such as association with family holidays or a partner's particular leisure interests. It could take many months for some people to feel ready emotionally to sell a car their partner had used.

The BHPS analysis shows that changes in car ownership largely conformed to gender roles within couples, influenced in part by women's diminished financial resources (described in Chapter 4). Within a year of a partner's death, one in five women in the BHPS study sample (22 per cent) no longer had access to a car for private use, compared with under five per cent of men. Women below pension age tended to reorganise their household's transport needs around just one car or van although the number without any vehicle more than doubled to almost a third. Almost two thirds of women over pension age had no access to private transport, up from around 40 per cent before their partner died. In contrast, the availability of a car or van changed little for men under or over pension age following the death of a partner (Figures 5.18 and 5.19, Tables 5.18 and 5.19).

In our qualitative interviews, people who could drive said they sometimes waited a while before using the car again, feeling it unsafe to be driving when so upset. Eventually most continued to use the car again. Those whose partners had previously taken responsibility now had to budget for fuel, and the costs of running and maintaining the vehicle. This seemed a major expense for people adapting to lower incomes, and some tried to cut down on their journeys. Dealing with MOT tests or car repairs was a burden for people unused to this role, and some women felt vulnerable when garages gave estimates or sent bills.

The qualitative interviews showed greater use of a car by some people following a partner's death, with an increase in this part of the budget. Some older people found they now made longer or more frequent car journeys as their patterns of visiting relatives changed or they spent more time with friends. But other people found they used the car less, even when they did not feel budget constraints. Parents found it hard to maintain the same pattern of family outings in the car without their partner, and when people were ready to consider having a holiday, this sometimes did not involve using the car in the same way as previously.

When interviewed, most people found the whole idea of holidays hard without their partner. There were often additional new economic constraints for people who now had less to spend on holidays and some said they no longer saved towards holidays (see below). For some young parents, taking children to stay with relatives, or trying camping or caravan holidays seemed a less expensive option. Taking children away on holiday as part of a wider family group had sometimes been helpful, in terms of the emotional support and company available. However, such holidays abroad proved very expensive for bereaved parents with reduced incomes and required disciplined saving and, for some, borrowing money.

Among people ready to try holidays on their own, it seemed unfair that hotel charges and group bookings were always relatively more expensive for single people. When organisations advertised charges for single older people at half the rate for couples, there were rarely attractive vacancies. In a similar way, some people had found that single person membership of a range of national and local organisations for people interested in arts, heritage, environmental issues, exercise, or walking was relatively more expensive than their membership as a couple. Having to cut back on such activities seemed like a penalty for widowed people who would have liked to maintain participation. Several other everyday financial 'penalties' of bereavement were mentioned, for example reduction in 'status' on store cards, through categorisation as a single person, reducing the financial advantages available. In addition to the financial disadvantages and frustration, there were emotional implications, such as feeling less trustworthy or being less valued as a customer.

Informal transfers

During the BHPS interviews before their death, around 20 partners (under five per cent) reported that they regularly gave money to people living elsewhere (Appendix C.12 describes the scope of these so-called external transfers). Such transfers were mostly to adult children or other relatives. Some people may have taken these arrangements upon themselves after a partner's death; new patterns of gifting and financial support within families may also have emerged. Thus, the number of people making such payments almost doubled between BHPS interviews immediately before and after bereavement, although overall numbers are small. New recipients of money transfers reported after the death were mostly adult children and the amounts involved were often intended for general spending or living costs (Figure 5.20 and Tables 5.20 and 5.21).

Whether and how to maintain their partner's previous patterns of financial gifting or financial support within the wider family had been an issue for several people who took part in the qualitative interviews. Some people only discovered the extent of such gifting after their partner died, from their bank statements or during family conversations. There could be emotional conflicts and hard decisions to make. People felt loyalty to partners, whose gifting arrangements had clearly been important to them. However, financial priorities had changed. In addition, a partner's arrangements were not always what they themselves wanted to do. Managing the expectations or assumptions of the other people involved seemed tricky, especially when the other people were also experiencing loss from the death. Examples of such monies included regular gifts to adult children who were economically independent; different kinds of financial support for a partner's adult child with out-of-work income; generous gifts at Christmas and birthdays to a partner's child from another relationship; donations to local organisations where maintaining relationships with known people seemed important. People dealt with such situations in different ways; for some there had already been negative emotional experiences.

Savings

In our qualitative interviews, we asked general questions about changes in patterns of saving. This was a particularly sensitive topic for some people, when they told us they were in financial difficulty or when they had already drawn heavily on savings. The picture of saving following bereavement, from the qualitative material, is probably too patchy to be useful.

Some insights can be gleaned from the quantitative data. These show that around a third of respondents or their partners were saving money before the partner's death; and there was no firm evidence that approaching the end of life was associated with reduced savings levels. If it is assumed that couples made joint decisions about whether or not to save money, including either partner if only one was saving, we find that around half were putting money aside each month. Women across the age range were unable to sustain that level of saving after their partner died and many

ceased to be regular savers: saving rates halved among women compared with what they and their partner had reported. The number of individual women savers did eventually return to former levels but fewer women than former couples were savers throughout the two or three year bereavement period studied here. In contrast, the number of men who said they were saving increased after their partner died; and as many men were able to put money aside as had previously done so with or without their partner's contributions (Figures 5.21 to 5.23, Table 5.22).

Reasons for saving were little different from those reported in the whole BHPS sample. Respondents and their partners mostly said they were saving for 'no special reason' (46 per cent) or for 'holidays' (24 per cent). Following bereavement, saving for no special reason predominated (60 per cent) while saving for holidays declined (12 per cent). However, former patterns of saving resumed by the third interview after a partner's death although saving for no special reason still predominated. There was considerable variation in amounts saved each month and little evidence of any overall change following bereavement. Median savings, with or without adjustment for household size following the death of a partner, showed no significant variations across the BHPS study period (Table 5.23 to 5.26).

5.4 Conclusions

In this chapter we have described some of the administrative practicalities and economic adjustments that people faced when dealing with financial change following the death of a partner. People's experiences of these processes varied considerably depending on the complexity of their financial affairs, their own felt competences, the help received from family and friends, and the responses of officialdom as they accessed administrative procedures.

There are clear pointers from the qualitative material to what helps people who have to engage with administrative and regulatory organisations soon after their partner dies, sometimes within the first week. People want clear information and easy access routes to appropriate sources of information for bereaved people. They need to be able to speak to staff with skills appropriate for communicating with somebody in deep shock or grief. Where access to systems is via automated telephone call centres, standardised responses are often experienced by bereaved people as inappropriate and upsetting. When data sharing systems and technology reduce the need for recently bereaved people to repeatedly explain their circumstances, or produce the same information and documents, this is appreciated very much. Discussions with staff in the Pension Service, Jobcentre Plus, and tax offices, soon after bereavement, provide good opportunities for promoting take-up of entitlements to benefits and tax credits and helping people make applications.

What is experienced as unhelpful and can lead to great distress includes confusion about access routes to information and advice for bereaved people, and the need to make multiple visits to offices and repeated telephone calls, in the early stages of bereavement. People are deeply hurt by lack of privacy in offices; wrong advice from front-line staff, and lack of appropriate communication skills among staff speaking to people whose partner has just died. Standard responses in automated telephone call systems that are inappropriate and hurtful, and receiving letters addressed to the person who has died from regulatory organisations which have been informed of the death, are deeply felt negative experiences.

An important finding was that financial problems can quickly and easily ‘concentrate’ for individuals soon after bereavement, due to interacting systems. It can then take many months to sort out the muddles and difficulties, during which there can be serious negative outcomes for the bereaved person. People emphasised throughout that reductions in the administrative burden and emotional stress for themselves would be reflected in greater cost effectiveness and efficiency for the organisations involved. Staff would spend less time in repeated transfer of information, sorting out muddles and answering unnecessary queries. There would be fewer occasions when service users became upset and angry during interviews and telephone calls, easing communication and timely business.

Meeting funeral costs was a problem for some people. Our findings show that financial support through social fund funeral expenses payments helped people on low incomes arrange the kind of funeral they wanted, while avoiding commercial loans. The bereavement payment available to some people who were married was also a valuable help in meeting funeral bills. There were widespread concerns about security of housing, following a partner’s death. Financial and tenancy uncertainties were generally eventually resolved, but lengthy administrative processes for some people, for example in paying off mortgages or adjusting housing benefits, meant months of financial distress.

The impact of dealing alone with practical money management and household budgeting was often linked to what had happened when the partner was alive. This chapter has described a range of responses and adjustments. In the next chapter, we explore people’s involvement in these processes at an emotional level. We relate their subjective experiences of economic change to the distress associated with both the loss of the partner who died and the practicalities that had to be dealt with following the death. We show further how these financial and economic stressors interrupt or exacerbate the grieving process.

Chapter 6 Economic Components of Grief

Thus far, our report has considered the financial implications of death through looking first at personal and financial circumstances of couples in the time preceding death of one partner (Chapter 3), and then examining changes in income following the bereavement (Chapter 4). We then described the practicalities of the changed economic situation, including dealing with administrative matters, the immediate financial demands, and more long-term issues of money management, and changes in patterns of spending and saving (Chapter 5).

Bereavement is an emotional experience, however, and throughout previous chapters we have drawn attention to some of the emotional components in people's accounts of their financial and economic experiences. This chapter draws together what we have learned, overall, about the impact of economic change on the grieving process and experience of bereavement. We had identified this in our literature review (Chapter 1) as one of the main gaps in current information and understanding and aimed to make a contribution from our findings to help fill that gap.

First, we explain the approach adopted in using findings from this study to contribute to the international research literature on the nature of grief and reactions to loss and bereavement. The chapter continues with substantive findings from both our qualitative and quantitative components, exploring the role of financial and economic stressors in the grieving process.

6.1 Developing our approach

There were a number of challenges in using findings from this study to contribute to the international research literature on the grieving process and people's coping strategies in bereavement. First, as social policy academics, we have limited and selective knowledge in disciplines such as psychology and counselling, where lies much of the expertise in understanding grief. Secondly, the approach adopted had to fit within our commitment to 'mixed methods'. We go on to discuss our response to these challenges. From the start, we recognised that our approach here was exploratory and open to theoretical and methodological challenges. We make tentative suggestions for interpretation of some of our findings, and shall welcome readers' reactions and comments.

6.1.1 Locating our findings

As a natural life event associated with considerable distress and, for some people, adverse outcomes in physical and mental health, much attention has been paid to bereavement as a form of grief. During the past century, the theorisation of grief has moved away from origins within psychiatric and medical domains towards different understandings within biology and psychology. Archer (1999) provides a full historical background to grief research, and explains the basis for some of our traditional beliefs about 'coping with loss', the 'stages of grief' and the 'resolution of grief' which have influenced models for offering support in bereavement, in various ways. More recent empirical work showing that experience of grief differs between individuals has led to more general theories for understanding bereavement, that take account of gender and cultural specificity, and accommodate perspectives from human cognitive process analysis (Stroebe and Schut, 1999).

Our research was grounded mainly within a social policy context. In order to make an intellectual contribution to understanding the nature of grief, and the experience of bereavement we had to be clear about our own understanding of these concepts and locate our work within a body of theory beyond social policy.

Throughout the project we were guided in our general reading about the nature of grief and the experience of bereavement by those members of our Advisory Group with relevant expertise. Our knowledge base also drew on participation by the two lead researchers during the last decade as members of groups of scholars and practitioners within bereavement and palliative care; medical sociology; study of death, dying and bereavement; health science; and counselling and therapy. From our general reading and discussion, we found common ground and shared understanding about the nature of grief within Archer's (1999) recent synthesis of material from evolutionary psychology, ethology¹⁷ and experimental psychology. This may partly reflect our own backgrounds, both lead researchers having come to social policy from initial education and training as natural scientists. Although neither of us have expertise in psychology, we both understood Archer's arguments that grief is a natural reaction to losses of many kinds across all cultures. It has evolved from primitive reactions around the development of 'attachment' to significant other people, and been overlaid by complex human mental processes. The experience of bereavement is influenced by circumstances of the death and the social environment afterwards. Individuals try to cope with the distress and despair in different ways and with different abilities (see Archer, 1999: 254-55).

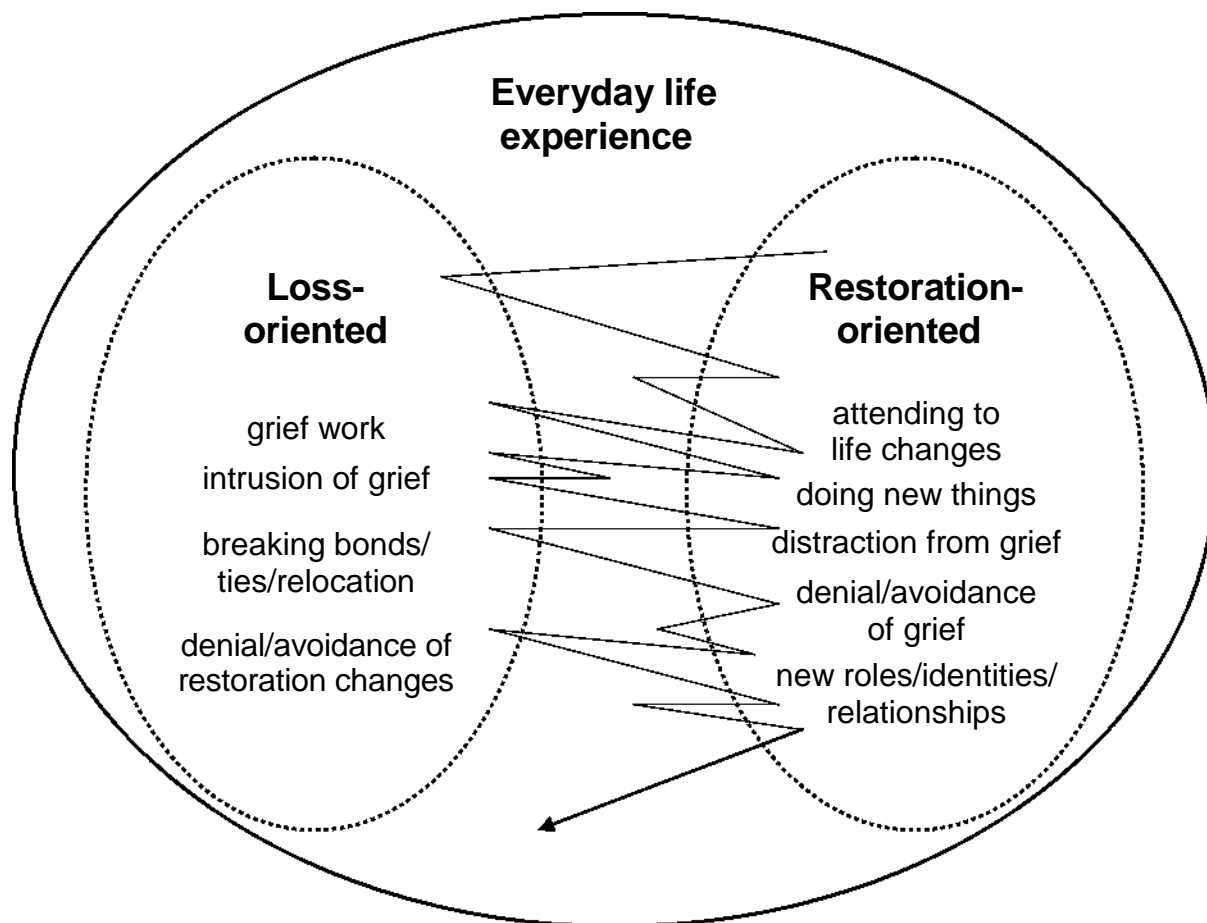
In going further, to unpick the meaning of 'coping' in experience of bereavement, we looked at various well-known theoretical frameworks (for example, Parkes, 1996; Worden, 1991; Walter, 1996) and new models (Machin, 2008). Different theories and

¹⁷ Ethology is the study of animal behaviour in their normal environment.

models provide different perspectives, and different kinds of understanding. In Parkes' view, what is important is for scholars and practitioners to decide which model works best for which people and when (Parkes, 1998: 21). We found we were both drawn most strongly to the 'dual process model of coping with bereavement' as described by Stroebe and Schut (1999). This model was originally developed to understand coping with the death of a partner, but has potential for application to other kinds of loss and bereavement. The basic model is depicted in Figure 6.1.

Components of the model include stressors and cognitive strategies involved in coming to terms with the event. There are two categories of stressor, and each requires coping effort. 'Loss-oriented stressors' focus around the loss experience itself; typically, the unique relationship or bond with the person who has died. These stressors are associated with a range of emotional experiences from, for example, glad relief about the end of the person's suffering to, for example, anger and despair about being left alone. Loss orientation, in this model, is similar to dimensions of grief described in other theoretical biopsychosocial models of bereavement (see Cook and Oltjenbrun, 1998). The other kind of stressors in the dual process model are the 'restoration-oriented stressors', which focus on what needs to be dealt with following bereavement and how this is done. These are explained as secondary consequences of loss which create additional sources of stress, such as avoiding loneliness or taking on new roles. Again, there is a wide range of emotional responses to coping with what needs to be done from, for example, fear of driving the car alone to, for example, relief in making funeral arrangements.

Figure 6.1 A dual process model of coping with bereavement (Stroebe and Schut, 1999, Figure 1)



Stroebe and Schut (1999) describe the central and novel component of the dual process model as being a process of oscillation: a dynamic alternation between loss-oriented and restoration-oriented coping as the individual engages in a cognitive process involving confrontation, avoidance and distraction. ‘Coping’ within each domain, and oscillating between them, does not take up all the time, but is embedded in everyday activities. The sequence, pattern and timing of the oscillation process are different for individuals, but oscillation is necessary for an optimal outcome, possibly through ‘habituation’. Habituation is a term used in psychology to describe the waning of an innate response that occurs when the response is elicited many times in succession.

Stroebe and Schut (1999) argue that their model provides a framework for understanding gender and cultural differences in grieving and coping processes; and can help in understanding ‘pathological’ or complicated forms of grief and devising appropriate interventions. It has been incorporated in a framework for identifying individuals ‘at risk’ of severe negative bereavement reactions, to whom support might be targeted (Stroebe *et al.*, 2006).

This section has described how we, the lead researchers, whose primary discipline was social policy, located ourselves within theoretical understanding of the nature of grief and the process of coping with bereavement. We chose to present our findings in relation to the 'dual process model'. We found our own understanding of responses to death fitted well with this widely recognised model. Importantly, Stroebe and Schut who developed the model recognised the significance of financial and economic variables within the stressors and risk factors associated with bereavement, and the need for empirical research in this area.

6.1.2 A mixed methods approach

An additional challenge for the researchers in analysis and writing for this chapter was the transferability of findings across disciplines. Our original mixed methods design was conceived in a social policy context. We have argued elsewhere (Corden and Hirst, 2008) that our design and implementation depends considerably on our mutual expertise in different areas of social policy; respect for and understanding of each other's competencies in statistical and qualitative methods; close working relationships, and continuous iterative techniques for guiding and focusing interpretation and analysis.

In retrospect, we see we paid rather little attention at the design stage to how we might help fill gaps in knowledge about financial and economic stressors in models of bereavement, although that was one aim of our study. There was no psychologist in our team, and we were not incorporating methods commonly used within psychology such as risk factor analysis or attitudinal scaling. Nor were we using case study techniques, important in development of research in counselling and psychotherapy (McLeod, 2003). It seemed important that some members of our Advisory Group had expertise in bereavement studies, and the study of death and dying, and discussion with Advisory Group members did prove to be an important part of the iterative process in implementing the study. As the project got under way, however, we realised that we had not thought through rigorously some issues to do with transferability of our findings into disciplines such as psychology, counselling, or health science. We might have paid more attention, for example, to the different traditions of research methods, recognition of different types of validity, even differences in language and terminology in reporting findings.

As we became aware, during the first year of study, of these potential 'gaps' in our mixed methods approach, we asked Henk Schut, in the Research Institute for Psychology and Health, at Utrecht University, whether it might be possible to share ideas and findings on an informal basis. Margaret Stroebe, the co-author of the dual process model, also works in Utrecht. There was immediate response from Schut, with interest in our design and approach. Correspondence continued and he had early sight of our technical papers describing research methods. There was further

discussion following our conference presentations about design and early findings, and we sent draft early chapters from this report to Utrecht. In July 2008, we took part in a telephone conference with Schut and Stroebe. They gave views about the appropriateness of our research design and methods, and how our findings might make a contribution within their model of coping with bereavement.

In summary, they perceived no problems with the design or methods we had adopted. They are both familiar with secondary analysis of longitudinal data sets and use of qualitative material from depth interviews. They were excited that we were able, within the same study, to look at objective measures of financial well-being alongside people's own feelings about this, and to explore further where such feelings came from. Our purposive recruitment to include people from couples who had known death was close and talked about what might happen afterwards, as well as people whose partner's death was sudden provided, in their view, a valuable study group for modelling coping with bereavement. The way in which we were combining data from quantitative and qualitative enquiry, as seen in the early draft chapters of this report, was judged novel and useful, and they perceived no problems in transferability of language or terminology.

Thus, as the project got under way, we realised that our initial 'mixed methods' design probably was not fully developed to enable us to contribute, across disciplines, to biopsychosocial theory and knowledge about coping with bereavement. As soon as we recognised this, we were able to incorporate an additional component through support and advice from the authors of the dual process model (key academics from a different discipline and working in another country). We have seen, in this process, some of the potential advantages of 'mixing methods' in what Mason (2006) argues is use of a multi-dimensional logic, to ask distinctive but intersecting questions in a 'collective' rather than an 'integrated' manner. Mason suggests that different ways of perceiving and enquiring into the social world are part of the multi-dimensionality of that world. The dynamic relation of more than one way of seeing and researching can itself be creative and lead to explanations.

Having located the material presented in this chapter within a theoretical framework for understanding grief and coping with bereavement, and reflecting on its location within our 'mixed methods' approach, the chapter continues with substantive findings. In the next part (6.2) we explore statistically one aspect of the relationship between people's experiences of financial well-being following the death of a partner and health outcomes typically associated with bereavement. This is followed (6.3) by material from our qualitative interviews which shows how people's understanding of their economic and financial circumstances and experiences might fit within the model of coping with bereavement.

6.2 Psychological distress and financial change following bereavement

Combining insights from cognitive stress theory (Lazarus and Folkman, 1984) and the dual process model of coping with bereavement (Stroebe and Schut, 1999), Stroebe *et al.* (2006) developed a framework to investigate how risk factors interact to affect bereavement consequences. This framework incorporates a wide array of situational, intrapersonal, and interpersonal factors alongside appraisal and coping processes to understand why people are affected by bereavement in different ways (Stroebe *et al.*, 2006). Much research has focused on the health effects of bereavement including physical ill health, psychological symptoms, increased use of medical services and other health-related consequences such as impaired memory, damaged immune response and nutritional problems (Stroebe *et al.*, 2007). Among the risk factors associated with increased vulnerability to adverse health effects are financial and economic stressors. From our review of the literature in Chapter 1, we saw that financial difficulties coinciding with, or following the death of a partner, including reduced economic resources, insufficient income, debt and extra costs, can exacerbate the negative health effects of bereavement. Conversely, economic and material resources might protect some people from extra stresses of bereavement, and limit or prevent poor health outcomes.

Our research was not designed to evaluate the health effects of financial and economic stressors following the death of a partner. We lacked for example bereavement-specific health measures to investigate the precise role of poverty, economic decline and material well-being; nor have we incorporated non-bereaved people into our study design to compare the impact of financial circumstances in different situations of loss. We did, however, use the BHPS study sample to explore the impact of financial well-being following a partner's death on people's psychological health. Our findings are tentative and require further evaluation within the stress-appraisal-coping framework proposed by Stroebe *et al.* (2006). Despite the limitations of our approach, however, we show that people who feel their financial situation has worsened since a partner's death face increased risk of psychological distress. We also compare the emotional responses of women and men to adverse financial change and trace the likely trajectory of such impacts following the death of a partner.

Psychological and emotional well-being is assessed in the BHPS using the 12 item version of the General Health Questionnaire (GHQ) (Goldberg and Williams, 1991). This is a generalised measure of psychological well-being that asks respondents about recent experience of symptoms indicative of anxiety and depression, social dysfunction, loss of confidence and diminished self-esteem. Symptoms covered in the questionnaire include ability to concentrate, sleep normally, enjoy daily activities, and make decisions. When administering the GHQ, symptoms are not attributed to

bereavement or any other experience of loss. However many of the symptoms covered in the GHQ typically form part of a complex syndrome of emotional reactions to bereavement (Stroebe *et al.*, 2007). In particular, symptoms identified in the GHQ are likely to be associated with different types of stressors encountered by bereaved people in both the loss-oriented and restoration-oriented domains of the dual process model of coping described above (Figure 6.1).

For our own analysis we used a threshold of four symptoms (out of 12) to identify respondents with high levels of distress; validity studies show that people reporting four or more symptoms are likely to receive a formal psychiatric diagnosis in a medical assessment (Goldberg and Williams, 1991; Goldberg *et al.*, 1997). We further distinguished between people moving above that threshold (onset cases) and people repeatedly presenting high levels of distress (recurrent cases). Onset of distress was identified in respondents with no more than three GHQ symptoms who presented high levels of distress, that is four or more symptoms, at the next BHPS interview. Recurring or persistent distress refers to respondents who reported four or more GHQ symptoms in successive interviews. We also used symptom scores to develop a numeric scale (range from zero to 36) to indicate the overall severity of distress. Appendix C.17 gives further details of the nature and scope of the GHQ.

As expected, there were marked increases both in the prevalence and severity of psychological distress following the death of a partner. These increases were statistically significant despite raised distress rates in women before bereavement, which may have been associated with a caring role and anticipatory grief. Between BHPS interviews conducted before and after the death of a partner, the number of women and men with high levels of distress more than doubled and severity scores increased across the range. Increases in distress rates were driven by two changes: an increase in onset of distress, or 'new' cases of people reporting four or more symptoms; and an increase in cases of recurrent distress or people reporting four or more symptoms before *and* after bereavement. That bereavement affects both onset and recurrence of psychological distress indicates that the emotional impact of bereavement is quite general: people whose psychological well-being was relatively secure, as well as those already experiencing high levels of distress, were vulnerable to the emotional impact of loss (Tables 6.1 and 6.2).

Women were more likely to report symptoms of distress than men both before and after a partner's death, reflecting gender differences usually found in the general population across a variety of roles and circumstances (MacIntyre *et al.*, 1996). Death of a partner also had a more pronounced negative impact on the psychological well-being of women than that of men. However, increases in distress were reported across the age range, among women and men alike: there were no differences in distress levels between respondents under or over pension age, before or after bereavement (Figures 6.1 to 6.6).

When changes in distress levels are related to the timing of interviews, an abrupt 'start' to increases in psychological distress is observed immediately after the death, lending support to the view that the GHQ is probably detecting reactions to bereavement. Between 20 and 30 per cent of respondents reported four or more GHQ symptoms before the death of their partner. Within two months of the death, that figure had jumped to more than three quarters, followed by two thirds of those interviewed after six months, and half of those interviewed ten months after. Raised distress rates were recorded for more than a year following a partner's death, returning to pre-bereavement levels some 14 months later for men and up to two years later for women. Fluctuations in distress rates before bereavement may have been associated with diagnosis of a life limiting condition in a partner, onset of caregiving, or some other factor, including sampling error (Figures 6.7 and 6.8).

In the context of this research, important questions were whether and for whom the observed increases in psychological distress after a partner's death, and their subsequent trajectories, were associated with people's financial experiences following bereavement. Data in the BHPS enabled investigation of these questions using objective or subjective measures of financial well-being. These do not measure the same thing, of course, and, as noted in 4.4.1, subjective and objective measures of financial change were not well correlated (see Table 4.30). Theoretical insights from psychology indicate that the extent to which circumstances are experienced as stressful is probably determined more by processes of cognitive appraisal than by the objective situation (Stroebe *et al.*, 2001). Hence, subjective assessments of financial status were likely to be stronger determinants of psychological well-being than, say, disposable income. We therefore represented the experience of financial change using people's subjective responses to the BHPS question: 'Would you say that you yourself are better off or worse off financially than you were a year ago?' (see further Appendix C.9). Respondents were invited to select one of the following responses: 'worse off', 'better off' or 'about the same'. In this analysis the last two categories were combined to compare the psychological well-being of people who did or did not feel worse off financially after the death of a partner.

Initially, we compared graphically the trajectories of rates of psychological distress and feeling financially worse off across the interviews before and after bereavement. These two trajectories were broadly similar in shape and largely concurrent for women, suggestive of a temporal link or relationship. Thus, raised rates of distress and a worsening financial situation mostly coincided over time; in particular, both trajectories for women showed a marked increase following the death of a partner. This was not the case for men. Although the number of men who felt worse off financially increased soon after the death of a partner, the extent to which this happened was little more than might have happened anyway or on other occasions, and hardly matched the marked increase in distress levels described above. As a consequence, the trajectories of men's distress rates and whether they felt worse off

hardly corresponded before or after bereavement, suggesting that they had little influence on each other (Figures 6.9 and 6.10).

We focused next on changes in psychological well-being around the death of a partner: this drew further attention to gender differences in responses to worsening financial circumstances. Women who felt worse off after the death were more than twice as likely to feel distressed as women who did not feel that their financial situation had worsened. Moreover, the impact of a perceived worsening financial situation on women's psychological health continued over several years. Between interviews immediately before and after bereavement (B1 to A1) and between the first two post-bereavement interviews (A1 and A2), distress levels in women increased disproportionately among those who felt worse off financially compared with those who felt better off or that things were about the same. The relationship between psychological distress and perceived financial change was somewhat weaker on the second occasion (A1 to A2) and thereafter was not statistically significant (between interviews A2 and A3) (Tables 6.3 and 6.4).

Further analysis showed that feeling financially worse off was particularly associated with onset of distress in women, that is, with 'new' cases of psychological distress following the death of a partner. Adverse financial change was also associated with increased likelihood of recurrent distress in women although the effect just failed to reach conventional levels of statistical significance.

In contrast to women's experiences, the likelihood of men being distressed after their partner died was not associated with feeling worse off. A perceived worsening financial situation after the death did not increase risk of onset or recurrent distress in men (Tables 6.3 and 6.4).

Throughout the approach taken here, we have inferred that feeling financially worse off influences psychological distress, rather than the other way around. In reality, perceived financial decline and psychological distress are likely to interact and jointly influence people's experiences of bereavement. Emotional reactions to the death of a partner possibly influence people's views about a whole variety of matters including their financial resources and material well-being. An important question, therefore, is whether an association between financial and emotional distress might be triggered by bereavement (and perhaps other experiences of loss) or is more widely observed in the general population. We cannot answer this question directly because, as noted above, our study was not designed to compare the experiences of bereaved and non-bereaved people. However, it seems that people who feel their financial situation has worsened do not invariably present high levels of distress. In a general population sample of women, based on the BHPS, Wildman (2003) found no significant effect on women's psychological well-being of a worsening financial situation, once the negative effect on emotional health of being widowed was taken into account. Moreover, we found no statistically significant association between

people's assessments of financial change and psychological distress across successive interviews in our study group *before* a partner's death (B3 to B2 and B2 to B1), despite the likelihood of financial stressors associated with end of life transitions (giving up paid work, taking on a caring role, extra costs, for example). These findings suggest that the association between a perceived worsening financial situation and psychological distress in women was a consequence of the death of a partner.

So far we have demonstrated a statistical association between perceived financial change and psychological distress. The effect of a perceived worsening financial situation was most clearly observed in women immediately following the death of a partner when bereavement responses were most acute. Perceived adverse financial change was associated with rates of distress above average in women for almost two years after a partner's death, although the impact diminished over time as distress rates returned to pre-bereavement levels and financial circumstances stabilised. No significant impact of perceived financial change on men's rates of distress was observed either before or after bereavement. In the next section, we find description and explanation from our qualitative interviews of how financial stressors trigger and exacerbate various psychological reactions to the death of a partner.

6.3 Coping with bereavement

As described above, the dual process model places economic and financial issues among the practical tasks and forging of new roles and identities that are part of the secondary adjustments and transitions of coping with bereavement and loss. In the terminology of the model, they are described as restoration-oriented stressors. Note that restoration-oriented stressors are not in themselves outcomes. Achieving the tasks or new roles may eventually lead to perceived positive outcomes, but in the terms of the model; the term 'restoration oriented stressor' means the emotional and psychological process involved.

In our qualitative interviews, not everybody used the language of 'coping'. However, analysis of the interviews suggested that, in this study group, there was widespread experience of stress in relation to some kind of economic or financial circumstance. Different sources of financial and economic stress which added to the burden of loss have already been described in earlier chapters. Using the terminology of the dual process model, many were secondary sources of stress, and restoration-oriented. We bring together here the many examples and experiences described. We go on to present evidence that there are also economic and financial elements within the primary loss-oriented stressors of the appraisal-coping process. We then suggest that the person who died had what we shall describe as a unique 'economic personhood' which is grieved in the broken relationship.

6.3.1 Restoration-oriented stressors

In relation to the stressors in the dual process model associated with ‘attending to life change’ our qualitative material presented in earlier chapters showed that feelings of financial insecurity were common in the days and weeks after a partner died. Even when people believed that they would eventually have new sources of income from pensions and benefits and they would, in the longer term, be able to live within a changed income, there was often fear about how that would be achieved. Anxiety about financial security escalated when it proved hard to deal with administrative processes or there were unexpected delays. We saw in earlier chapters that uncertainties often remained for several months, and extended for some people into the first or second year after the death, during which there remained underlying financial anxiety and fears.

When we look in our qualitative data for restoration-oriented stressors, described by Stroebe and Schut (1999) as ‘doing new things’, there is a wealth of illustrative material which fits such a concept. As explained, the UK financial and regulatory systems are such that a person whose partner dies is required to pass information fairly quickly to many different organisations, and make new contacts and arrangements. People’s expectations of such requirements and fears about penalties, including financial loss and administrative problems for themselves (which are real possibilities), led people to see these tasks as urgent. Dealing at the same time with various government departments, utility companies, solicitors, banks and building societies, and pensions and insurance companies seemed a huge burden to some people, even when things went smoothly. One person remembered her feelings of despair about her perceived failure, inadequacy and inability in trying to understand tax credits, income tax self-assessment, and pension entitlements in the weeks following the death. She remembered struggling with ‘*endless form-filling and telephone calls*’, and at the same time how angry she had felt to be left alone by her husband, to deal with such a burden of administrative and economic responsibility.

Those who met delays, frustrations, or wrong advice within administrative and regulatory systems, often remembered deep feelings of anger, distress and despair. Some people had clear memories of the hurt they felt when staff were abrupt, or lacked skill in talking to people whose partner had recently died. Similarly, receiving administrative correspondence wrongly addressed to partners who had died, or standard letters that were inappropriately worded, had been wounding experiences. Some people remembered whole days spent getting over receipt of such a letter in the morning post. Recognition of the stress involved or anticipated in some administrative negotiations led some people to ask relatives to take over.

People who had met kindness and understanding from administrative staff described the strength of their feelings of relief and gratitude at the time.

Being an executor of a partner's will brought some people anxiety about capacity to deal properly with the matter, and a heavy burden of responsibility both towards the partner who had died, and towards other beneficiaries. Parents knew they now had to deal alone with financial responsibility for children. Parents of very young children, and children with special needs whose dependency was likely to extend into adulthood, spoke of feeling a heavy new weight of financial responsibility.

Several people talked about the way in which dealing with the new economic practicalities had been a distraction from grief or a way in which they avoided grief. Some spoke of a sense of feeling 'allowed' to focus on some of these new practical demands, and the way they prevented dwelling continuously on their loss. A parent with young children, said she had to put grief to one side while she dealt with the immediate issue of how to provide meals with no money in her purse for a couple of weeks. People who generally felt fairly comfortable with administration and bureaucratic process recognised, in retrospect, that pre-occupation with practicalities in dealing with wills and regulatory authorities had perhaps been a way of avoiding the intensity of grief for a little while. Settling down to deal with executorship provided, for people confident with paperwork, some focus for the emptiness of the evening. Getting through correspondence brought some small sense of having done at least something other than constantly thinking about the time around the death. Some people wondered, in retrospect, whether it had been helpful or not to be distracted from grief by such practicalities. For a person who generally liked to feel organised it had seemed, at the time, some relief to work through a list of practical financial matters that had '*stopped me sitting on the sofa crying all day*'. Looking back, 12 months later, this person thought that the distraction had possibly been too powerful and it might have been better, in the long run, to have spent more time with her feelings of despair.

However, people who did not like paperwork and those who had found the volume of administrative process a burden said that those kinds of things used up all their energy at the time. They knew they had to deal with practical matters, but these seemed to '*get in the way of their feelings*'. It seemed to some that regulatory authorities expected people to be able to switch off grief to deal with practicalities, and some had felt forced to deal with things when it was too hard and they were not ready. A person was least able to deal with financial matters, it was suggested, when so much was happening emotionally, and some people felt they had not been in a state appropriate for making some of the important financial decisions they faced.

Making appropriate funeral arrangements were important to everybody, but some people recognised in retrospect that organising a funeral turned into '*a treadmill*' of things that had to be done, obstructing their grief. Having to deal with unwelcome family interventions about funerals such as disagreements about cost, was just not wanted at a time of such grief.

Stroebe and Schut recognise 'taking on new roles and identities' as restoration-oriented stressors. Our interviews showed how some of the new identities imposed by categorisations within financial and regulatory systems were hurtful and unwelcome. Women who found they now fitted into Jobcentre Plus services and tax credits as 'lone parents' sometimes did not want to be part of this grouping. For them, 'lone parents' were divorced, separated or single people, and the children of women in this group had 'absent fathers'. The anger and hurt at this association persisted, both for themselves and on behalf of their children whose fathers had been a loving presence for them. Women who had not been married were sometimes sad that they were not entitled, formally, to call themselves 'widows', a group name which, they thought, acknowledged their partnership and might bring some dignity and respect. Discovering that they were not entitled to sign forms to register death, because they were not formally 'next-of-kin', had been deeply hurtful.

We saw in the previous chapter (5.3.2) many examples of new economic roles for the bereaved person within family and domestic life: greater responsibilities for child care, household management, shopping and cooking, money management and driving. Taking on these new roles had often been stressful, with anxieties, frustrations and disappointments. In general, the associated stress lessened, or was experienced less frequently, as people got used to what they had to do or found other ways of dealing with things. Those in their second or third year after their partner died sometimes described some long-term positive outcomes of having new roles thrust upon them. There was some satisfaction among people who had not cooked before, but were now enjoying making good meals for themselves; and some satisfaction among women in confidence gained in having to deal with DWP or HMRC, or having found a garage which provided trustworthy service of their car. Parents still often had times when they felt inadequate and emotionally exhausted by efforts to replace their partner's role in practical home-making. Trying to mend a broken wheel on a push-chair, which their partner would have done in a few minutes, was described as '*having ended my day*'.

We thus found, in analysis of our material from qualitative interviews, financial and economic experiences which fitted all the exemplary groups of restoration-oriented stressors suggested in the dual process model. We also identified a particular kind of restoration-oriented stressor which does not fit neatly into those groupings. We call this stressor 'the meaning of money'. We suggest that in day-to-day living, 'money' is not always a value-free term describing pounds and pence. In some circumstances, social and cultural influences lead to moral judgments, values and emotional attachments to different monies related, for example, to the source of the money and how it might be used. Our interviews showed how some monies received through a partner's death had constructs and meanings that were hard to deal with in coping with bereavement. We saw that for some parents, money received through widowed parent's allowance represented to them money still coming from their partner's efforts for their children's benefit. We can see how such a construction of money resulted in

having to deal with stressors then attached to it: feelings of anger that such money counted as taxable income (especially in comparison with 'child maintenance' payments which did not) and the fact that it ended should the parent remarry. The meaning of the money then made it seem that the partner's efforts for the children were being thwarted in some way, or discounted. People who thought of widowed parent's allowance as a form of replacement of a partner's earnings then had to deal with the monetary comparison, and their feelings when the amount of the allowance compared very unfavourably with earnings from full-time or well-paid part-time work. For people whose children were formally entitled to money following their parent's death, in pensions arrangements or inheritance, it seemed particularly important that such money was used in ways that would fit what their partner had wanted.

For many people who took part in our qualitative interviews, the money received through a partner's life insurance did not have the kind of connotations that made the money itself a stressor (rather than the process of getting it). It may be that general familiarity with the concept of insurance and the importance of this money to some people for paying funeral bills or mortgage loans over-rode, for most people, ideas that might have arisen that this money was a representation of the death. The amount received was often, indeed, very welcome or a nice surprise. In the same way, entitlements through a partner's pension arrangements did not generally have connotations that made the money itself an emotional stressor. Thus, generous occupational pensions, for some people, had positive associations with their partner in relation to commitment, long service, skills and expertise, or hard work. Small occupational pensions were not, generally, perceived to reflect negatively on partner's efforts, such as poor provisioning, but were associated more with external factors such as job opportunities, inflation, the financial market or, for young people, having made as yet relatively few contributions. Employers' discretionary payments of salary for a short period following death, and money from workplace collections, were perceived positively among people in this group, as confirmation of their partner's value.

However there were important exceptions here, and for some people, payments from a partner's pension arrangements and life insurance were hard to deal with emotionally. People who felt fairly secure financially said they had not wanted money, at the time; they wanted their partner, and the payments that came seemed just to emphasise their loss. Some people whose partner died suddenly, for example in road crashes, said they could not deal at all with the idea of the life insurance pay-out. It had only negative associations with unnecessary loss and death. One person said they had '*tied it up*' as soon as possible in a long-term investment which they tried not to think about, because it was still too painful.

Money received through civil court proceedings as compensation for criminal injuries could also be very hard to deal with emotionally. In a research interview nearly three years after a partner's death, a parent said the criminal injuries compensation had

always been a very sensitive matter. Drawing income from it was unacceptable; it was invested so it would be available if ever needed, but thinking about it could be avoided. But absence of compensation could also be a stressor. For a person who had to deal with a situation in which liability for a fatal road crash was not formally established, anger that there would be no financial compensation of any kind was deep and persistent. For this person, this was a demonstration of society's indifference.

6.3.2 Loss-oriented stressors

Within the dual process model, loss orientation is to do with processing the grief of loss of the relationship, tie or bond with the person who has died. In our qualitative interviews there was evidence that part of the uniqueness of the partner that was lost were characteristics and constructs reflecting the 'economic person'. The words and phrases which people used spontaneously throughout the interview when they talked about their partner gave insights into the ties and bonds that had to break and the relationship that was lost. Some of these ties were bound up with people's constructions of their partner's economic beliefs, roles and behaviours, with long-lasting emotional resonance.

Much of what had been lost in the 'economic person' was related to the paid work they had done. Thus, people talked proudly of partners who had been committed to their paid work, and who had made what seemed worthwhile contributions through their work, both financially to their families, and in a more general sense. Young bereaved women who spoke of their partners as '*always working hard for us*' were dwelling on their loss of a committed family breadwinner, ready to work long hours for his partner and children. Older women spoke about partners who had '*always been a steady worker*', reflecting on characteristics that were valued long past retirement age. People whose partners had kept working as long as possible through treatment and terminal illness were proud of such determination and courage. Self-employed partners, and partners who had done various kinds of work were described to the researchers as '*always good at business*', '*ready to try things*' or having '*lots of ideas*'. For some people, their constructs and memories of a partner's negative employment experiences also reflected aspects of the shared life that was over. Older people spoke of times when it was hard for their partner to get work; some people talked about shared disappointments of redundancies or business failures – these too were all part of the lost relationship.

Other aspects of the 'economic person' which had been lost were to do with the personal characteristics which had contributed generally to the couple's financial and economic well-being. The practical skills and economic capacities and activities of their partner that lay behind some of the roles and responsibilities taken on in the partnership were part of the uniqueness of the individual they had lost. People spoke

of partners as *'always very careful with the money'*; *'making sure we would have enough'*; *'able to deal with the tax people'*; *'loving his car'*; *'always generous to his friends'*; *'knowing all about gardening'*; *'quick to see a bargain'*; *'a wonderful cook'* and *'seeing to anything needed on the house'*.

Of course, not all the contributions to the partnership from the 'economic partner' were perceived positively. Some people lost partners unable to maintain earnings for different reasons; partners who made decisions about business deals or loans which had negative outcomes; who found it hard to control spending and used up family resources, or who let unpaid bills accumulate. For some couples, there had been conflict about money matters. This research was not designed to explore how people generally processed the loss of a partner's characteristics that were perceived negatively, but this might be an interesting line of enquiry for the dual process model.

Our findings also lead us to consider how bereaved people process 'surprises' about their partner. In several interviews people told us that some aspects of a partner's economic characteristics and behaviour, discovered after death, had been a surprise. The way they spoke about such surprises, in the research interview, suggested that they were significant loss-oriented stressors. For some, discoveries had been unwelcome, for example finding out that a partner had secretly built up large debts. For others, discoveries acted to deepen the partner's perceived value, for example realisation of a partner's previously unknown generosity in financial gift-giving. Yet others said they remained puzzled, and still turned things over in their minds without resolution, for example, how had a significant amount of personal savings been put away by a partner in a couple who had lived for many years on a joint low income?

6.3.3 Process of oscillation

Our research was not designed to test the dual process model. It is possible, however, to look at our interview material for evidence of the process of oscillation between loss-oriented and restoration-oriented stressors described by Stroebe and Schut (1999, 2007). The examples presented are those in which people said themselves they remembered feelings around the same issue going backwards and forwards, depending on context and what else was happening for them at the time the matter arose. Some feelings were attached to the person lost; some were attached to what now had to be done. People remembered this particularly in relation to dealing with paperwork and correspondence soon after their partner died. People who spoke about dealing with letters and administration as being a distraction from their grief also said that finding a letter on the mat from a partner's life insurance company brought *'overwhelming pain'* as they thought about the circumstances of death. People who yearned for the partner who had made careful plans and generous provision for their own financial well-being in bereavement found

themselves also angry and frustrated that they now had to deal on their own with all the administrative process involved.

In the same way, some people described '*going backwards and forwards*' in relation to family and household roles. In the same interview, parents dwelt on what they had lost in the amount of thought and effort partners had put into running the home and enhancing children's lives, then talked later about feeling overwhelmed by inadequacy in trying to take over some of the roles and fill some of the gaps.

Some restoration-oriented stressors went away with the passage of time, within structural and administrative systems. For example funerals happened and people dealt with the bills. Matters to do with pensions and benefits were often resolved. Coping also involved gradual reduction in the experience of stress through habituation, for example going alone to school meetings gradually became easier. It also appeared that the outcomes of dealing with restoration-oriented stressors brought, for some, positive feelings of relief: mortgages were paid off; life insurance pay-outs eased financial situations. But some stressors remained for a long time: the constant anxiety of financial uncertainty; long wrangles with insurance companies and mortgage lenders; planning for sole financial responsibility for a young family; continued awareness of the existence of a large compensation payment which would have to be dealt with emotionally at some stage. In the terminology of the dual process model, we suggest that the persistence of such long-term financial and economic stressors might act to restrain the process of oscillation, holding back coping.

Our final suggestion, in considering financial and economic components in the dual process model, is to ask whether it might be useful to consider 'multiple post-bereavement losses' of material resources and financial security. Previous research suggests that coping with bereavement is particularly hard for people who have experienced multiple losses preceding the death (see Stroebe *et al.*, 2007). For some of those people we spoke to, financial problems led to a number of major negative outcomes. In some situations, a partner's death did lead to poverty; having to sell a family home; having to give up a job; bankruptcy; or having to draw all personal savings. People sometimes talked about what happened as experiencing '*an additional loss*'. It might be useful, in further research, to explore whether multiple or major post-bereavement economic losses increase the risk of complicated or prolonged grief.

6.4 Concluding comments

This chapter has addressed the impact of economic change on the grieving process. As social policy academics, we are not experts in this area of enquiry. However, analysis of quantitative material in the BHPS and data from our qualitative interviews

have produced new findings on the role of financial and economic stressors to contribute to what is known about coping with bereavement.

Our statistical analysis showed that self-perceived changes in women's financial circumstances increased risk of psychological distress following death of a partner. Feeling worse off financially increased the chances of bereaved women reporting symptoms of anxiety and depression for up to two years or more after the death. Longitudinal evidence on the timing of the association between psychological distress and adverse financial change supports the view that the observed relationship was a consequence of bereavement.

Our interviews provided additional perspectives on the dual process model of coping with bereavement developed by Stroebe and Schut (1999). There was a wealth of illustrative material confirming different kinds of economic elements within one domain of the model – 'restoration-oriented stressors'. We found examples that fitted all the exemplary groups of restoration-oriented stressors presented in that model. We also suggested that the 'meaning of money' might be a particular kind of restoration-oriented stressor. We also tentatively suggested that people's ties and bonds with the partner who died included constructs of the 'economic person', and that these were part of the other domain of the coping model – 'loss-oriented stressors'.

This chapter concludes our presentation of substantive findings from the study. In the final chapter which follows we draw together what has been learned, overall, and discuss implications for policy and practice.

Chapter 7 Conclusions, and Implications for Policy, Practice and Theory

Bereavement of a partner is a complex, multi-layered and individual experience. Our research focused on one part of that experience, the financial and economic implications. Our aim in this final chapter is to summarise key findings which help us understand how things are, what protects some people from economic hardship when their partner dies and how some people are particularly vulnerable. We then discuss the implications of our findings across a range of policy and practice arenas where there are different levels of responsibility and different scope for action. We think about the contribution of our findings to theoretical understanding of the psychological process of coping with bereavement, and we make some suggestions for further research.

7.1 Background

An initial review of social policy literature and research about financial implications of death of partner (Chapter 1) covered information available from quantitative and qualitative enquiry. The review was extended into other disciplines including psychology, counselling and palliative care for evidence about links between economic and emotional experiences and outcomes for people whose partner died. We found important gaps in understanding: need for evidence about differences among people in different age groups and between women and men; need for evidence about changes in income from specific sources, and other financial outcomes including expenditure patterns, housing costs and debt; the timing and duration of financial consequences of bereavement; and the contribution of economic change to the grieving process. There are particular gaps in understanding about all these issues as they are experienced in minority ethnic, cultural and faith groups.

7.2 The approach to enquiry

New information needed to help fill some of the gaps identified was both circumstantial and behavioural, and situated both at the level of the individual and within the general population. The design of our study (Chapter 2) thus included qualitative and quantitative components, and longitudinal elements for exploring change and trajectories. Qualitative information was sought in 44 depth interviews with people whose partner died recently, mostly within the past two years. The quantitative component included secondary analysis of pooled data across 14 annual waves of the BHPS and some analysis of data from the ONS Longitudinal Study. Our approach in integrating qualitative and quantitative methods was influenced by the

topics under consideration and their policy relevance. The approach drew on ideas from Tashakoori and Teddlie (2003b) and was to some extent experimental. That part of the work concerned with economic elements within the grieving process drew on the psychosocial model of coping with bereavement known as the 'dual process model' (Stroebe and Schut, 1999).

The study was not designed for exploration of bereavement among minority ethnic, cultural and faith groups, and this remains an important area for further work.

Our study contributes to theoretical understanding of the concepts, dimensions, experience and trajectories of poverty and financial well-being, and the economic impact of bereavement. We provide insights into people's perceptions of death as a 'risk' or likely outcome, and the financial planning responses people do or do not make in the face of uncertainty about living in a couple. Our findings thus contribute to debate about individual and group differences in the 'risk society' thesis and the role of the state (Giddens, 1998). As a further contribution to theoretical understanding, we provide findings which support and extend the 'dual process' model of coping with bereavement (Stroebe and Schut, 1999), and suggest further exploration and testing of the model in a number of areas.

7.3 Summary of key findings

Our analysis and interpretation led to substantive findings about people's personal and financial circumstances before a partner dies (Chapter 3); changes in income following bereavement (Chapter 4); the practicalities of dealing with economic change (Chapter 5); and the economic components of grief (Chapter 6). We go on to summarise these main findings, looking at the issues in the same order as they appeared in preceding chapters.

7.3.1 Personal and financial circumstances of couples

It is important to understand the context of death of a partner (Chapter 3). What happens to people's economic circumstances when a partner dies is closely linked to their personal and financial circumstances as a couple, including life stage and employment history.

The broad quantitative picture of circumstances of people before their partner died showed, as expected, a profile of a predominantly elderly population, two-thirds of whom were women. Indeed, most pensioners were in their 70s or older and people under pension age were typically within ten years of state pension retirement age. Most couples were married, and older couples were mostly living on their own when one partner died. Relatively few people under 50 years experienced the death of a

partner: 11 per cent of bereaved women and six per cent of bereaved men. There were more varied living arrangements among younger couples, some of whom also had children in their families when one parent died, and other people in the household including adult children.

At the moment, death of a partner is largely the experience of older women, who are left living on their own with an economic legacy shaped by opportunities, resources, decisions and actions over a long life time. Among people bereaved under pension age, almost one in five women had dependent children and one in ten men. The financial circumstances of people caring for dependent children are likely to be of particular interest to policy makers. Young couples are most likely to be still building up earnings capacity and paying a mortgage. Our qualitative interviews showed many to have made little in the way of pension provision, and death sometimes came suddenly and unexpectedly in road crashes, heart attacks or violence.

In contrast, for many older people (and some in younger age groups), death of partners with deteriorating conditions or terminal illnesses came at the end of a period of intensive care and nursing at home, or in hospital or nursing home. Almost half the people in the BHPS study sample described themselves as 'carers' in the year their partner died, more so in older age groups. Qualitative findings showed how the economic well-being of couples before the death of a partner was enhanced by the provision of social care, including special equipment and housing adaptations, as well as practical support for people who wished to combine care-giving with paid work.

Benefits available to sick and disabled people such as disability living allowance and attendance allowance were highly valued, both to cover extra costs such as heating, and hospital visits, and to improve quality of life for one or both partners. Carer's allowance boosted some couple's incomes. However, delays in claiming disability living allowance and carer's allowance were sometimes related to people's late identification of their role as 'carer'. Our interviews showed that people rarely used the language of 'care-giving', but talked about the relationship with their partner towards the end of life in terms of mutual support, reciprocity, and emotional commitment.

Our statistical analysis showed that many people were not in good health themselves when their partner died, including some people caring for partners who were seriously ill. Around half the people in the BHPS study group reported chronic medical conditions, symptoms of psychological distress, or limitations in daily activities in the interview before their partner died. Although not unexpected in a group with an older age profile whose physical and emotional well-being might be adversely affected by their caring role, and anticipation of death and widowhood, this finding is important. Some people's poor health meant that they were already not well equipped to deal with some of the economic issues that lay ahead. Financial

uncertainties and new anxieties about resources or expenditure, and the practicalities of dealing with regulatory bodies following the death, were likely to be particularly hard for people already clinically depressed, or experiencing limitations in everyday activities. Some had extra costs associated with their own health conditions.

The BHPS analysis showed a majority of couples to be living in houses owned outright when one partner died, reflecting the older age profile; their housing costs centred on maintenance, decoration and insurance. By comparison, mortgage and rental payments were widespread among people under state pension age although a substantial minority of pensioners also lived in rented accommodation. Some people said they were already finding it hard to meet rent and mortgage payments, during the year before bereavement. Security of tenure and meeting housing costs were likely to be urgent financial issues for people facing economic decline following a partner's death.

The financial implications of bereavement, of course, reflect to some extent couples' preceding economic circumstances. People's contemporaneous views about their financial situation, disposable incomes and sources of income in the period preceding the death showed that most said they were managing financially, with what they felt to be a reasonable and acceptable standard of living. A substantial majority of couples reported household incomes at this time significantly above contemporary poverty levels and means-tested social assistance. Pensioner couples had generally lower incomes than younger couples but household incomes were spread widely in all age groups.

As might be expected, we found a broad distinction between older couples receiving state pensions and other benefits, and younger couples with incomes mostly derived from employment earnings. Within these broad categories there was considerable diversity of financial circumstances that largely reflected labour market inequalities, distributed on the basis of educational and social class. Among younger couples there was striking contrast between the majority with one or both partners in paid employment, and a substantial minority, over one in four, dependent on benefit income and more than one in eight below the official poverty threshold. Among couples over state pension age, there was comparable contrast between people almost entirely dependent on state retirement pension and other benefits, and those enhancing state pensions with personal pensions. Around 40 per cent of pensioner couples said they were 'living comfortably' but one in four reported incomes that fell below the poverty threshold during the year preceding the death.

Although younger and older couples were distributed across the income scale, older couples predominated at the lower end, reflecting employment histories when only the man had worked, often with limited access to occupational and private pension schemes. As a consequence, older couples' incomes were more often constrained within narrower bands, determined by state pensions and other benefits. Under

pension age, variations in access to paid employment largely underpinned income inequalities. Material from our qualitative interviews showed further how people's employment histories, including spells out of the workforce due to ill health, and transitions to retirement had contributed to individual differences in levels and sources of income. Income inequalities and labour market opportunities also reflected gendered patterns of work and family life, including traditional roles for women of housework, looking after children and kin, and working part time, and men as the breadwinner or main earner.

What this means is that the financial consequences of death of a life partner depend crucially on which partner dies. More women than men are likely to face economic decline because many are poorly placed to sustain income levels through paid employment or build occupational pensions. Pensioner women are likely to be particularly disadvantaged after the death because they have limited opportunities to improve their incomes through paid work, or re-partnering. Younger women with dependent children may also struggle initially to take up or return to paid employment after their partner dies.

Our analysis showed how some people were not well placed financially to weather the economic changes and transitions that might be expected following the death of a partner. When contacted before their partner's death, some people were struggling financially or managing on low incomes, more so among women under pension age; and, as previously noted, one in four pensioners was facing the death of their partner from below the official poverty threshold.

Even before a partner died, around one in five couples had experienced economic decline over the past year, or felt worse off financially because of increased expenses and reduced earnings. Increases in general costs, or reduction in income following retirement, had adversely affected some people's standard of living. Our qualitative findings also showed how financial difficulties during the years preceding the death were often associated with the partner's illness and gradual deterioration, with withdrawal from paid employment and extra costs associated with end of life care.

In contrast, some people had felt better off financially in the months preceding a partner's death. Gaining receipt of disability living allowance or attendance allowance not only made some people feel better off, but also covered extra costs, and boosted household budgeting and standard of living among couples on lower incomes. Reduced spending when ill health led to withdrawal from social activities had also led some couples to feel better off that year.

Some couples made plans about financial consequences of death. In our qualitative interviews people said thinking about what might happen financially if or when their partner died happened at various stages in life, for example with choices about

pensions, insurance and mortgage protection, or when people wrote wills. Planning together or separately for desired economic outcomes had seemed helpful at the time, both practically and emotionally. For young, fit couples, however, death often seemed too far away to think much about. Talking about economic outcomes also proved hard for some couples in circumstances of palliative care; when one or other partner avoided such discussion. Findings show that preparations made, including wills drawn up by partners, did smooth economic changes and transitions for some people after the death. This was not always the case, and lack of preparation or planning did not always lead to serious financial difficulties or setbacks when their partner died. However, financial shocks such as unfounded assumptions about pension entitlements, debt repayments, or inheritance, or discovering that people who had not been married were not entitled to bereavement benefits, had major financial and emotional impact for some people.

7.3.2 Changes in income following bereavement

Looking at changes in household incomes following bereavement, findings showed that amounts lost through loss of partners' income streams varied widely, even after 'equivalising' incomes, that is, taking into account people's reduced financial needs and outgoings. Those who experienced the greatest declines were women and men under pension age. Above state pension age, women's household incomes dropped while pensioner men generally saw their incomes increase, opening up a significant gender difference in financial outcomes among bereaved pensioners.

The key drivers of income change were clear. Under state pension age, economic decline was largely attributable to loss of earnings from paid employment, mostly reflecting loss of partners' earnings but also, for some people, their own withdrawal from paid work around the time their partner died. People who stayed in or returned to work after the death were mostly protected against a drop in income. One in four people under state pension age also lost their partner's occupational pension. Over state pension age, women were even more reliant on state provision following, for some, loss of their partners' personal pensions; whereas men generally saw an increasing proportion of their incomes come from occupational and private pension entitlements following loss of their partners' state pension and other benefits.

Loss of partners' disability benefits (mainly disability living allowance and attendance allowance) reduced both younger and older people's incomes, and loss of partners' work-related disability benefits, such as incapacity benefit, further contributed to a significant drop in household incomes. In contrast, receipt of a survivor's benefit or annuity from the partner's occupational or private pension protected some people, mostly women, from decline in financial well-being. As well as bereavement benefits triggered by the death, statistical analysis also detected increased uptake of disability benefits (disability living allowance, attendance allowance and incapacity benefits).

This was due partly to delayed claims and deteriorating health, but qualitative interviews also showed problems in sustaining or returning to paid work after a partner's death. There were particular problems here for some fathers trying to combine work, care for young children and management of the home, and for some younger people affected by the great shock of an unexpected or violent death. Increased uptake of means-tested benefits, such as income support and council tax benefit, reflected women's vulnerability to a drop in income following the death of a partner.

Much policy interest will focus on how long the drops in income last, following bereavement. There are different ways of supporting relatively short term dips in income as compared with long-standing financial hardship. We thus looked at the trajectories of income following bereavement.

The drop in household incomes reported by many people in the BHPS immediately following a partner's death was apparently soon reversed. Some women and men of working age eventually took up or returned to paid work, and earnings from employment generally increased. By the second BHPS interview after the death, average equivalised incomes among non-pensioner households exceeded pre-bereavement levels. Among men over pension age, incomes generally rose throughout the period following a partner's death. However, women over pension age present a different trajectory. Their household incomes fell on average after their partner died and, despite a small rise thereafter, scarcely returned to pre-bereavement levels within two or three years of the death.

The initial drop in household incomes pushed some people below the official poverty line and led to an overall increase in the number of households in poverty. As incomes subsequently rose, poverty levels declined, especially among men below pension age. Falling into poverty was thus often short-lived and many people recovered their financial position within 12 to 18 months, according to the quantitative evidence. However, our qualitative interviews show a great deal of insecurity, anxiety, and financial hardship during this period. Moreover, fluctuating household incomes after a partner's death meant that some women under pension age occasionally dipped below the poverty threshold at different times, maintaining poverty among women under pension age above pre-bereavement levels. Older women were, on the other hand, likely themselves to experience recurrent or persistent poverty for at least two or three years after the death. Thus our findings show that one route to poverty and one cause of deepening of poverty to be the death of a life partner, especially among older women.

Our findings on income changes and trajectories following the death of a partner highlight the impact of decisions and choices made earlier in the life course. Membership of occupational pension schemes, and private pension savings and entitlements were particularly important determinants of financial security in

bereavement. These opportunities are largely distributed on the basis of occupational class and employment sector (private, public or self-employment) and often reflect gendered employment patterns and career paths. Moreover, employment opportunities and personal pension options may have been chosen for reasons unrelated to financial security in bereavement; they may also have been denied to some people by local labour markets, long-term health problems, caring responsibilities, marital dissolution and other circumstances.

As a consequence, there was considerable diversity in financial outcomes and trajectories following the death of a partner. Some otherwise vulnerable people avoided adverse financial consequences when a partner died, while more privileged people could face a lower standard of living. Broadly speaking, women were more at risk of economic decline than men although labour market attachment and employment history, and that of their late partner, could moderate the negative impact on income levels. Men drawing on occupational and private pensions were often better off financially after their partner died, while men under pension age mostly recovered and generally exceeded earlier income levels. Older men with no personal pension entitlements experienced less favourable outcomes, widening income inequalities between them and their counterparts with occupational and private pensions.

A minority of people, around one in four, experienced a substantial drop in their household financial resources (that is, a drop of more than £100 a week in equivalised income) following the death of a partner; and a smaller minority, one in five, fell below the official poverty threshold. Yet more people than this, over 40 per cent, said they felt financially worse off after their partner's death than before. There were women and men across all age groups who felt financially worse off, but women were more likely than men to say their financial situation had worsened, and women under pension age were most likely to report a downturn in their finances. Feeling financially worse off was not well correlated with actual changes in household incomes, however, suggesting that people had other considerations in mind. Both our quantitative and qualitative material confirms the felt loss of benefits, especially partners' disability living allowance, attendance allowance and work-related disability benefits, and earnings, but also points to a large variety of individual, miscellaneous reasons for feeling worse off. By comparison, feeling better off financially was linked to having fewer expenses, receiving one-off payments such as life insurance, and increases in state pension and other benefits, including bereavement allowances and survivors' pensions.

Looking across both objective and subjective measures of financial change, we identified sub-groups of people most at risk of adverse outcomes. Women were more at risk of economic decline than men, though the principal factors affecting the financial circumstances of women differed according to their stage in the life course. As explained, some women were protected financially by access to survivor's

benefits or opportunities for paid employment; those with limited attachment to the workforce either personally or through their partner's employment record faced particular risk immediately after their partner died. Apart from older men without personal pension entitlements, it was difficult to detect increased risk of economic decline among other sub-groups of bereaved people, although some statistical analyses suggested that people who had been cohabiting with their partner faced disproportionate losses of income.

What happened to households with dependent children was of key interest. In this study, at a statistical level, such households were as likely to experience poverty after bereavement as those without children. The actual number of families with dependent children below the official poverty threshold increased following the death, according to the BHPS analysis, and those in poverty after bereavement all had household incomes well below the poverty threshold. However, sample numbers were too small to show that these changes were statistically significant. In our qualitative interviews, some young parents described considerable financial problems following a partner's death, related variously (or in combination) to loss of earnings of one or both parents, not yet having built up contributions to pensions schemes, continuing liability for mortgage payments, and having been in a partnership without legal status. Our findings therefore suggest that death of a partner may be one factor contributing to child poverty, and point to the need for further research here.

Also of interest was how far bereavement benefits give some financial protection to people whose partnership had legal status. There were changes in the rules governing bereavement benefits during the period covered by the BHPS, and we do not have a reliable statistical picture. Currently, bereavement allowance provides some additional financial support for the first year of bereavement, while widowed parent's allowance continues as long as entitlement to child benefit. Qualitative findings showed widespread lack of understanding of these allowances, which contributed to some dissatisfaction. There was, however, widespread support for the principle of availability of financial help with the cost of funerals.

7.3.3 Practicalities of dealing with economic change

The UK regulatory and administrative systems are such that people whose partners die are expected to contact immediately several, and sometimes many, different government departments and organisations. Achieving the financial transitions which are part of bereavement means dealing separately with DWP, HMRC, local authorities, partners' employers, pensions and insurance companies, banks and building societies, mortgage and loan companies and the Probate Service. These organisations have different roles, various requirements for information, and their own administrative processes, including different ways of dealing with queries and complaints.

For many people, there is a need to deal urgently with these organisations and take immediate steps to maintain income, secure accommodation, access liquid assets, and avoid over-payments of benefits and tax credits, and housing benefit arrears which can build quickly.

Our study has demonstrated the variation in people's capacity to deal with these matters, in the early stages of bereavement. Much depends on familiarity in dealing with the different departments and organisations, people's levels of confidence, and access to advice and help from professionals or family and friends. Findings showed that the volume of work required, accumulation of negative experiences of problems in communication, administrative delays and errors, and frustration with professional practice was often experienced as a considerable burden. The burden came when people were especially vulnerable and least able to cope. While matters were generally gradually resolved, this often took several months, or even spanned two to three years. In retrospective reflection, people most affected by negative experiences and overwhelming burden said this had affected their coping with grief.

Immediate expenses following the death included paying for the funeral. There was qualitative evidence that bereavement payments were useful in helping people pay for their partners' funerals, especially people waiting for other lump sum payments such as those from life insurances or pensions. For people on the lowest incomes, funeral expenses payments from the social fund were also important in enabling a funeral of the standard wanted. The likely cost of the funeral did influence some people when they made choices about coffins, flowers and scale of arrangements. This was an area of sensitivity for some people, particularly those on low incomes. Family conflicts about cost, at this time, proved long-lasting.

Another immediate expense for bereaved people was the cost of accommodation. Qualitative findings show that in the immediate aftermath of the death, people generally wanted to stay in the home previously shared with their partner. Among owner occupiers with mortgage loans, however, there was widespread uncertainty about being able to meet housing costs in the period of financial change and, for some, anxiety about being able to meet mortgage payments in the longer term. Among tenants, there was often uncertainty about security of tenure.

The statistical analysis showed that moving house was relatively uncommon in the three years following the death. Within an overall pattern of comparative stability of tenure, the number of people owning their property outright increased with a corresponding fall in outstanding mortgages. Qualitative interviews showed that some owner-occupiers had mortgage protection arrangements which enabled mortgage completion on death of their partner, and some used lump sum payments from life insurance and pensions schemes to pay off or reduce their mortgage loans. For people renting accommodation, reduction in income meant new or increased entitlement to housing benefits for some. Overall, the statistical picture was that the

number of people with no direct accommodation costs (that is, no mortgage or rental payments) increased significantly.

However, despite an overall decrease in direct housing costs following a partner's death, the perceived impact of changes in housing costs varied widely. There was no straightforward statistical relationship between people's perceptions of their financial situation, reported difficulties paying for accommodation and reported changes in net housing costs. The qualitative evidence draws attention to the diversity of people's housing circumstances and changes following the death. Major financial problems did arise for people who experienced delays in adjustment of housing benefits, leading quickly to rent and council tax arrears; and people who discovered or had always known they had no mortgage protection arrangements in place. For some people, death of a partner did mean having to sell a home.

There were clear findings from our study about dealing with debt. There was qualitative evidence that among younger couples, using credit cards and commercial loans was not an unusual part of routine budgeting, and dealing with these loans and debts after a partner's death became an immediate financial demand. Some couples had financed car purchase and home extensions or improvements by borrowing. Matters were resolved fairly quickly when loans were in the partner's sole name or had clear protection clauses. But people sometimes did not know or understand where legal liability lay, and some were shocked to discover the extent of a partner's indebtedness. For some people, arguments with creditors about liability had gone on for months.

The statistical evidence pointed to a more settled period after initial problems and concerns about debt. The overall picture was that indebtedness gradually declined, driven both by completions of repayments and reduced uptake of new loans. The qualitative interviews showed that some people made decisions to borrow less after their partner died, and some people lost access to new credit arrangement, anyway, when their income sources changed.

Turning now to practical money management and budgeting, qualitative findings confirm that bereaved partners who had little prior involvement in managing household finances often found it hard to take over the new responsibilities. Not only were there new administrative tasks for them to learn, such as managing bank accounts and ensuring payments for utilities but, for some, there was fear of what might happen if they did things badly, especially for people with children. People learning how to manage household finances appreciated choice of payment options which gave some time and flexibility in juggling demands. Our interviews demonstrated some of the financial penalties experienced by people who do not want payment options promoted by suppliers, such as the direct debit arrangements favoured by some utility companies.

Our statistical analysis showed no straightforward association between pre-death arrangements for organising household finances and people's subjective assessments of their financial situation after a partner's death. Links were complex – pre-death involvement in 'big financial decisions' did contribute to people's sense of financial well-being in bereavement, and findings suggested that some of the partners who died may have been not particularly good decision makers or money managers.

Everybody, no matter how incomes changed or whether they had to take on new management roles, eventually experienced changes in household budgets. People who had cared for a partner at home told us about unexpectedly high utility bills received soon after bereavement. This was one demonstration of the additional costs of care. Subsequent utility bills, for such people, generally declined again but fuel expenditure remained a concern for people now living on a reduced income, and those with little scope for cutting down heating costs. Statistical analysis confirmed that it often took people some considerable time to reduce their use of gas and electricity during which they had to devote an increased share of their income to paying fuel bills. The number of households in fuel poverty, defined as spending more than a tenth of net income on fuel, almost trebled between interviews conducted around six months before and after the death of a partner. Fuel poverty encompassed one in three households following the death, concentrated among those on low incomes, especially people over pension age. An extended period of high fuel bills, sometimes lasting two years or more, adversely affected the financial circumstances of a substantial minority of low income households.

We might expect some people who need to adapt to reduced income to have more scope for adjusting spending on food than on fuel. Our statistical analysis showed that overall decrease in food spending following bereavement closely approximated the 'economies of scale' typically assumed by analysts when comparing financial resources of two person and single person households. Following loss of a partner's income however, the share of income spent on food increased significantly, in the short term, for women, but not at all for men. Yet the challenge of managing a food budget was more widely felt by men than women. Qualitative findings underline problems faced by some widowed people in buying good food at economic prices and avoiding waste. Some people found it harder to go shopping without their partner, or use of a car. Some said it was hard to find small packs of food, or find 'cheap offers' on small quantities.

There were some big changes in car ownership following bereavement, largely conforming to gender roles within couples and influenced by women's diminished financial resources. Within a year of a partner's death, 22 per cent of women in the BHPS study sample no longer had access to a car, compared with under five per cent of men. Nearly two-thirds of women over state pension age now had no access to private transport. Our interviews showed how having to depend on public transport

often influenced shopping patterns and social activities. Even simple things like getting to church or going for an eye test became, for some people whose partner had previously driven them in the car, a new personal expense.

7.3.4 Economic components of grief

The last chapter presenting substantive findings was concerned with economic components of grief and the psychological process of coping with bereavement. This part of the study stretched our original 'mixed methods' design, and we shall welcome commentary.

First, we had to locate this part of our work within a body of theory beyond social policy. We found common ground and shared understanding about the nature of grief within Archer's (1999) recent synthesis of material from evolutionary psychology, experimental behaviour and ethology (the study of animal behaviour in normal environment). In going further, to unpick the meaning of 'coping' in experience of bereavement, we chose the 'dual process model' (Stroebe and Schut, 1999) as the theoretical framework within which to work.

Secondly, this part of the work developed beyond our original ideas about research design and methods. In retrospect, our view is that our initial 'mixed methods' design probably was not fully developed to enable us to meet our aim of contributing across disciplines, to biopsychosocial theory and knowledge about coping with bereavement. However, support and encouragement from Stroebe and Schut, and members of our Advisory Group, helped us incorporate this part of the research. In retrospect, we suggest that our approach here fits Mason's (2006) mixed methods approach of asking distinctive but intersecting questions in a collective rather than an integrated manner.

Our statistical analysis drew on responses to questions asked in the BHPS based on the General Health Questionnaire, which provides a generalised measure of psychological distress or emotional well-being. As expected, there was a marked increase in psychological distress across all age groups of both women and men following the death of a partner. Further analysis investigated the association between raised psychological distress and people's perception of financial change. Gender differences were marked. Findings showed that women who felt their financial situation had worsened, following their partner's death, were more than twice as likely to report high levels of emotional distress as those who did not feel financially worse off. There was no significant association between perceived financial change and psychological distress among men. Feeling worse off financially did not increase men's chances of reporting symptoms of anxiety and depression.

We recognise that a statistical association between perceived financial decline and psychological distress does not mean that one causes the other. The causal links are likely to be complex and may go in either direction. Emotional reactions to the death of a partner may shape people's views about their financial resources and material well-being, just as perceived worsening situation may increase emotional distress following bereavement. However, there was evidence that the observed association between a perceived worsening financial situation and psychological distress in women was a consequence of bereavement. Moreover, perceived change for the worse was associated with above average distress levels in women for almost two years after the death, with the impact diminishing over time. We found no significant association between perceived financial change and men's rates of distress, suggesting that other sources of stress were more important in their emotional responses to bereavement.

Our exploration of economic and financial issues as part of the process of coping with bereavement and loss was located within the theoretical framework of the 'dual process' psychosocial model of coping with bereavement (Stroebe and Schut, 1999). The components of that model include stressors and cognitive strategies involved in coming to terms with the event. There are two kinds of stressor, and each requires coping effort. Loss-oriented stressors focus around the loss experience itself, and the unique relationship with the person who died. Secondary consequences of loss, restoration-oriented stressors, focus on what needs to be dealt with following the death. In a process of dynamic 'oscillation', the bereaved person engages in a cognitive process involving confrontation, avoidance and distraction, as they cope with the experience.

Our own findings provide many examples of experiences reported by people who took part in qualitative interviews which fit the views of Stroebe and Schut that different kinds of financial and economic stress are secondary sources of stress, located within one domain of the model: 'restoration-oriented stressors'. We found that feelings of financial insecurity were common in the days and weeks after a partner died. There were concerns about having sufficient resources, or being able to afford to stay in their home. There were often many new things to be done urgently, such as dealing with benefits, utilities, banks and building societies, pensions companies and solicitors, and this was often a burden. Those who met delays and frustrations remembered strong feelings of anger, distress and despair. Dealing with new economic practicalities had sometimes seemed a distraction from grief, which some had found helpful at the time but others resented as an intrusion on grieving their loss. We also suggested a particular kind of restoration-oriented stressor, additional to the groupings suggested by Stroebe and Schut, which we called 'the meaning of money'. We found that people attached meanings and feelings to different kinds of money, which were part of coping with bereavement. Money received as compensation for criminal injuries was often hard to deal with emotionally, and remained as an emotional 'block' for several years for some people.

Our findings thus provide much evidence to support the views of Stroebe and Schut that different kinds of financial experience are secondary, restoration-oriented stressors. However, we also found evidence leading to our tentative suggestion that people's ties and bonds with the partner who died include constructs of the 'economic person' which form part of the other domain of the coping model: the primary or 'loss-oriented stressors'. Much of what people lost in the 'economic person' who died was related to the paid work they had done. People talked proudly of partners who worked hard as family breadwinners or spent years building up business activities. Others reflected on negative employment experiences that were part of the shared life, such as disappointments about redundancies. Other aspects of the 'economic person' who had been lost were to do with personal characteristics which had contributed to the couple's financial experience, such as being careful with money, able to deal with tax matters, being generous to friends and being good at practical maintenance of the home. Some people had to deal with parts of the 'economic person' who had died that had negative attachments – their gambling and debt, or their inability to control family budgeting.

There were intellectual challenges for the researchers, in working within a body of theory beyond social policy, and we look forward to observations and comment on our interpretation of findings.

7.4 Implications for policy and practice

Death of partner is likely to continue to be largely the experience of people at the end of long lives. The financial consequences will thus reflect social and economic policies, and individual behaviours spanning many years. It will be government's long-term planning and policies for general economic and social welfare, including employment; taxation; social security and pensions; financial capability; and health and social care, which will shape the financial experiences of bereavement for most of the people alive now. In addition to long-term policy making to secure the financial needs of people following the death of a partner, there must be policies for response to the immediate circumstances of people experiencing bereavement now. For some people, including families with young children, death of a partner is sudden and unexpected, when there has been little opportunity for personal preparation or financial planning.

7.4.1 Long-term economic policy

The results from this study showed that, for people whose partner died during the last decade, protection from financial hardship, in both the short and longer term, came largely from current and past labour market participation; having built their own occupational and private pensions, or having access to such provision through a

partner's contributions. Such findings underline the importance, for future cohorts, of enabling and encouraging people to sustain paid employment throughout their working life, and to build up entitlements to state, occupational and private pensions that will provide the financial basis for an acceptable standard of living in retirement.

Supporting as many people as possible to take part in paid employment has been a main plank of the current government's welfare policy. If current trends in women's labour market participation continue, we may expect some eventual reduction in financial inequalities between women and men following bereavement, and reduced risk of poverty. If more people have opportunities to invest in occupational and private pensions, and such investments retain their value then, similarly, we might expect fewer people to experience economic decline when a partner dies. Policy intentions to extend working lives by raising the age of entitlement to the basic state pension, and to enable women to buy National Insurance contributions to fill gaps in their record, may also help to maintain incomes of future cohorts of elderly people, among whom will be bereaved people.

However, since starting this research, a period of great economic uncertainty has begun, with worldwide collapse of financial institutions, reduced access to mortgages and credit, falling house prices, and the possibility of deep recession and increasing unemployment. Recent labour market activation policies have been successful in an expanding economy. In a more difficult labour market, increasing competition for jobs may mean some groups of people at particular risk of marginalisation again, and thus some loss of longer term protection in bereavement through links with the labour market. The same uncertainty about future financial security attaches to the protection assumed through pensions and savings. There has already been reduction in access of new people to many occupational and private pension schemes (see Macnicol, 2008).

But even if the current economic crisis is temporary, and more positive longer term trends are resumed, these will be no help to people experiencing financial hardship now. A range of government policies are important in supporting those people currently experiencing bereavement: predominately elderly people, but including people across all age groups, in heterogeneous circumstances, some of whom have had little chance themselves to prepare for the economic impact of death of their partner. Our findings are particularly relevant to government policies which support recently bereaved people, as follows.

7.4.2 Employment

For government, findings showed that employment programmes which help people stay in touch with work, or to try work again when they are ready, are valuable to some recently bereaved people. People whose partners have died are among all

those groups of people identified by DWP for particular kinds of support in relation to the labour market – lone parents; people claiming job seeker's allowance; people providing care for others, and people claiming employment and support allowance (previously incapacity benefit). Findings show the importance of sensitivity and understanding of circumstances and issues relevant to the experience of bereavement, among DWP staff in direct contact with all these groups of people. One direction might be developing and extending 'bereavement awareness' training within a range of government organisations.

Findings further suggest that government support for promoting 'bereavement awareness' among employers and in work settings would also be useful. Work managers and colleagues had critical roles in supporting people in returning to jobs after death of a partner. We were told about some good practice, such as formal 'return to work' arrangements, including flexible working arrangements to help people deal with the practical and emotional consequences of bereavement and support from human resource personnel, especially for people who eventually came under provision established for supporting people identified as having a health condition. People who returned to work more quickly, without a formal categorisation as 'sick', also needed support and this was sometimes not provided. So-called 'compassionate leave' allowed by employers could be very helpful. However, we found confusion about what this actually meant, and some reported misunderstandings between managers and employees about transitions from 'compassionate leave' to sickness absence or annual leave, which led to emotional distress and unhelpful outcomes at work for some people. Findings point to a need for clarity among employers, managers and employees about the terms of 'compassionate leave', and the associated expectations and responsibilities.

7.4.3 Reduction of poverty

Findings confirm the importance of financial support for people with chronic illness, and those receiving and providing end of life care, and the perceived value of disability living allowance, attendance allowance and the related carer's allowance. This form of financial support helps to cushion couples against the additional expenses of long-term and deteriorating conditions, enabling them to protect some of the savings and investments that will, in turn, help support the partner who lives on. By enabling couples to maintain living standards in the period preceding death, and reducing the need to borrow to buy items needed, the person who is bereaved is better equipped to weather the financial transitions which follow the death. Findings point to the importance of maintaining awareness and understanding of these benefits in the general population and the importance of support and practical help with making applications. In addition to the role here for DWP, front-line workers in contact with people approaching the end of life, including providers of social care for elderly people, hospital staff, palliative care professionals, and people in welfare

rights and voluntary organisations are all important in helping to increase take-up of benefits and services and in recognising the financial needs of people's partners and family carers.

Although financial support for people and their carers during a period of illness which precedes death provided some protection against financial hardship, we have shown that for some people bereavement was a route into poverty and a cause of deepening poverty. Falls into poverty were mostly short-lived but for some, death of a partner led to more persistent or recurrent poverty over two or three years. There was also evidence that bereavement increased fuel poverty for up to two years or more after the death for a substantial minority of people. We have pointed to the groups of people most at risk.

Some of these groups, mainly older people who have been married, are identifiable through administrative records, and might receive focused attention in poverty reduction policies. We have shown, for example, how welcome and effective could be a visit from the Pension Service shortly after the death, providing immediate financial information and advice about benefits and services and support in accessing financial resources and services.

Younger people whose partner dies, and who were in legal partnerships, are also generally fairly easily identifiable through administrative records held, for example, by HMRC, DWP and the Registrar General. Findings show that many would welcome proactive, personal contacts to give information and advice about benefits, pensions and services and tax, and that some financial hardship would be avoidable as a result. Some people who were not in legal partnerships may be less easily identifiable quickly as bereaved people, through central administrative records, especially people living together without children. Our findings show that some are known to local authorities and health services, however. We have shown that palliative care services and intensive care hospital wards can be effective in providing timely and helpful financial information and advice for bereaved people, and there is scope for developing similar approaches in primary health care settings, and within social services.

Our findings about the financial implications for children when one parent dies require policy attention. There is need for further systematic research about circumstances in which a parent's death is an immediate route to child poverty. Widowed parent's allowance is currently under review (July 2008). Our findings support policy intention to review bereavement benefits, incorporating new research into patterns of entitlement and take-up within different groups of the population (Corden and Hirst, 2008b). The needs of families with children, and ways of supporting bereaved families when partners were not in legal partnerships are of key importance here. Recent proposals from the Law Commission (2007) on the recognition of cohabitants

should extend protection of property and finances in couples separated by death, and help dispel beliefs that 'common law marriage' provides legal rights.

7.4.4 Managing debt

It is encouraging to find a general picture that outstanding debts such as hire purchase agreements were less likely to be perceived as burdensome after bereavement. However, the experience for some individual people was that sorting out debt problems and dealing with creditors was a source of great stress in the early weeks of bereavement. This is an area for awareness among bereavement support services, and organisations offering financial advice and debt counselling. For the credit industry, findings highlight responsibilities for clear and appropriate information provision about legal liabilities and the risks of borrowing without protection clauses or insurance. Findings also suggest that some companies do not maintain high standards in the way they deal with people, in settling debt, and some bereaved people felt vulnerable.

7.4.5 Housing finance

In the area of public housing finance, timely adjustments of housing benefits act to reduce both financial hardship and anxiety. Our findings about the immediacy and urgency of need for some support with mortgage costs in the first few months of bereavement does raise questions about the exclusion of housing costs from social fund community care grants and crisis loans and (apart from costs of moving to a new home) from social fund budgeting loans. Recent policy change to reduce the length of the 'waiting period' before entitlement to help with housing costs through social assistance will help some bereaved people. For bereavement support services, findings highlight widespread uncertainties and concerns about keeping and paying for their home among recently bereaved people, and the particular emotional stress for those who have to move soon after their partner's death.

For commercial organisations involved in housing finance, findings underlined the importance of clear information to borrowers about advantages in having mortgage protection arrangements, the risks of unsecured home loans, and the options available. Arranging mortgage completions as soon as possible for people with protection arrangements, and quick payments from life insurance and pensions companies, made a positive contribution to financial well-being and eased emotional strain.

7.4.6 Funeral expenses

Findings showed that financial help towards funeral costs from public funds provided valuable support for some people. Social fund funeral grants enabled some of those people least able to afford such an additional large expense to make the kind of arrangements they wanted, and avoid having to pay interest on commercial loans. We showed that the contributory bereavement payment was also helpful towards paying funeral expenses, or other general expenses, while people waited for new income sources to come on stream.

7.4.7 Administrative burden

Our findings emphasise the need to find ways of reducing the burden of dealing with the administrative process in negotiations with the many different financial and regulatory organisations involved when a partner dies or, at least, lessening the impact. This is not only important for the people involved; it is of key importance to the organisations themselves. Over 200,000 people currently experience the death of a partner each year and the circumstances of bereavement lead to considerable business activity in some organisations. For such organisations, problems in communication with service users, confusions and misunderstandings, delays, queries and complaints are likely to reduce business efficiency and waste resources. Loss of trust or anger among service users may also lead to reduced compliance and, for commercial organisations, loss of business.

Findings suggest that organisations might look at their own systems and bureaucracies to see whether bereaved people can find the information they need. Another consideration is the availability of staff with skills for dealing with people in shock and grief, who are equipped to provide the information required. Organisations might consider whether they can reduce requirements for information and documentation from bereaved people, through data sharing and information technology, and whether their letters and call centre responses are appropriate for people whose partner has died.

At the level of wider governmental activity, our findings endorse the importance of the Transformational Government 'Tell Us Once' Project, set up in 2007, following the Varney report (2006). Within this project, there are two sites focusing specifically on the potential for cross-departmental links and information transfer following a notification of death to the Registrar. Findings from the pilot evaluations will be important in understanding how the burden of bureaucracy for bereaved people can be reduced, with increasing efficiency and effectiveness of service.

As in the author's earlier research on financial implications of bereavement (Corden *et al.*, 2005) our interviews showed a high level of satisfaction with the services

provided by funeral directors. There is likely to be much to learn from this industry by organisations interested in providing good service to bereaved people, for example in relation to communication, language and information provision.

7.4.8 Practical economic support

For bereavement support services and voluntary organisations, our qualitative findings show the value of and scope for practical economic support, for example with cooking, money management and help in getting around. Findings showed how valuable for bereaved elderly people were concessionary fares on public transport and having access to community transport services. Being able to maintain routines and social contacts in this way, and having choice about where to shop was especially important for women who lost access to travelling by car when their partner died.

7.4.9 Personal preparedness

Our findings show the complexity of factors underlying people's financial preparation and planning for death. There were complex links between individual assessments of risk, ability to plan, and dynamics and taboos in talking about death. Some people wanted to make financial plans in advance and some, in retrospect, wished they had been better prepared. Such findings underline the importance of raising and maintaining awareness of financial issues and financial capability in the general population. There are key points in people's lives where there is scope for providing prompts and reminders for financial planning or making a will (in addition to existing requirements and good practice attached to mortgage agreements, commercial loans, pensions, annuities and insurance). Central government has opportunities for information provision, for example at marriage or civil registration, the birth of a child, or as people reach state retirement age. There are opportunities within NHS settings, and employers and unions might be encouraged to contribute to awareness raising. Findings also pointed to a role for hospices and palliative care services in providing opportunities for people anticipating death (both patients and those who will be left) who want to talk about financial issues, to do this in a supported environment, which can offer appropriate information. A pilot for such a service, providing specialist advice on welfare benefits and financial planning in a hospice setting, brought a favourable response from palliative care patients and family supporters, and increased their confidence in dealing with financial matters (Levy and Payne, 2006; Payne, 2007).

7.4.10 Emotional support

Our findings about links between feeling worse off financially in bereavement and women's increased risk of psychological distress contribute to understanding the psychological experience of bereavement and ways of supporting people. The findings presented suggest that supporting people who want to share feelings about their financial situation may facilitate adjustment to their loss. Some people told us that talking to a counsellor about their anger and despair in dealing with economic practicalities did help them understand such feelings and deal with them.

Although we ourselves are not experts in the area of counselling and therapy, our findings suggest that when people do seek such help, areas for useful exploration with some people might include constructs of the 'economic personhood' of the deceased person, and feelings about loss of breadwinner, home manager, gambler, debtor, profligate spender, careful budgeter, regular saver, or generous giver. Exploring feelings attached to stressors such as having to take on changed economic roles, might also be useful. Such discussions might identify financial issues where specialist advice from others might be appropriate, such as debt counselling and money advice, or reduction of fuel costs. Counsellors will want to be aware of any financial issues when people present symptoms or increased risk of complicated grief.

There are many other levels of support, however, apart from grief counselling and therapy, which help reduce psychological distress. Findings showed that practicalities such as provision of accurate information, advice and help in dealing with financial transitions acted to reduce anxiety and feelings of insecurity, or feeling overwhelmed. How such support might best be delivered will vary for different people. Findings showed that some people received such support and help through informal channels from family members or friends; others sought advice and information from advice centres and professionals. But there were also people who felt, both at the time of urgent need and retrospectively, that they did not know how to get the support and help with financial matters that would have helped them cope better.

Organisations which support people in the community as well as bereavement services might consider whether they have a role in providing support of this kind, and what it might be. Roles might be in enabling people to access elsewhere appropriate information and help, rather than providing it themselves. Findings also show that what might seem to others small-scale practical help in the early weeks after the death, such as getting through to an organisation on the telephone, going along with a person to Jobcentre Plus, or getting opening times for an advice bureau was sometimes experienced as '*a great help*' in reducing anxiety about what had to be done.

7.5 Suggestions for further research

Our study points to the need for further research in the following areas:

- Further longer-term qualitative and quantitative analysis on employment trajectories, income change, and moves into and out of poverty.
- Financial implications of death of partner as experienced in minority ethnic, faith and other cultural groups.
- Financial implications of parental death for children and young people in different family relationships.
- Patterns of entitlement, take-up and impact of bereavement benefits and social fund payments, and people's perceptions of these arrangements, to inform review of this way of providing financial support to bereaved people.

We further recognise that our research, which was based on a 'before and after' design, did not gather systematic evidence on two topics where further enquiry might produce potentially fruitful insights:

- The influence of events and decisions over the life course, including marital disruption and repartnering, on financial preparedness and economic consequences following the death of a partner.
- Area variations and inequalities in the financial and economic circumstances of couples separated by death and their implications for the bereaved person and their household.

These suggestions for further work conclude our report. Our study has, we believe, produced new knowledge from systematic enquiry for discussion about, and practical responses to, the financial implications for people whose partner dies. As far as is known, this is the first study in the UK which includes all age groups and explores individual and group differences in research on the financial transitions that accompany bereavement. Findings are important across a number of areas in social policy. The mixed methods approach adopted was innovative; and our extension of interpretation of findings into bodies of theory outwith social policy provide scope for debate and discussion. We shall welcome observations and commentary.

Postscript

Our final commentary is a reflection on the mixed methods approach which, for the authors, was a novel and exploratory way of working. It is readers who are best able to judge the degree of integration and synergy achieved. The views of the two main authors are as follows.

We adopted a mixed methods approach because the information we sought was both circumstantial and experiential, and situated both at the level of the individual and within the general population. Some of the questions to which we sought answers had both quantitative and qualitative elements. For example, in finding out what role benefits played we wanted both to see the statistical profiles of income components following bereavement and to know how individual people set value on particular benefits. We chose an integrated design, rather than sequential, so that there was scope for some evolution in both directions of enquiry, informed by what was learned in each element from an early stage. We carried the integrative approach into interpretation and writing, aiming at more holistic output than would be achieved by bringing together separate elements. The part of the research described in Chapter 6, exploration within a theoretical framework of coping with bereavement, stretched our mixed methods design, as initially framed, but we believe we have made a useful contribution in this field, which was made possible because of our integrated approach.

In retrospect, we can say that each component (statistical and qualitative) did influence the scope and direction of enquiry in the other to some extent. Early findings from interviews about loss of disability living allowance and attendance allowance suggested lines of statistical analysis which identified gendered outcomes which were then pursued in further qualitative interviews. Early statistical analyses of socio-economic circumstances of people whose partner died directed later recruitment of participants to the qualitative interviews, to include experiences of people in small, but important groups, such as young parents.

Where comparable qualitative and quantitative data were available, separate analyses provided some confirmation of findings, for example on subjective financial well-being. Each component helped fill gaps not covered by the other. There was no information about wills, or engagement with administrative and regulatory processes, in the BHPS, but rich data from qualitative interviews. There were no 'hard' income measures in the qualitative interviews, but there were detailed profiles in the BHPS, which in turn acted as prompts in interviews to aid recall, and helped the researchers understand respondents' accounts when they were uncertain about correct financial terminology.

At the same time, each component sometimes supported quite separate analyses in the other. There was no quantitative data on reactions to financial and economic stressors, but qualitative material provided support for exploring quantitatively the relationship between psychological distress and feeling worse off financially. Sometimes each component provided context or explanation for the other. So, for example, qualitative material helped understand processes that lay behind year-on-year change, and the meaning of a 'carer' identity. Quantitative material traced longitudinal trajectories barely glimpsed in the qualitative material, such as decline of problem debt.

As always hoped, context and representativeness was provided by using the BHPS; understanding of and insight into individual differences was provided by the qualitative material. The qualitative component drew particular attention to diversity and the uniqueness of experience of death of a partner; the statistical component established the broad context and identified overall patterns of variation and association between people's circumstances and outcomes. Both are important for different levels of policy attention, and practitioners in different fields.

As the authors, we believe that the mixed methods approach adopted in design, implementation, and analysis was appropriate, and has produced valuable findings at the level of theory, policy and practice. As 'beginners' in this way of writing about findings from a mixed methods study, we shall welcome readers' views on the construction of the report, and how far we have been successful in achieving clarity and impact.

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Appendix A Design of the Quantitative Component

A.1 Introduction

As explained in the main body of our report (2.2), the quantitative component relies on secondary analysis of existing data sets. When preparing our research proposal, several longitudinal surveys held in the ESRC Data Archive were reviewed including the British Household Panel Survey (BHPS), the English Longitudinal Survey of Ageing (ELSA), and the UK Retirement Survey (RS). These surveys vary somewhat in design, geographical coverage, and purpose yet all provide representative data, covering a wide range of financial topics at both the individual and household level, and identify people before and after the death of a partner. However, the BHPS offers several important advantages for our study:

- The BHPS interviews all adults aged 16 and over in sample households, enabling us to include bereaved partners across all age groups. In contrast, the RS sample was aged between 55 and 69 at baseline and the ELSA sample concentrates on people age 50 and over. Although most deaths occur in older age groups, we were particularly keen to include bereaved families with dependent children.
- BHPS respondents are interviewed approximately every 12 months, providing a reasonably fine-grained picture of change over time. ELSA interview waves are conducted two years apart, while the interval between the RS baseline and follow-up survey was between four and five years. A short time interval is preferred not least because of the raised risk of mortality immediately following bereavement and its association with poor financial and material well-being (Gjonça *et al.*, 2006; Stroebe *et al.*, 2007).
- The BHPS has been running since 1991 and we estimated at the proposal stage that it would yield a sufficiently large sample for robust analysis of over 550 couples where one partner died. Sample numbers were much smaller in the RS (105 new widows and 37 new widowers; Disney *et al.*, 1997: 163). ELSA had conducted only two interview waves when our study commenced and these had generated insufficient numbers of bereaved partners for detailed analysis (Banks *et al.*, 2006). As ELSA gathers pace, the researchers expect to produce a data set on the final year of respondents who have died. This will be based around a so-called end-of-life questionnaire, administered from wave two onwards, to surviving members of the same household (personal communication, Sheema Ahmed, ELSA Administrator, March 2008).

Additionally, the RS is now somewhat dated, spanning the years 1988 to 1994, and has been well used to explore the impact of death of a partner on household incomes (Disney *et al.*, 1997; Johnson *et al.*, 1998, reviewed in Chapter 1).

For these reasons, the British Household Panel Survey was the preferred source of quantitative information for our study. The study sample was constructed from the first fourteen annual waves covering the period 1991 to 2004 (Institute for Social and Economic Research, University of Essex, 2006). The BHPS is a general purpose survey of the population living in a nationally representative sample of around 5,000 private households in England, Scotland and Wales, and more recently Northern Ireland (Lynn, 2006). When the panel was recruited in 1991, around 10,000 adults aged 16 years and over were interviewed. The sample for subsequent waves includes all adults enumerated at Wave 1, plus their natural descendants on turning 16 and other adults living in their household. Because the sample is augmented in this way, the BHPS remains broadly representative of Britain's non-institutional population as it changes over time.

As well as using the BHPS, the study drew on data from the Office for National Statistics Longitudinal Study (LS). The LS database covers approximately one per cent of the population of England and Wales. It contains information from censuses conducted since 1971 which are linked to vital events such as deaths of sample members and their spouses. Although providing a relatively limited range of information, the strengths of the LS include a large sample size and low non-response rates. Accordingly, data from the LS were used to evaluate the representativeness of the BHPS study sample (detailed in Appendix B.8).

This appendix goes on to describe how the study sample was constructed from BHPS data sets and considers implications for the analysis and interpretation of findings. We then explain how the LS data were organised to focus on partner bereavement and, in a final section, use these data to estimate the number of couples separated by death.¹⁸

A.2 Identifying bereaved partners

The quantitative component required a sample of couples where one partner died with survey data organised longitudinally as a series of successive interviews before and after bereavement. Although the BHPS was not designed for studying bereavement consequences, like most longitudinal surveys, deaths of sample members are recorded to account for sample loss between successive interview waves. From Wave 2 onwards, interviewers are expected to trace all individuals enumerated at the previous wave to establish their whereabouts and determine eligibility for interview. Deaths of sample members are recorded on the basis of

¹⁸. Data from the LS are also being used to provide historical context for the research reported here by exploring the changing circumstances of partner bereavement between 1971 and 2001. These findings do not form part of this report, which describes research funded by the ESRC, and will be published separately.

information supplied by other household members or neighbours, or obtained from wider enquiries. Some deaths are also reported to the Research Centre in response to publicity about each round of interviews before fieldwork commences.

The BHPS may not record all deaths of sample members although fewer partner deaths (and deaths in other multi-person households) may go unrecorded than deaths of people living alone. However, identification of partner deaths depends largely on tracing bereaved partners or other members of bereaved households. Informants may be lost to follow-up for the usual reasons including refusal to participate, address not found, no contact, and poor health, frailty or infirmity. In the case of partners there is an additional reason why deaths may be under-reported: death of a partner is associated with increased risk of mortality and morbidity in the early weeks and months after loss (Stroebe *et al.*, 2007). Hence, the timing of follow-up interviews may be crucial to obtaining a full account of partner deaths.

From the information available in the BHPS data sets, bereaved partners were identified in three steps:

- First, all deaths recorded at Wave 2 and at each subsequent wave were identified.
- Second, the relationships between each deceased person and all other members of their household at the preceding wave were established.
- Third, all deceased persons who were living as a couple with someone in the same household at the preceding wave were selected, and they and their partner included in the study sample.

This process identified households at Wave 1 and at each subsequent wave (up to the penultimate wave) that contained a couple where one partner died before the next interview wave. Table A.1 illustrates the process across the 14 waves of data available at the time this study commenced, covering the period 1991 to 2004. Each pair of successive waves, one before and one after bereavement, is highlighted: waves labelled B1 refer to the wave **before** bereavement when both partners were enumerated; those labelled A1 refer to the wave **after** the death of a partner when the bereaved partner was traced.

All couples identified during this process were included in the study sample, whether legally married or cohabiting, and whether partners were the same or opposite sex. Same-sex partners might feel uneasy about affirming their relationship to relative strangers and hesitate to reveal their relationship to survey interviewers (Heaphy and Yip, 2006). So it is likely that not all same sex couples where a partner died would be identified. In the event, two men living with partners of the same sex were included in the study sample.

From Table A.1 it can be seen that information collected at Wave 1 describes the pre-bereavement circumstances of couples where a partner died before Wave 2. Information from Waves 2 to 13 describes not only the circumstances of bereaved partners, but also the circumstances of couples where a partner died before the next wave. Wave 14 provides information on the circumstances of partners bereaved since Wave 13.

Waves flanking the pre-bereavement wave (B1) and the post-bereavement wave (A1) are labelled B3 and B2, and A2 and A3, and represent interview waves before and after bereavement respectively. A study period defined by three waves before and after bereavement was chosen for pragmatic and substantive reasons. As described below, the number of couples and bereaved partners available for analysis decreases the further away one moves from the time of the partner's death. A relatively short pre-bereavement and post-bereavement period therefore helps to maintain the integrity of the study sample. Although the financial consequences of a partner's death may be felt for many years, it was reckoned that a post-bereavement period longer than two or three years would increasingly capture events and changes not directly or necessarily connected with bereavement. Such events, which might include bereaved partners reaching pension age or their children reaching adulthood and possibly leaving home, would likely affect their financial circumstances through changing levels and sources of income. Limiting the follow-up period after bereavement would lessen such effects. Moreover, the qualitative component was not intending to interview bereaved partners more than two or three years after their partner's death.

Table A.1 Identifying pre-bereavement (B) and post-bereavement (A) interview waves*

1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	No. of couples at B1	
Wave 1	Wave 2	Wave 3	Wave 4	Wave 5	Wave 6	Wave 7	Wave 8	Wave 9	Wave 10	Wave 11	Wave 12	Wave 13	Wave 14		
1991	B1	A1	A2	A3										50	
1992	B2	B1	A1	A2	A3									58	
1993	B3	B2	B1	A1	A2	A3								47	
1994		B3	B2	B1	A1	A2	A3							42	
1995			B3	B2	B1	A1	A2	A3						38	
1996				B3	B2	B1	A1	A2	A3					37	
1997					B3	B2	B1	A1	A2	A3				49	
1998						B3	B2	B1	A1	A2	A3			63	
1999							B3	B2	B1	A1	A2	A3		84	
2000								B3	B2	B1	A1	A2	A3	52	
2001									B3	B2	B1	A1	A2	A3	87
2002										B3	B2	B1	A1	A2	67
2003											B3	B2	B1	A1	82

* Shaded cells indicate the interview wave immediately before (B1) and after (A1) the death of a partner.

It can be seen from Table A.1 that not all pre-bereavement or post-bereavement waves are covered because some lie outside the period defined by the availability of data from the BHPS. Thus, the circumstances of couples two or three years before a partner died between Waves 1 and 2 are unknown because the BHPS sample had not been formed then. Similarly, when the study commenced, information on the circumstances of partners bereaved between Waves 13 and 14 was not available for the second or third year following bereavement. Observations of these couples and individuals are 'censored' by the study period time frame.

The final column of Table A.1 shows the number of couples identified at each wave labelled B1 where the death of a partner is reported at the following wave labelled A1. For example, 50 partners were bereaved between Waves 1 and 2, 58 between Waves 2 and 3, and so on. Numbers vary somewhat from year to year but generally increase in the latter years of the study period, reflecting the addition of new samples for Scotland, Wales and Northern Ireland (as described in A.3.3 below). Altogether 756 couples where a partner died were identified; this total includes two individuals who were bereaved twice.

In this sample, death of a partner could have occurred at any time between 1991 and 2004; however, the study aims to follow people not by calendar year but before and after bereavement. The calendar year observations were therefore reorganised into pre-bereavement and post-bereavement periods. Table A.2 illustrates the process: observations from interview waves (or calendar years) were 'pooled' to organise the study sample according to the number of waves before and after bereavement, that is from B3 through A3.

Table A.2 Pooling the study sample

Pre-bereavement wave (B1)	<i>Number of waves before bereavement</i>			<i>Number of waves after bereavement</i>		
	Three	Two	One	One	Two	Three
1991	censored	censored	B1	A1	A2	A3
1992	censored	B2	B1	A1	A2	A3
1993	B3	B2	B1	A1	A2	A3
1994	B3	B2	B1	A1	A2	A3
1995	B3	B2	B1	A1	A2	A3
1996	B3	B2	B1	A1	A2	A3
1997	B3	B2	B1	A1	A2	A3
1998	B3	B2	B1	A1	A2	A3
1999	B3	B2	B1	A1	A2	A3
2000	B3	B2	B1	A1	A2	A3
2001	B3	B2	B1	A1	A2	A3
2002	B3	B2	B1	A1	A2	censored
2003	B3	B2	B1	A1	censored	censored
Number of couples or bereaved partners	648	706	756	756	674	607

The number of couples or bereaved partners enumerated at each stage is shown in the final row of Table A.2. By definition, all bereaved partners are observed at the wave immediately before bereavement (B1) and after (A1). The full sample (N=756) was enumerated at both these points. Fewer couples and bereaved partners were observed before B1 or after A1 because of the effects of censoring described above. As shall be observed below, these totals were reduced further by sample loss and other factors. However, if contact with individuals is re-established after a gap of one or two years, they are included at the appropriate point in the sequence B3 through A3; the only requirement is that all couples and bereaved partners are enumerated at the wave before and after bereavement (B1 and A1). This kind of study design is sometimes called an unbalanced panel: meaning that respondents are not required to be interviewed at every wave included in the sample.

A.3 Implications of the study design

The process of identifying couples in the BHPS where one partner died raised several implications for the proposed analysis and the interpretation of findings. Some considerations stemmed from the design of the BHPS and the definitions it employs; others arose from the way the sample for this study was constructed.

These implications and, where applicable, the measures taken to address them are described in the following sub-sections.

A.3.1 BHPS follow-up rules

The follow-up rules devised by BHPS researchers determine who remains in the sample from one wave to the next (Taylor, 2006: A4-5 to A4-6). In brief, all members of households enumerated in Wave 1 become permanent sample members, and interviewers attempt to trace those who are resident in England, Scotland and Wales at each subsequent wave. They are called Original Sample Members (OSMs).

From Wave 2 onwards, the sample also includes children born to or adopted by OSMs and other members of households where an OSM lives. Children born to or adopted by an OSM automatically become permanent sample members in their own right (and are interviewed on turning 16). In contrast, other new entrants count as sample members only so long as they continue to live in the same household as an OSM: they can include cohabitants and lodgers, and are known as Temporary Sample Members. Some Temporary Sample Members become permanent sample members even if they no longer reside with an OSM. They include individuals who become parents with an Original Sample Member of a new birth or adopted child (who also becomes a permanent sample member). Otherwise, Temporary Sample Members are not traced on leaving the household of an Original Sample Member.

Irrespective of sample loss therefore, the BHPS sample is not constant over time: individuals join and leave according to the rules on new entrants and whether they are followed-up. This has implications for investigating individual and household circumstances, particularly in the post-bereavement period.

Crucially, some bereaved partners would not be followed after the death of their partner. They include partners who entered the panel after Wave 1 as Temporary Sample Members and did not become parents of an OSM birth or adopted child, or no longer lived with an Original Sample Member. Thus, bereaved partners who were deemed to be Temporary Sample Members and lived alone after the death of their partner, or in a household with no Original Sample Members, would be considered out-of-scope and lost to follow-up. However, bereaved partners who continued to live with, say, a child of the OSM partner who had died (that is, the bereaved partner's step child) would remain in the panel because they still shared a household with an OSM, even though they themselves were considered to be Temporary Sample Members.

The BHPS follow-up rules are applied at every interview wave. Consequently, bereaved partners who were counted as Temporary Sample Members may be excluded from follow-up at any point in the post-bereavement period (A1 to A3)

depending on whether they continued to live with an Original Sample Member. As far as is known, no more than 15 bereaved partners (two per cent overall) were excluded by the follow-up rules and their loss is unlikely to significantly influence the findings reported here.

A.3.2 BHPS household definition

In the BHPS a household comprises 'one person living alone, or a group of people who either share living accommodation or share one meal a day, and who have the address as their only or main residence'. In addition, at least six months continuous residence during the year is required to be considered a household member.

These requirements exclude some couples from those 'at risk' of partner bereavement. They include partners who normally lived apart and maintained two separate addresses, and partners who currently lived apart for six or more months a year because of working arrangements, travelling abroad, or admission to hospital or other institutional settings including prison. In these circumstances, BHPS interviewers would not record any details of the non-resident partner unless they were themselves an Original Sample Member and were traced and interviewed at their current address. Even where both partners are traced however, there is no mechanism in the survey procedures for identifying them as a couple: they would be recorded as living in separate households at separate addresses. With no record of the relationship between partners living at different addresses, individuals could not be identified as bereaved and enter the study sample if their partner died.

The BHPS records instances where partners are not resident, although it is not known whether they maintained separate addresses (more or less permanently), or currently did not meet the residence requirements. Across the study period, less than one per cent of respondents in a relationship reported that their partner lived elsewhere. Their low prevalence suggests that exclusion from the study sample of couples who did not live together would not substantially alter the findings.

Table A.3 shows that a majority of BHPS respondents who reported non-resident partners were women (55 per cent) and over half were aged under 60 (58 per cent). The young age profile indicates that there might have been very few instances of couples living apart where one partner died. However, deaths among two groups of non-resident partners might be under-represented in the study sample because of the six month qualifying rule for identifying co-residents. One group would include deaths amongst older partners in health and residential care settings; another group would include what might be considered unexpected deaths amongst younger partners which are likely to be violent or accidental in men under 40, or due to cancer, heart or liver disease in women and men under 60 (Willets *et al.*, 2004).

Table A.3 Respondents with non-resident partners by age and gender (per cent)*

	<i>Women</i>	<i>Men</i>	<i>All</i>
Under 30	12	16	14
30 to 39	13	8	10
40 to 49	16	15	16
50 to 59	21	14	18
60 to 69	13	12	13
70 to 79	14	24	19
80 to 89	11	12	11
<i>Base</i>	<i>370</i>	<i>306</i>	<i>676</i>

* Pooled weighted results, Waves 1 to 14. Based on respondents' self-assessed marital status (married or living as a couple) and whether living with partner.

A.3.3 BHPS extension samples

Since the start of the BHPS in 1991, new samples have been added to the initial sample. They include:

- The UK European Community Household Panel (ECHP), which started in 1994, became part of the BHPS from 1997 onwards but ended in 2001, when funding was discontinued (BHPS Waves 7 to 11 inclusive).
- Extension samples for Scotland and Wales were added to the BHPS from 1999 (Wave 9 onwards) to permit separate analysis following devolution.
- The Northern Ireland Household Panel Survey was established in 2001 and became part of the BHPS that year (Wave 11 onwards).

Individuals in the extension samples for Scotland, Wales and Northern Ireland are treated as Original Sample Members and new entrants are subject to the BHPS follow-up rules described above. Sample membership status of individuals in the ECHP, that is whether they are treated as permanent or temporary members of the BHPS, depends on their membership status in the ECHP. Thus, members of the initial ECHP sample in 1994 are treated as Original Sample Members and new entrants from that date are determined according to the BHPS follow-up rules.

Consideration of sample origin is important because the extension samples boost sample sizes in the devolved countries relative to that of England. Moreover, both the ECHP and, from knowledge of household income distributions in the devolved countries, the extension samples, over-represent low income households in the enlarged BHPS. Any analysis that includes all sample members would be influenced

by the particular socio-demographic characteristics and circumstances of individuals from the different sub-samples; consequently, the results would not be representative of the UK. One solution would be to exclude bereaved partners who were drawn from the new samples; another would be to weight the samples during analysis to reflect their relative sizes in the UK as a whole.

Excluding bereaved partners from the new samples would reduce the study sample by a substantial margin (Table A.4). It was therefore decided to include all bereaved partners, whatever their sample origin, and to weight the samples accordingly. Further details of the sample weights used in the analysis are discussed below (A.3.6).

Table A.4 Sample origin of bereaved partners

<i>Sample</i>	<i>Number of bereaved partners</i>	<i>%</i>
BHPS	546	72
Scotland	63	10
Wales	75	8
UK ECHP	38	5
Northern Ireland	34	4
<i>Total</i>	<i>756</i>	<i>100</i>

Apart from the need for weighting, including bereaved partners from the new samples in the study design exacerbates the problem of censoring described above. If the interview wave at which couples from the new samples joined the BHPS turned out to be the wave immediately before one partner died (B1), or two waves before that happened (B2), information on their pre-bereavement circumstances at B3 or B2, or both, would not be available. In other words, the sample available for investigating the pre-bereavement circumstances of new sample members would be reduced.

The new samples added to the BHPS are intended to be representative of the populations from which they are drawn. As a consequence, they cover the full age range and generate a non-negligible number of bereavements where information on the couple's circumstances in the years before the death of a partner is not available. Further details are given in Appendix B.3.

A.3.4 Timing the annual round of BHPS interviews

BHPS interviews have been conducted every year since 1991. The annual round starts in early September and roughly eight out of ten respondents are interviewed by the end of October. Fieldwork is mostly completed by mid-December although a few interviews may be conducted in the first three months of the following year (Lynn, 2006: Table 21; Taylor, 2006: A4-8). Because the fieldwork period extends over three or more months, successive interviews are only approximately 12 months apart and partner deaths can occur at any time between successive interviews. Consequently, the interval between the death of a partner and the pre-bereavement and post-bereavement interviews varies somewhat.

The date of interviews in relation to the death of a partner may be critical to monitoring and evaluating the financial consequences of bereavement. Interviewers are expected to record the date of each interview they undertake and the date of death of any deceased participants. Both month and year are required to estimate the interval between the two sets of dates. However, date of interview and date of death had to be imputed in some cases:

Across the three waves before bereavement (B3 to B1) and the three waves following bereavement (A1 to A3), records of interview dates were missing for 148 households, representing two per cent of households enumerated at those points. Although the fieldwork period may span three or more months, missing dates of interviews were imputed as September of the year in which households were contacted. September marks the start of fieldwork and imputing that month is likely to introduce least errors in relation to the actual date of interviews. In a handful of cases, the imputed month was varied to ensure that it fell on the 'right' side of the known date of the death of a partner. Thus, imputed dates were checked to ensure that B1 interviews occurred before the death of a partner and A1 interviews occurred after.

Dates of partner deaths were missing in 127 cases, representing 17 per cent of all recorded partner deaths. In 100 cases, both month and year of death were missing; in a further 27 cases, the year but not the month of death was known. If the month *and* year of death were both missing, the date of death was imputed as midway between the fieldwork periods immediately before and after bereavement (B1 and A1 respectively). For example, where a partner died between Waves 2 and 3, which started in September 1992 and September 1993 respectively, the date of death was imputed as March 1993.

Where the year but not the month of death was known, different months were imputed depending on whether the year corresponded to the Wave year before (B1) or after (A1) bereavement. For example:

1. Where a partner died between Waves 2 and 3, which started in September 1992 and September 1993 respectively, and the year of death was recorded as 1992, the month of death was imputed as December. This ensured that imputed dates of death could not occur before the pre-bereavement interviews (B1).
2. Where a partner died between Waves 2 and 3, which started in September 1992 and September 1993 respectively, and the year of death was recorded as 1993, the month of death was imputed as March – that is, midway between the start of the pre-bereavement and post-bereavement waves.

Partly influenced by these decisions on imputed dates, Table A.5 shows that partner deaths occurred half way on average between successive interview waves: that is, interviews immediately before (B1) and after (A1) the death of a partner took place within six months of bereavement on average. Since successive interview waves are around 12 months apart, interviews conducted two waves before and after the death of a partner are within ± 18 months of bereavement, and interviews conducted three waves before and after the death of a partner are within ± 30 months of bereavement on average. Most interviews (72 per cent overall) took place within a four month window ($SD = \pm 4$) either side of each interview point (B3 to A3 inclusive).

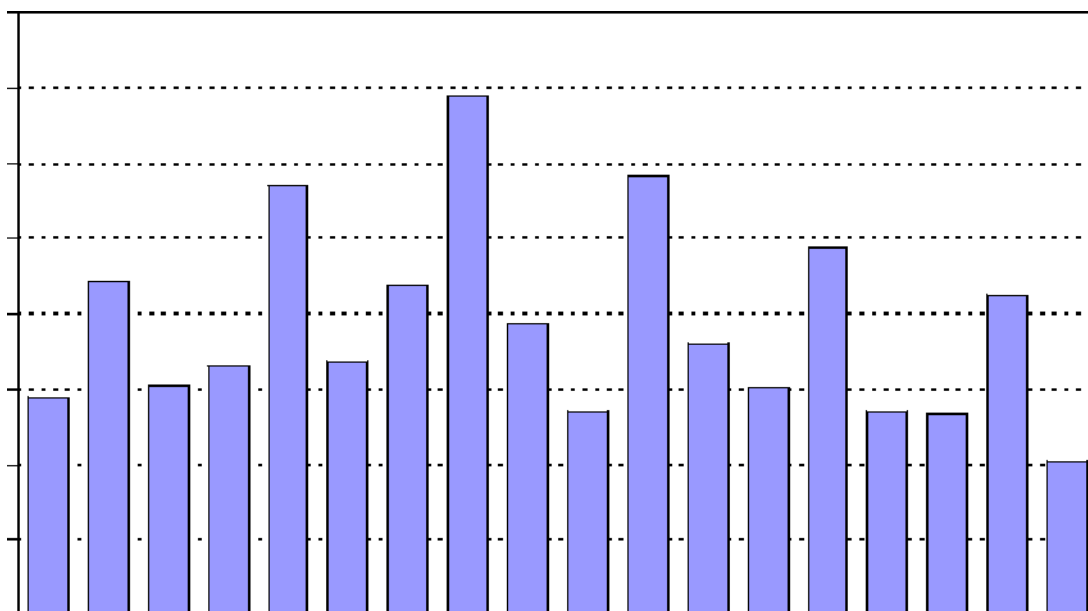
Table A.5 Number of months between date of interviews and partner's death

	<i>Waves before bereavement</i>			<i>Waves after bereavement</i>		
	Three (B3)	Two (B2)	One (B1)	One (A1)	Two (A2)	Three (A3)
Mean	-29.8	-18.0	-6.2	6.6	17.8	29.6
Standard deviation (SD)	4.0	4.0	3.9	3.7	3.8	3.9
Responding households	518	618	756	606	530	448

These observations suggest that distinguishing three points in time before bereavement (B3 to B1) and three points in time following bereavement (A1 to A3) provides an imprecise representation of the timing of interviews in relation to the death of a partner. Variations around these points could mask the pattern, timing and duration of bereavement outcomes. Although findings would, for the most part, be presented by the number of waves before and after bereavement (B3 through A3), it was recognised that this schema may misrepresent the trajectory of some bereavement outcomes and responses. It was therefore decided to test the sensitivity of key findings to the timing of interviews in relation to date of bereavement. A more detailed chronology than the six point schema was therefore developed and is illustrated in Figure A.1. This figure shows the number of

households interviewed at four month intervals before and after the death of a partner, and provides 18 measurement points which might be used for charting outcome measures.¹⁹

Figure A.1 Number of responding households by number of months before and after bereavement



The schema shown in Figure A.1 can provide a fairly precise account of the timing and duration of bereavement outcomes; however, it was recognised that a strictly chronological framework may not always be appropriate. There is considerable variation in trajectories of bereavement phenomena that is unrelated to measures of calendar time. The circumstances and place of death, the quality and stability of the relationship, the family context, social environment and personal resources of bereaved partners can each influence the course of bereavement outcomes in different ways (Archer, 1999). Whether partners were bereaved say, 5, 10 or 20 months ago may not provide useful information about their financial difficulties and financial needs. Key transitions and turning points in the experiences of bereavement are likely to provide more useful markers than the mere passage of time: the qualitative component would help identify such markers.

¹⁹. Although it would have been possible to use the actual number of months to represent the interval months before and after bereavement between interviews and partner bereavement, this level of detail was considered to be unwarranted because, as already noted, dates of bereavement and dates of interviews had to be imputed in some cases.

A.3.5 Secular trends

Although the study design focuses on changes across the years immediately before and after the death of a partner, the survey data were collected in calendar time spanning the years 1991 to 2004 (Table A.1). The timing of each wave of interviews raises three implications for the analysis.

Firstly, the prevailing context at each interview wave and contemporary trends may influence or constrain interviewees' responses. Across the study period for example, the number of cohabiting couples increased, as did the extent of home ownership and personal debt, the contribution of private and occupational pensions to post-retirement incomes, and life expectancy generally (Ermisch and Murphy, 2006; Falkingham and Grundy, 2006).

Such trends might affect the financial consequences of partner bereavement over time. One approach in these circumstances would be to include the passage of time as a continuous variable representing successive interview waves from 1991 to 2004 (as in Table A.1). Secular changes in financial consequences associated with partner bereavement could then be evaluated directly. However, we found no firm evidence of time trends in financial outcomes across the study period: for example, in the extent of household income change or the likelihood of poverty following death of a partner. Nor were any significant differences found in household income change or income poverty levels around bereavement, between the first half of the BHPS study period (1991 to 1997) and the second half (1998 to 2004). These findings increase confidence in regarding the study sample as broadly representing the circumstances of couples where one partner died that prevailed throughout the 1990s and beyond.

Secondly, the effects of more abrupt changes or discrete events might need to be identified in the analysis. These may include changes in policy and practice. In 2001 for example, new bereavement benefits were introduced, payable to women and men under pension age widowed on or after 9 April that year. Bereavement Benefits replaced Widows Benefits, which was payable only to women widowed up to and including 8 April 2001, doubled the tax-free lump sum payable immediately on a partner's death, and improved entitlement to income support.

These benefit changes could make a difference to the financial consequences of the death of a partner, especially for widowed men under pension age. It would therefore be important to distinguish between partner deaths that occurred before and after April 2001 (that is between BHPS waves 10 and 11) when evaluating levels and sources of bereaved partners' incomes. In the event, no such effects were observed. The BHPS questionnaire was not updated during the study period to reflect changes to Widow's Benefit, and respondents' answers may be confused because they may not have known the names of different benefits. Another policy changes, the

introduction of Pension Credit, was first covered in Wave 14 (2004), the last year of the study period.

Thirdly, the effects of inflation across the study period need to be taken into account. Between September 1991 when fieldwork for Wave 1 started and January 2006, the 'before housing costs' price index increased by over 40 per cent (Bardasi *et al.*, 2007, Appendix). Many of the outcome variables are based on monetary values. To derive comparable measures of income and expenditure, all monetary values were therefore expressed in January 2006 prices (see further Appendix C).

A.3.6 Sample weights

To ensure that the survey data are representative of the population living in private households, BHPS research staff developed weights for each wave to adjust for sample design, non-response, and sample loss between successive waves. There are separate weights for respondent individuals and for all enumerated individuals and households, as well as different weights for cross-sectional and longitudinal analysis.

Although much of the analysis reported here focuses on changes over time, it was not possible to use the BHPS longitudinal weights because these are estimated only for those interviewed at all waves. As described above (A.2), bereaved partners were identified between pairs of succeeding waves and there was no requirement for them to have been members of the original panel formed in 1991. To have restricted the study sample to Wave 1 members would have resulted in the loss of almost one third of bereaved partners (236 out of 756). In comparable circumstances, other researchers have used the appropriate cross-sectional weights (e.g. Böheim and Taylor, 2003, 2004; Burgess *et al.*, 2000).

Table A.6 shows the weights used in the analysis according to the wave at which data were collected; they also take into account the new samples added to the BHPS since 1991 (see A.3.3 above). The enumerated weight was applied in most analyses because this enabled use of household and proxy information where respondents had not been personally interviewed. Separate weights were assembled for both bereaved and deceased partners and used accordingly. Sample weights were scaled to maintain the original sample size (N=756). Although the findings in this report have been weighted, the unweighted bases are shown throughout: these indicate the number of interviews achieved.

Table A.6 Individual cross-sectional weights used in the analysis (variable names)

<i>Source</i>	<i>Enumerated weight</i>	<i>Respondent weight</i>
Wave 1	axewght	axrwght
Wave 2	bxewght	bxrwght
Wave 3	cxewght	cxrwght
Wave 4	dxewght	dxrwght
Wave 5	exewght	exrwght
Wave 6	fxewght	fxrwght
Wave 7	gxewghte	gxrwghte
Wave 8	hxewghte	hxrwighte
Wave 9	ixewtsw1	ixrwtsw1
Wave 10	jxewtsw1	jxrwtsw1
Wave 11	kxewtuk1	kxrwtuk1
Wave 12	lxewtuk1	lxrwtuk1
Wave 13	mxewtuk1	mxrwtuk1
Wave 14	nxewtuk1	nxrwtuk1

The impact of weighting was explored using key measures of household financial circumstances (described in Appendix C). As an example, Table A.7 shows mean net equivalised incomes for weighted and unweighted samples. Compared with unweighted estimates, the main effect of weighting was to increase slightly the average amount and variability of men's household incomes after bereavement (A1). However, weighting does not alter the conclusion of no significant overall change in men's incomes following the death of a partner (paired t-test, $P > 0.05$). On the whole, men's financial circumstances were somewhat more sensitive to sample weighting than those of women: as Table A.7 shows, the effect of weighting on women's household incomes was negligible.

Table A.7 Net equivalised household income before (B1) and after (A1) bereavement by gender (£s per week)

	<i>Women</i>				<i>Men</i>			
	Unweighted		Weighted		Unweighted		Weighted	
	B1	A1	B1	A1	B1	A1	B1	A1
Unpaired samples								
Mean	£328	£293	£325	£286	£323	£354	£320	£370
Standard error	12	14	12	13	13	23	14	29
Sample size	350	358	351	366	219	188	220	188
Paired samples								
Mean	£336	£303	£334	£299	£333	£350	£333	£368
Standard error	14	17	14	16	16	26	17	34
Sample size	279		284		161		161	
Paired t statistic	-2.27		-2.59		0.76		1.19	
P (2-tailed test)	0.02		0.01		0.45		0.24	

The purpose of using sample weights is to ensure that the study sample is more or less representative of partners bereaved between 1991 and 2004 inclusive. That is mainly an empirical question and the representativeness of the weighted sample is evaluated in Appendix B.8.

A.4 Household change

This study concentrates on the financial consequences of the death of a partner. Other household changes, often closely associated with financial issues, might occur around the same time and could affect bereaved partners' financial position and economic well-being. Of particular concern were changes in household size and composition, including respondents who moved to another household, for example an adult child's household, following the death of their partner.

To take account of such changes when comparing household incomes and expenditures over time, the usual practice is to apply an 'equivalence scale' to facilitate direct comparison of the financial circumstances of households of different size and composition (Levy *et al.*, 2006; see also Appendix C). An alternative approach to control for household change, particularly when investigating non-monetary outcomes such as housing tenure, is to distinguish between 'intact' and 'non-intact' households. Intact households were defined as those in which there were no observable changes in composition other than the death of a partner. This definition rests on the identity of each household member, not the number of people in the household, or where they live. A household would not be defined as intact simply because the number of people was unchanged: someone moving out could

have been replaced by a different person moving in. To be considered intact, household members must remain together and not be joined by anyone else. Similarly, households that moved to a different address remain intact if there was no change in membership. Hence, the only change in size and composition that occurs in intact households is attributable solely to the death of a partner. Accordingly, intact households were identified between the interview wave immediately before bereavement (B1) and at the first (A1), second (A2) and third (A3) interviews after bereavement.

Although the definition of ‘intact’ households aims to control for changes in household composition, it refers to bereaved partners’ circumstances at two interview points. What actually happens *between* interviews is not precisely known: individuals may move out and return, or join and leave intact households at any time. For present purposes, such unobserved mobility probably matters little because the analysis focuses on respondents’ personal and household circumstances around the time of their interviews. However, it is worth noting that households identified as intact between B1 and A2 were not necessarily intact at A1; and intact households between B1 and A3 were not necessarily intact at A1 or A2.

In the event, the vast majority of households remained intact following the death of a partner, in most cases reflecting a shift from a two-person to a single person household, but also including households with dependent or adult children who remained with the bereaved partner (Table A.8). Consequently, findings were often not sensitive, statistically speaking, to the distinction between intact and non-intact households. However, the changes leading to a non-intact household may be a particular response to the death of a partner and may shape bereaved partners’ economic well-being.

Table A.8 Intact households following bereavement (per cent)

	A1	A2	A3
Intact	95	91	86
Non-intact	5	9	14
<i>Unweighted base</i>	606	530	448

A.5 The Longitudinal Study

The Longitudinal Study (LS) links census records and vital registration for around one per cent of the population of England and Wales (Blackwell *et al.*, 2003; Brassett-Grundy, 2003). It is constructed from data routinely collected by the Office for National Statistics. The original sample of approximately 500,000 individuals or ‘LS members’ was drawn from the 1971 census and updated at the following 1981, 1991 and 2001 enumerations. The sample has been maintained by including new

births and recent immigrants; it also contains information on events such as births to sample mothers, cancer registrations, and deaths of LS members and people married to them.

The LS was used to identify bereaved partners across the 30 year period, 1971 to 2001. Post-bereavement cohorts and pre-bereavement cohorts respectively included LS members whose spouse or partner died in the period spanning 24 months before and 24 months after each census enumeration. Bereaved partners were identified by a trawl of the annual death files and their identification relies on matching their date of birth in census records and death registrations. The latter record details of legally married couples only, and therefore partner bereavement in the LS refers specifically to widow(er)hoods (Hattersley and Creeser, 1995).

Both pre-bereavement and post-bereavement cohorts were constructed for the 1981, 1991 and 2001 censuses; only a pre-bereavement cohort could be identified in 1971 because prior events have not been added to the initial sample. Table A.9 shows sample sizes of each cohort. The choice of a two year window either side of each census for identifying bereaved partners was adopted as a compromise between the need for sufficiently large cohorts for sub-group analysis, and the need to ensure that circumstances enumerated in the census were not too far removed from those at the date of death.

Table A.9 Number of bereaved partners in the LS study sample

<i>Census</i>	<i>Cohort</i>	<i>Women</i>	<i>Men</i>	<i>Total</i>
1971	Pre-bereavement	3,120	1,446	4,566
1981	Post-bereavement	2,595	1,282	3,877
	Pre-bereavement	2,773	1,430	4,203
1991	Post-bereavement	2,688	1,229	3,917
	Pre-bereavement	2,836	1,347	4,183
2001	Post-bereavement	2,631	1,133	3,764
	Pre-bereavement	2,644	1,267	3,911

Census information on bereaved partners and their household circumstances was collated for each cohort; census information on deceased partners was also linked to pre-bereavement cohorts. Additionally, it was possible to calculate the ages of bereaved and deceased partners at the time of death from vital registration records.

These cohorts can be used to examine trends over time and bereavement consequences. Time trends in the circumstances of couples separated by death can be investigated across the 30 year period using data from the pre-bereavement cohorts. Comparisons of pre-bereavement and post-bereavement circumstances

provide a provisional indication of bereavement consequences. Findings from these analyses, including an evaluation of the cohort design, will be reported separately. In this appendix, data from the LS are used to estimate the number of couples separated by death.

It is recognised that the LS data present limitations and challenges for investigating bereavement (Hattersley and Creeser, 1995). These include gaps in linking death registration and census records of LS members; restriction to legally defined, opposite sex partners (see further below); and uncertainty about whether personal and household circumstances, including marital status, reported in a census prevailed at the time of death. The linking of death registration and census records during the 1970s and 1980s was incomplete and varied according to whether the surviving spouse was a woman or a man. Variations arose because the names and dates of birth of widowers were always recorded on registration of a death, whereas those of widows were recorded only when they were informants of the death. As a consequence, the identification of bereaved partners during the early years of the LS was more complete where the surviving spouse (the LS member) was a man (Hattersley and Creeser, 1995, sections 6.1.3.7 and 7.3.3.1). Linkage rates for the number of recorded widow(er)hoods in the LS as a proportion of the number expected, have improved since then: from 77 per cent in the first decade of the LS to 94 per cent between 2001 and 2004.²⁰ Linkage rates have also improved at a faster rate for bereaved women and, since the late 1990s, have exceeded those of bereaved men.²¹

Despite the limitations of the LS, there is currently no comparable, large-scale sample for exploring partner bereavement at the population level. LS data from the 1991 and 2001 census enumerations were therefore used to estimate the number of couples where one partner died (Appendix A.6). They were also used to assess the representativeness of the BHPS study sample (see further Appendix B.8).

A.6 Estimating the number of couples separated by death

Although the number of couples where one partner dies is not precisely known, official mortality statistics provide a useful benchmark. These show that more than 215,000 deceased persons were recorded as 'married' by civil registration authorities in Great Britain during 2004, including over 195,000 in England and Wales (GRO(S), 2005; ONS, 2006). The actual figure could fall either side of that number because

20. That is, the recorded number of widow(er)hoods of LS members as a proportion of the expected number of widow(er)hoods occurring to LS members estimated from official mortality figures.

21. Widow(er)hoods by sex 1971 to 2004: pdf document available at <http://www.ons.gov.uk/about/who-we-are/our-services/longitudinal-study/data-quality/event-sampling-and-linkage/widow-er-hoods/index.html#Equation>.

marital status on registration of death is an ambiguous category and official definitions have yet to reflect the diversity of family forms. Separated, unmarried cohabitation, same sex partnerships,²² and 'living apart together' are not recognised in the registration process. As a consequence, some people recorded as married at the time of death may not have been in a relationship or not married to the partner with whom they were living; and some people recorded as single, widowed or divorced may have been living with a partner.

In contrast, census enumerations record people's living arrangements, including unmarried cohabitation, as well as their legal marital status. We therefore used the ONS Longitudinal Survey (LS), which links census records and death registrations, to explore the living arrangements of people before they died. Table A.10 compares the census defined marital status of LS sample members who died within two years of the 1991 and 2001 censuses with the marital status record on the registration of their death. The table is organised according to whether or not LS members were living in a couple at the time of the census, distinguishing between married and cohabiting couples. It shows for example that 4,643 people were regarded as living in a married couple in the 1991 census, although their marital status recorded at the time was not always consistent with that description.

Comparisons of marital status at census enumeration and death registration reveal some expected and unexpected shifts. Thus, 223 people in a married couple at the time of the 1991 census were recorded as widowed when they died, indicating that their partner may have died before them. Among cohabiting couples, a net decrease in the number of single or divorced people, matched largely by an increase in the number of married people, draws attention to likely changes in their legal marital status following the census. Changes in marital status among those living in communal establishments are perhaps less reliable because details registered on death may have been informed by members of staff rather than close relatives. They indicate for example a decrease in the number of married people which, on the face of it, was associated with an increase in those regarded as divorced (or single after the 2001 census) but no increase in the widowed group.

²² Deaths of registered same sex partners have been recorded in the LS following implementation of the Civil Partnership Act (2004), which legally recognised registered same sex partnerships in the UK.

Table A.10 Living arrangements of LS members at census by marital status at census and marital status at date of death

	<i>1991 census</i>	<i>Died before 1 May 1993</i>	<i>2001 census</i>	<i>Died before 1 May 2003</i>
Married couple				
Single	7	8	0	5
Married	4,633	4,375	4,089	3,890
Widowed	0	223	0	174
Divorced	3	9	0	9
Separated	n/a	n/a	3	n/a
Not stated	n/a	28	n/a	14
Total	4,643	4,643	4,092	4,092
Cohabiting couple				
Single	26	22	51	46
Married	19	26	19	51
Widowed	17	14	50	51
Divorced	36	30	104	87
Separated	n/a	n/a	14	n/a
Not stated	n/a	6	n/a	3
Total	98	98	238	238
Individual or lone parent				
Single	814	788	743	739
Married	166	107	97	151
Widowed	3,084	3,104	3,272	3,268
Divorced	342	339	455	478
Separated	n/a	n/a	100	n/a
Not stated	n/a	68	n/a	31
Total	4,406	4,406	4,667	4,667
Communal establishment				
Single	288	281	288	307
Married	179	141	240	209
Widowed	1,131	1,128	1,394	1,375
Divorced	30	52	66	90
Separated	n/a	n/a	7	n/a
Not stated	n/a	26	n/a	14
Total	1,628	1,628	1,995	1,995

	1991 census	Died before 1 May 1993	2001 census	Died before 1 May 2003
All LS members				
Single	1,135	1,099	1,082	1,097
Married	4,997	4,649	4,445	4,301
Widowed	4,232	4,469	4,716	4,868
Divorced	411	430	625	664
Separated	n/a	n/a	124	n/a
Not stated	n/a	128	n/a	62
Total	10,775	10,775	10,992	10,992

Notes:

n/a means the category was not available.

Married includes those who have remarried.

Single in the 2001 census is defined as never married.

Separated (but still legally married) is recorded only in the 2001 census.

Not stated was available as a category only at registration of death.

The question arises: how many people had a partner at the time of death and how does this estimate compare with those recorded as married when their death was registered? Focusing on LS members identified in the 2001 census, we have assumed that the number of couples separated by death comprise the following groups:

- 3,890 people in a married couple at the census and recorded as married at death.
- 238 people in a cohabiting couple at the census. This may be an overestimate if cohabitation was a relatively transitory arrangement.
- 54 people representing the *net increase* in the number of individuals and lone parents recorded as married between the census and date of death. This figure may underestimate the extent of repartnering in this group through unmarried cohabitation.
- 209 married people who were living in communal establishments at the census.

Adding these figures together indicates that 4,391 people might be assumed to have been part of a couple, though not necessarily co-resident, when they died. This figure is somewhat higher than the 4,301 recorded as married on death, suggesting that official mortality statistics represent around 98 per cent of couples were one partner

died.²³ Different sets of assumptions would of course produce slightly different estimates. Moreover, apart from couples where one partner lived in residential care, or both lived in different establishments, the LS does not account for unmarried couples who lived apart.

The number of couples where one partner died is probably always likely to be higher than indicated by those recorded as married when death is registered mainly because registration fails to take account of unmarried couples (and unregistered same sex couples). However, we might conclude that the number of couples where one partner died in 2004 is probably closer to 220,000 than the 215,000 in the official mortality statistics. If recent trends in unmarried cohabitation continue, the disparity between the two estimates will increase (Haskey, 2001a). Marital status projections currently point to an increasing number of cohabiting couples, increasing more than fourfold in older age groups between 2011 and 2031, and an increasing proportion of couples who are cohabiting (ONS, 2005).

²³ This estimate can be compared with one derived from the BHPS study sample in which 96 per cent of couples are recorded as legally married at the interview before one partner died (Chapter 3.2.2). The BHPS figure may be an underestimate because some cohabitants could have married before the death of a partner. However, the two samples are not directly comparable: the BHPS figure is based on co-resident couples in private households which, unlike the LS sample, would exclude married couples where one or both partners lived in a communal establishment (see Appendix A.3.2). Additionally, the BHPS figure includes same sex couples, the LS does not. Neither sample adequately counts couples where one partner usually lived elsewhere.

Appendix B Participation and Attrition in the Quantitative Study Sample

B.1 Introduction

This appendix describes the way individuals participate in the BHPS and how the composition of the sample varies across successive waves. Particular attention focuses on reasons for non-participation and whether sample loss might influence the findings and conclusions drawn from the analysis. A concluding section considers the representativeness of the study sample by comparison with what is known about the population of couples where one partner died. Although the study sample suffers from the usual threats to coverage and integrity, we conclude that it offers a reasonably good approximation to the population of couples where one partner died.

B.2 Survey participation

At each interview wave, sample members agree to participate in the survey or not, and information from or about them may be obtained in different ways. All individuals in responding households, that is households where at least one individual agrees to participate, are enumerated. Basic socio-demographic information including date of birth, sex and marital status is collected about each household member and details of the accommodation, such as tenure, housing costs, and consumer durables, are recorded in a household questionnaire. This information will usually be provided by one informant. Additionally, all adults aged 16 and over in responding households are invited to give a personal, face-to-face interview. Telephone interviews may be conducted with individuals not present when the interviewer calls; sometimes information may be provided by proxy informants if individuals are unable or unwilling to be interviewed in person, for example if they are too ill to participate. Although telephone and proxy questionnaires ask identical questions to those in the face-to-face interview, the coverage of topics is limited and some topics from the full questionnaire are omitted altogether.

Thus, information about couples and bereaved partners varies in depth and scope depending on whether they gave face-to-face, telephone or proxy interviews, or were simply enumerated as household members. How they participated may vary from one wave to the next, and during each interview participants may refuse or be unable to answer particular questions. Additionally, some participants are lost to follow-up for various reasons, including application of the BHPS rules on sample membership described in Appendix A.3.1.

Loss of participants, for whatever reason, may introduce two problems for the analysis:

- First, by reducing sample numbers below that required to produce robust results for the sample as a whole or for sample sub-groups; and
- Secondly, by biasing or skewing the analysis to reflect particular sample sub-groups.

The first issue can be addressed by estimating confidence intervals for key statistics (Gardner and Altman, 1989), or by using non-parametric methods and measures (e.g. medians instead of means). This appendix concentrates on the second issue: bias.

The possibility of bias arises from systematic or non-random variation in sample loss; that is, where sample loss is associated with particular characteristics and circumstances of couples and individuals that might affect the financial consequences of the death of a partner. For example, if bereaved partners in younger age groups were most likely to be lost to follow-up, findings would be skewed towards the experiences of older people for whom paid employment offered fewer prospects for improving their financial well-being.

Non-response within enumerated households can also affect the quality of the information gathered. The financial outcome measures used in the analysis are based on information collected from individual participants. Full participation of all household members is important because levels and sources of household incomes can then be based on the sum of individuals' reported incomes rather than imputed amounts (Taylor, 2006).

The next two sections describe the extent to which households and individuals participated in the BHPS and the reasons for non-participation. Later sections consider whether sample loss is associated with particular sub-groups in the study sample.

B.3 Household interview outcomes

Table B.1 shows the extent to which households participated before and after the death of a partner, and the reasons for non-participation. In most households (65 per cent overall), all eligible adults were interviewed in the pre-bereavement and post-bereavement period. A further 11 per cent of households provided information on some members in the household questionnaire and by proxy or telephone interviews.

As we shall observe, information obtained by proxy or telephone more often relates to household members other than the bereaved partner (compare Tables B.1

and B.2). Analyses that rely on information obtained from full interviews with bereaved partners may therefore be unaffected by lack of complete information on other household members. However, the lack of complete information from households in which some eligible members were not interviewed directly affects the sample available for certain analyses, even when the bereaved partner provided a full interview. This is because net income data have been estimated only for households in which all eligible household members gave full interviews. Households where one or more adult members refused to be interviewed, or in which some information was sought by proxy, were excluded from these estimates (Bardasi *et al.*, 2007: 2). The analysis of non-response reported later in this appendix therefore considers the impact on the analysis of households lacking complete information (B.7).

By definition, all households participated in the survey at the wave immediately preceding bereavement (B1) because this reflects the way the sample was derived. Overall, fewer than one in ten households were lost to follow-up because of refusals, deaths or moving out-of-scope, including those excluded by the BHPS follow-up rules. However, sample loss from these factors was concentrated in the post-bereavement period (A1 to A3) where they accounted for around 18 per cent of all households.

New entrants include partners and couples who joined the original BHPS sample after Wave 1; most came from the samples for Scotland, Wales and Northern Ireland that were added in the late 1990s (see Appendix A.3.3). Altogether, 128 couples were first enumerated within one or two years of the death of a partner: 45 at B2 and 83 at B1, thereby limiting the information available on their pre-bereavement circumstances.

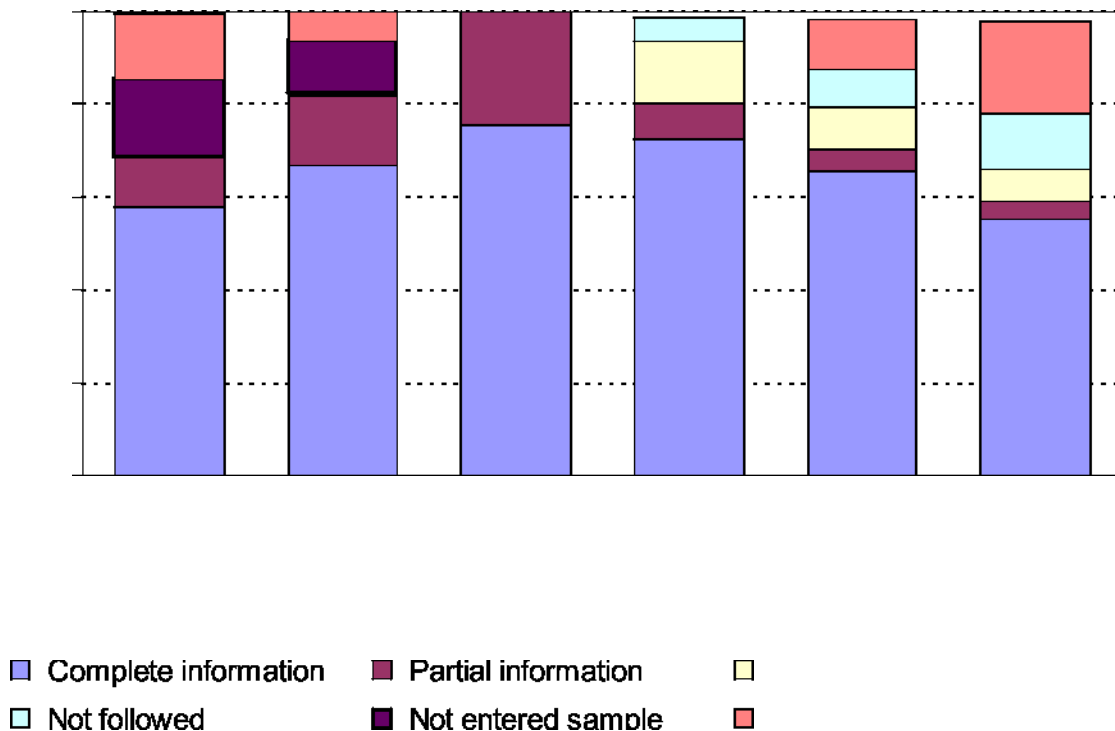
The number of censored observations is also shown Table B.1. As described in Appendix A.2 (Table A.2), censored observations refer to couples where a partner died before BHPS Wave 3, or after BHPS Wave 12. Information on the pre-bereavement circumstances of the former is missing at B3/B2 and on the post-bereavement circumstances of the latter at A2/A3.

Table B.1 Household interview outcomes

	<i>Before bereavement</i>			<i>After bereavement</i>		
	B3	B2	B1	A1	A2	A3
Complete information						
Every eligible member interviewed	437	504	569	546	496	416
Partial information						
Some interviewed, some proxied	37	52	88	6	9	4
Some interviewed or proxied, some non-contacts/refusals	39	52	82	24	14	17
Household composition form and questionnaire only		1				
Proxy taken at original address		1	1	3		
Telephone interview only	5	8	16	27	11	11
Refusal/no interview						
Refusal to research centre		2		26	17	8
Refusal to interviewer		3		65	24	8
Permanent refusal				1	17	21
No interview because of age, infirmity or disability				10	13	14
Not followed						
Institutionalised				2	3	4
Moved out of scope					1	1
Whole household deceased				25	15	13
Only non-sample members resident				11	2	2
Not followed from previous wave (all deceased, non-member, permanent refusal, etc.)					40	71
New entrants at B2/B1						
Not entered sample	128	83				
Censored						
Outside study period 1991-2004	108	50			82	149
Other						
Documents missing or unusable	1					
Address not found				3	9	11
Address occupied but no contact	1			7	3	6
<i>Total</i>	<i>756</i>	<i>756</i>	<i>756</i>	<i>756</i>	<i>756</i>	<i>756</i>

Figure B.1 plots the main categories shown in Table B.1 (excluding 'Other'). As noted above, all households provided some information in the wave immediately before the death of a partner (B1). The lack of full information on some household members is most evident in the pre-bereavement period; refusals and lost to follow-up mainly occur after bereavement. Censoring reduces the sample available before and after the interview waves that immediately precede or follow bereavement, B3/B2 and A2/A3 respectively.

Figure B.1 Household interview outcomes



B.4 Individual interview outcomes

Although households may be enumerated and provide information on each member, not all adults are necessarily interviewed: some eligible respondents may refuse to participate and others may not be available for interview or could be interviewed only by proxy or telephone.

Table B.2 shows interview outcomes of respondents who were bereaved between B1 and A1. Immediately before bereavement (B1, 93 per cent of these respondents gave full interviews. This is a somewhat higher response rate than the proportion of households providing complete information on all eligible members (65 per cent as

Interview wave before (B) and after (A) bereavement

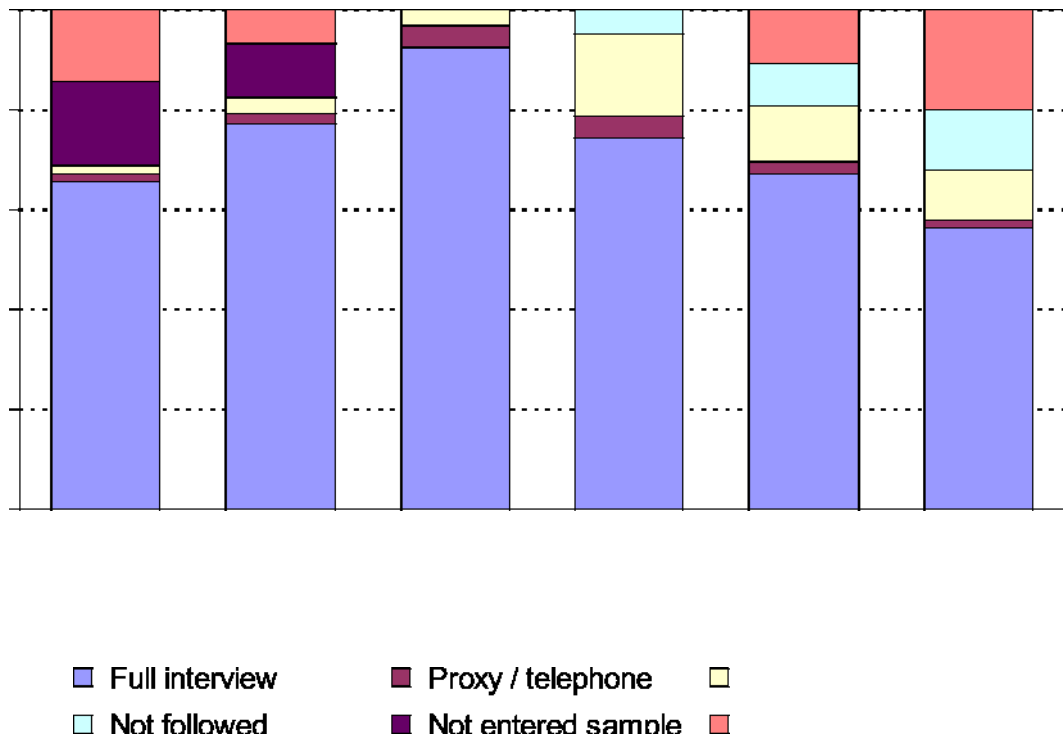
reported in B.3), indicating that information obtained by proxy or telephone more often relates to household members other than the bereaved partner.

In earlier pre-bereavement waves (B3/B2), fewer partners gave interviews mainly because of censoring or not having entered the sample. After bereavement, fewer bereaved partners gave full interviews, again because of censoring but also because of refusals, lost contact and not being followed. Among the latter were respondents who themselves had died, and a smaller number who were not followed because they fell outside the BHPS follow-up rules (see Appendix A.3.1). These outcomes are summarised in Figure B.2 (excluding 'Other').

Table B.2 Individual interview outcomes

	<i>Before bereavement</i>			<i>After bereavement</i>		
	B3	B2	B1	A1	A2	A3
Interview						
Full Interview	495	584	700	564	509	427
Proxy interview	8	8	18	7	7	3
Telephone interview	4	6	13	26	11	10
Refusal/no interview						
Refusal	11	22	24	101	45	23
Permanent refusal				1	17	21
No interview because of age, infirmity or disability					10	12
Other non-interview	2	3	1	19	12	17
Not followed						
Moved out of scope					1	1
Institutionalised				1	3	4
Temporary sample member (TSM)				11	2	2
Deceased				26	17	15
Not followed from previous wave (died, TSM, permanent refusal, etc.)					40	71
New entrants at B2/B1						
Not entered sample	128	83				
Censored						
Outside study period 1991-2004	108	50			82	149
Other						
Lost computer generated interview						1
<i>Total</i>	<i>756</i>	<i>756</i>	<i>756</i>	<i>756</i>	<i>756</i>	<i>756</i>

Figure B.2 Individual interview outcomes



B.5 Longitudinal interview outcomes

So far we have examined whether and how households and individuals participated at the three interview waves before and after the death of a partner. Participation at these waves was considered independently of their participation at the preceding or following waves. However, key questions addressed by this research focus on changes over time and require analysis of financial and economic variables measured for the same individual on several different occasions. It is therefore important to consider survey participation continuously over consecutive interview waves.

Table B.3 shows the extent to which households participated in successive waves before and after bereavement. Focusing on participation immediately before (B1) and after (A1) bereavement, it can be seen that all eligible sample members participated on both occasions in 58 per cent of the households in which a partner died. That proportion rises to 80 per cent if households in which only some members participated on both occasions are included. As the number of waves before and after bereavement increases, the extent of household participation falls dramatically reflecting the impact of censoring, new entrants and sample loss. If censoring is ignored, 40 per cent of households, rather than the 25 per cent as shown in the table, have all eligible members interviewed from B3 to A3.

Table B.3 Longitudinal household interview outcomes (per cent*)

<i>Waves before (B) and after (A) bereavement</i>	<i>Number of successive waves</i>	<i>Every eligible member interviewed (%)</i>	<i>Some or all members interviewed (%)</i>
B1 to A1	2	440 (58)	606 (80)
B2 to A2	4	299 (40)	403 (53)
B3 to A3	6	189 (25)	269 (36)

* Base=756

Table B.4 shows the extent to which respondents participated in successive interview waves before and after bereavement. Thus, 74 per cent gave full interviews in the wave immediately before *and* immediately after the death of their partner (B1 to A1). As the study window widens, survey participation falls dramatically with only one in three partners giving six full interviews across the three waves before and the three waves after bereavement. The inclusion of proxy or telephone interviews makes little difference to individual participation rates.

Table B.4 Longitudinal individual interview outcomes (per cent*)

<i>Waves before (B) and after (A) bereavement</i>	<i>Number of successive waves</i>	<i>Full interviews only (%)</i>	<i>Full, proxy or telephone interviews (%)</i>
B1 to A1	2	557 (74)	593 (78)
B2 to A2	4	380 (50)	400 (53)
B3 to A3	6	250 (33)	264 (35)

* Base=756

These findings show that diminishing sample size potentially limits the scope for longitudinal analysis, more so for sub-samples defined by age, gender and other characteristics. Clearly, greatest interest focuses on changes immediately surrounding bereavement (B1 to A1) when most individuals and households participated. Interpretation of longer term changes beyond A1 is subject to greater caution.

B.6 Lost to follow-up

From Table B.1 above it can be observed that one in five enumerated respondents (150 out of 756, or 20 per cent) were lost to follow-up after the death of their partner,

that is between interview waves before (B1) and after (A1) bereavement. The main reasons for sample attrition were refusals including those who could not be interviewed because of age, infirmity or disability (13 per cent), and death (three per cent). Raised attrition rates might be expected in a follow-up sample with recent experience of bereavement, health problems associated with old age, and increased risk of mortality following the death of a partner (Stroebe *et al.*, 2007). Not surprisingly therefore, the overall rate of attrition between interview waves before (B1) and after (A1) bereavement (20 per cent) is considerably higher than wave on wave attrition rates for BHPS Wave 1 respondents, which are typically less than five per cent (Lynn *et al.*, 2006, Tables 67 and 68).

Table B.5 shows how the overall attrition rate varies according to the personal characteristics and household circumstances of respondents before the death of their partner (B1); a chi-square test shows the association between attrition and each of these factors in turn. The data were weighted to represent all couples where one partner died, at the wave before bereavement (B1), as described in A.3.6. These findings indicate that sample loss is statistically associated ($P < 0.05$) with:

- Social position of current or most recent job (Registrar-General's social class and socio-economic group).
- Qualifications (highest academic and highest educational qualification).
- Household composition (household size and household type).

Table B.5 Association between sample characteristics before bereavement (B1) and whether lost to follow-up after bereavement (A1)

<i>Sample characteristics at B1</i>	<i>Lost to follow-up at A1 square (per cent*)</i>	<i>Chi- square</i>	<i>Degrees of freedom</i>	<i>Significance level (P)</i>
Age group		1.67	3	0.64
Under 55 years	15			
55 to 64 years	21			
65 to 74 years	20			
75 years and over	19			
Gender		2.67	1	0.10
Women	17			
Men	22			
Marital status		0.93	1	0.34
Lawful spouse	19			
Live-in partner	26			
Ethnicity		0.32	1	0.57
White	17			
Other ethnic group	25			

<i>Sample characteristics at B1</i>	<i>Lost to follow-up at A1 (per cent*)</i>	<i>Chi-square</i>	<i>Degrees of freedom</i>	<i>Significance level (P)</i>
Registrar-General's social class		9.14	4	0.06
Registrar-General's social class (including not known)		36.81	5	0.00
Professional, managerial and technical occupations	13			
Skilled non-manual	10			
Skilled manual and Armed Forces	20			
Partly skilled occupations	15			
Unskilled occupations	20			
Registrar-General's social class not known	43			
Socio-economic group		15.25	4	0.00
Socio-economic group (including not known)		40.00	5	0.00
Higher and lower managerial and professional	15			
Intermediate occupations, small employers and own account workers	10			
Lower supervisory and technical	11			
Semi-routine occupations	13			
Routine occupations	25			
Socio-economic group not known	42			
Highest academic qualification		3.85	2	0.15
Highest academic qualification (including not known)		24.90	3	0.00
A Level and above	11			
O Level or CSE	12			
None of the above	17			
Academic qualification not known	48			
Highest educational qualification		5.34	2	0.07
Highest educational qualification (including not known)		26.24	3	0.00
A Level and above	13			
Other educational qualification	11			
No educational qualification	18			
Educational qualification not known	48			
Housing tenure		0.37	2	0.83
Owned outright	18			
Owned with mortgage	20			
Rented	18			

<i>Sample characteristics at B1</i>	<i>Lost to follow-up at A1 (per cent*)</i>	<i>Chi-square</i>	<i>Degrees of freedom</i>	<i>Significance level (P)</i>
Household size		11.90	2	0.00
Two persons	21			
Three persons	13			
Four or more persons	4			
Household type		7.70	2	0.02
Couple no children	20			
Couple dependent children	7			
Couple non-dependent children and Other	11			
Number of physical health problems		3.15	4	0.53
None	14			
One	17			
Two	16			
Three	17			
Four or more	23			
Employment status		0.90	1	0.34
In paid work	16			
Not in paid work	20			
Household current net income quintile		6.95	4	0.14
Highest	10			
2nd	19			
3rd	21			
4th	13			
Lowest	20			
Car or van available for private use		1.80	2	0.41
None	17			
One	20			
Two or more	15			
All	19			

* Within each category of each variable or characteristic, percentages sum to 100 with those not lost to follow-up.

An important question is how far sample loss may bias the analysis. Biased estimates of financial consequences can arise if the personal and household characteristics associated with sample attrition are also associated with financial

consequences. One way of investigating the impact of attrition is to compare the distribution of pre-bereavement characteristics and circumstances of respondents with those who were enumerated in the following interview wave.

Table B.6 shows the distributions of all enumerated respondents at the wave immediately before the death of their partner (B1); those who were enumerated at the subsequent wave (A1); and those who were not enumerated following bereavement. The most important comparison is between the total or baseline sample at B1 and the follow-up sample enumerated at A1. Cell residuals were also estimated to show the degree of departure from the sample proportions expected at A1. Residuals equal to -2 or more, help to identify sub-groups that might be under-represented when analysing change between the interviews conducted before and after bereavement.

Inspection of cell residuals indicates that the following sub-groups were probably under-represented in the follow-up sample:

- Respondents in routine occupations (current or most recent job).
- Respondents whose social position is not known (Registrar-General's social class and socio-economic group unknown).
- Respondents whose qualifications are not known (highest academic and highest educational qualification unknown).
- Respondents in two person households, that is households containing only a couple.

Although the under-representation of these sub-groups is statistically significant, the degree of under-representation is relatively small. The sample of bereaved partners observed at A1 does not differ markedly from the original baseline sample. None of the differences between the baseline sample at B1 and the follow-up sample at A1 are greater than ± 2.5 percentage points and 36 out of 54 differences, two-thirds, are less than ± 1 percentage point. Sample attrition is therefore unlikely to affect the conclusions drawn from these data.

Table B.6 Sample characteristics before bereavement (B1) by sample status after bereavement (A1) (per cent \uparrow)

<i>Sample characteristics at B1</i>	<i>Total sample at B1</i>	<i>In sample at A1</i>	<i>Not in sample at A1</i>
Age group			
Under 55 years	15	16	12
55 to 64 years	18	17	20
65 to 74 years	30	30	32
75 years and over	37	37	36

<i>Sample characteristics at B1</i>	<i>Total sample at B1</i>	<i>In sample at A1</i>	<i>Not in sample at A1</i>
Gender			
Women	64	66	58
Men	36	34	42
Marital status			
Lawful spouse	96	97	95
Live-in partner	4	3	5
Ethnicity			
White	99	99	98
Other ethnic group	1	1	2
Registrar-General's social class§			
Professional, managerial and technical occupations	20	21	16
Skilled non-manual	26	28	15
Skilled manual and Armed Forces	20	20	24
Partly skilled occupations	18	18	15
Unskilled occupations	9	8	11
Registrar-General's social class not known	7	5*	19
Socio-economic group§			
Higher and Lower managerial and professional	19	19	16
Intermediate occupations, small employers and own account workers	22	23	13
Lower supervisory and technical	12	13	8
Semi-routine occupations	22	23	16
Routine occupations	19	17*	28
Socio-economic group not known	7	5*	18
Highest academic qualification			
A Level and above	14	15	9
O Level or CSE	15	15	11
None of the above	67	67	69
Academic qualification not known	4	2*	11
Highest educational qualification			
A Level and above	21	22	16
Other educational qualification	22	24	15
No educational qualification	53	52	58
Educational qualification not known	4	2*	11

Financial Implications of Death of a Partner

<i>Sample characteristics at B1</i>	<i>Total sample at B1</i>	<i>In sample at A1</i>	<i>Not in sample at A1</i>
Housing tenure			
Owned outright	54	54	54
Owned with mortgage	17	17	19
Rented	29	29	27
Household size			
Two persons	83	80*	92
Three persons	10	11	7
Four or more persons	8	9	1
Household type			
Couple no children	84	82*	92
Couple dependent children	4	5	1
Couple non-dependent children and Other	12	13	7
Number of physical health problems			
None	21	22	18
One	29	29	30
Two	24	25	23
Three	14	14	14
Four or more	11	10	15
Employment status			
In paid work	20	20	17
Not in paid work	80	80	83
Household current net income quintile			
Highest	11	12	6
2nd	14	13	15
3rd	24	23	29
4th	28	29	21
Lowest	24	23	28
Car or van available for private use			
None	36	37	34
One	50	49	55
Two or more	14	15	12

* Adjusted standardised residual less than or equal to -2.0 .

¶ Column percentages sum to 100 within each variable or characteristic.

§ Based on current or most recent job.

B.7 Lost to full participation

As observed in Sections B.3 and B.4 above, members of some participant households did not provide full interviews but participated by telephone or proxy, or had only basic demographic information recorded in a household questionnaire. Lack of full participation by all household members is an important consideration when analysing their financial circumstances because net income variables have been estimated only for households in which all eligible members gave full interviews (Bardasi *et al.*, 2007). Overall, 75 per cent of households participated fully at the interview wave before bereavement (B1) and 72 per cent at the following wave (A1). It is therefore important to assess the extent to which incomplete participation might bias the analysis.

In Table B.7 the characteristics and circumstances of respondents who were members of fully participant households at interview waves immediately before (B1) and after (A1) the death of their partner, are compared with those of all respondents enumerated at B1. To aid interpretation, cell residuals were estimated by comparison with households where one or more eligible members did not provide a full interview.

Inspection of residuals indicates that the following sub-groups were probably under-represented when investigating net household incomes at the wave before bereavement (B1):

- Respondents aged 55 to 64 years.
- Women.
- Ethnic minority groups.
- Respondents whose social position is not known (Registrar-General's social class and socio-economic group unknown).
- Respondents whose qualifications are not known (highest academic and highest educational qualification unknown).
- Mortgagees.
- Households with three persons.
- Couples with non-dependent children and Other 'complex' households.
- Respondents with two or more cars or vans.

Under-representation of fully participant households was less widespread at the wave immediately following bereavement (A1) but included some of the same sub-groups that were under-represented at the wave before bereavement, for example:

- Respondents whose social position is not known (Registrar-General's social class and socio-economic group unknown).
- Respondents whose qualifications are not known (highest academic and highest educational qualification unknown).

- Mortgagees.
- Households with three persons.
- Couples with non-dependent children and Other 'complex' households.

Respondents in skilled manual and routine occupations were also under-represented at the wave following the death of their partner.

Although statistically significant, some residuals are driven by highly skewed distributions. This is the case for example with the ethnic minority category which comprises no more than 1.1 per cent of the baseline sample, so minor departures from that figure can easily produce large residuals. The residuals attached to those whose social position or qualifications are not known can be treated as unsurprising in the sense that information on these characteristics are gathered only in face-to-face interviews which, if not obtained, define households that do not fully participate. In other cases, the degree of under-representation is quite small where differences between the total sample and participating samples are no more than two percentage points including for example those aged 55 to 64, or paying a mortgage; in fact, no differences exceed four percentage points.

It is difficult to draw firm conclusions about the impact of non-participation on the analysis. Broadly speaking, the experiences of those in poorer material or economic circumstances (in routine jobs or with reduced access to private transport for example), or those at greater risk (with mortgage commitments for example), might be under-represented in the fully participant sample. In that case, the analysis is likely to produce rather more conservative conclusions and less likely to exaggerate the financial consequences of the death of a partner.

Table B.7 Sample characteristics before bereavement (B1) by household participation before (B1) and after bereavement (A1) (per cent¹)

<i>Sample characteristics at B1</i>	<i>Total sample at B1</i>	<i>Full participation at B1</i>	<i>Full participation at A1</i>
Age group			
Under 55 years	15	15	15
55 to 64 years	18	16*	17
65 to 74 years	30	30	31
75 years and over	37	39	37
Gender			
Women	64	61*	66
Men	36	39	34

<i>Sample characteristics at B1</i>	<i>Total sample at B1</i>	<i>Full participation at B1</i>	<i>Full participation at A1</i>
Marital status			
Lawful spouse	96	96	97
Live-in partner	4	4	3
Ethnicity			
White	99	99	99
Other ethnic group	1	1*	1
Registrar-General's social class[§]			
Professional, managerial and technical occupations	20	23	22
Skilled non-manual	26	25	28
Skilled manual and Armed Forces	20	19	19*
Partly skilled occupations	18	19	18
Unskilled occupations	9	9	9
Registrar-General's social class not known	7	5*	4*
Socio-economic group[§]			
Higher and Lower managerial and professional	19	21	20
Intermediate occupations, small employers and own account workers	22	22	24
Lower supervisory and technical	12	11	13
Semi-routine occupations	22	22	23
Routine occupations	19	19	17*
Socio-economic group not known	7	5*	4*
Highest academic qualification			
A Level and above	14	15	16
O Level or CSE	15	16	15
None of the above	67	69	67
Academic qualification not known	4	0*	1*
Highest educational qualification			
A Level and above	21	22	23
Other educational qualification	22	23	24
No educational qualification	53	54	51
Educational qualification not known	4	0*	1*
Housing tenure			
Owned outright	54	53	55
Owned with mortgage	17	15*	16*
Rented	29	32	29

<i>Sample characteristics at B1</i>	<i>Total sample at B1</i>	<i>Full participation at B1</i>	<i>Full participation at A1</i>
Household size			
Two persons	83	87	84
Three persons	10	6*	8*
Four or more persons	8	7	8
Household type			
Couple no children	84	87	86
Couple dependent children	4	4	5
Couple non-dependent children and Other	12	9*	10*
Number of physical health problems			
None	21	20	21
One	29	29	30
Two	24	25	25
Three	14	14	13
Four or more	11	11	10
Employment status			
In paid work	20	19	20
Not in paid work	80	81	80
Car or van available for private use			
None	36	38	38
One	50	50	48
Two or more	14	12*	14

* Adjusted standardised residual less than or equal to -2.0 .

¶ Column percentages sum to 100 within each variable or characteristic.

§ Based on current or most recent job.

B.8 Representativeness of the study sample

Following the award of an ESRC grant, we were encouraged to evaluate the composition of the BHPS study sample against the population of bereaved partners, or a more representative data set. This section describes our approach. Such an evaluation was considered particularly important because we planned to weight the study sample for design effects, non-response, and sample loss between successive waves. Despite the longitudinal study design, we could not use the BHPS longitudinal weights and had, instead, to rely on cross-sectional weighting (see Appendix A.3.6). There was also concern about the impact of including bereaved partners from the so-called extension samples, described in Appendix A.3.3, which have been added to the BHPS since it commenced.

There is no national register of couples separated by death against which to assess the representativeness of the BHPS study sample; however, official mortality records provide a useful starting point. When a legally married person dies, details of their surviving spouse are recorded on the death registration alongside other information about the deceased person. Since 1971, death registrations have also been linked to census records as part of the Office for National Statistics Longitudinal Study (LS) (Brassett-Grundy, 2003).

The LS, therefore, can provide details of bereaved partners' circumstances gathered in population censuses conducted between 1971 and 2001, as described in Appendix A.5. Here LS data from 1991 and 2001 are used to examine the representativeness and composition of the BHPS study sample. Comparisons with the LS provide a somewhat imperfect test of representativeness because the LS itself is subject to sampling error. The scope of the LS also differs from that of the BHPS. The LS covers England and Wales and includes the institutional population as well as private households. Partners in cohabiting or same-sex relationships are not counted in official mortality statistics and therefore not included in the LS, while deaths of legally married but separated partners may be recorded. However, there is currently no better data set for evaluating the representativeness of the BHPS study sample. Key strengths of the LS data set include its large sample size and low non-response rates.

The following series of tables compare weighted data from the BHPS study sample at the interview wave immediately before bereavement (B1) with the circumstances of LS partners who were bereaved within two years of the 1991 and 2001 censuses.²⁴ Household circumstances recorded on census day may not hold precisely at the time of bereavement, although the age distributions of LS members detailed below relate to date of bereavement as recorded on the death registration.²⁵ However, if BHPS study sample estimates, which were expected to typify the circumstances of bereaved partners from 1991 to 2004, fall between or close to those for the 1991 and 2001 LS bereavement cohorts, it might be supposed that the study sample approximates the contemporaneous population of couples where one partner died.

Tables B.8 and B.9 show, respectively, the ages of bereaved partners, distinguishing between those under pension age and over (women: 60, men: 65) and the proportion of women in each age group. The findings indicate that the age distribution of men in the study sample matches well, and falls between, that of the LS cohorts for 1991 and 2001. Women in the study sample have a slightly younger age profile than

24. That is, using the pre-bereavement cohorts for 1991 and 2001 described in Appendix A.5 (Table A.9).

25. We therefore used both the pre-bereavement and post-bereavement cohorts for 1991 and 2001 to calculate age distributions. It is estimated that more than nine out of ten expected widow(er)hoods among LS sample members have been identified since 1991 (see Appendix A.5).

expected: 24 per cent are under pension age whereas the proportions in the LS are closer to 20 per cent (Table B.8). Hence, women over pension age are slightly under-represented in the study sample: 76 per cent compared with an expected 80 per cent. Moreover, the proportion of women in the pensioner age group is five percentage points below that estimated from the LS data (Table B.9).

Table B.8 Age by gender (per cent)

	<i>Women</i>			<i>Men</i>		
	1991	BHPS	2001	1991	BHPS	2001
Under pension age	21	24	20	29	26	24
Pension age and over	79	76	80	71	74	76
<i>Unweighted base</i>	5,524	486	5,275	2,576	270	2,400

Table B.9 Women by age (per cent)

	1991	BHPS	2001
Per cent women			
Under pension age	61	62	64
Pension age and over	70	65	70
Total	68	64	69
<i>Unweighted base</i>			
<i>Under pension age</i>	1908	185	1624
<i>Pension age and over</i>	6192	571	6051
<i>Total</i>	8100	756	7675

Age differences between women in the BHPS study sample and the LS cohorts could not be explained by the absence of cohabiting partners in the LS. Although younger couples in the study sample were more likely to have been unmarried cohabitants, bereaved women were less likely than bereaved men to have cohabited before their partner died. To have an effect, cohabitation would have been more likely to produce a younger age profile among men in the BHPS study sample than in the LS.

Compared with the LS therefore, pensioner women are slightly under-represented in the BHPS study sample. One way to minimise potential bias is to stratify analysis of the BHPS data by age and sex. This was always our intention: the financial circumstances and income sources of women and men, above and below pension age, are often quite different and best examined separately.

Table B.10 to B.12 draw comparisons between the BHPS study sample and the LS bereavement cohorts on three variables closely associated with a household's financial resources and material well-being: social class (based on current or most recent job), home ownership and job status. In a way, social class and home ownership also reflect material resources accumulated across the life course.

The social class distributions of the BHPS study sample and the LS cohorts are remarkably similar (Table B.10). However, the social class distribution of women in the study sample matches the profile of the 1991 cohort more closely than that of the 2001 cohort. Among male manual workers, the study sample shows a slightly larger ratio of men in social class IIIM relative to social classes IV or V.

Table B.10 Registrar General's social class by gender (per cent)*

	<i>Women</i>			<i>Men</i>		
	1991	BHPS	2001	1991	BHPS	2001
Class I and II	23	22	25	28	28	29
Class III non-manual	33	33	35	9	9	9
Class III manual	8	10	10	38	41	38
Class IV and V	36	35	30	25	22	23
<i>Unweighted base</i>	<i>906</i>	<i>309</i>	<i>1464</i>	<i>624</i>	<i>137</i>	<i>615</i>

* Under 75 years.

There are also some differences between the BHPS study sample and the LS in the distribution of house tenures, although study sample proportions often fall between the LS estimates for 1991 and 2001 (Table B.11). Comparisons with the LS indicate that the BHPS study sample might over-represent women in households paying a mortgage and under-represent their male counterparts. However, differences between the BHPS and the LS in the distribution of housing tenure were no more than five percentage points.

Table B.11 Housing tenure by gender (per cent)

	<i>Women</i>			<i>Men</i>		
	1991	BHPS	2001	1991	BHPS	2001
Owned outright	50	53	61	48	56	57
Owned with a mortgage	17	20	15	19	12	17
Social rented	27	22	19	27	26	23
Private rented	6	5	5	7	6	3
<i>Unweighted base</i>	<i>2628</i>	<i>477</i>	<i>2252</i>	<i>1259</i>	<i>260</i>	<i>1094</i>

Comparisons of the BHPS study sample with the LS bereavement cohorts show that more women in the study sample were working. We can only speculate on the reasons that might account for such a difference. Examination of the impact of sample attrition shows that those remaining in the BHPS include disproportionate numbers of people in employment at Wave 1, which might have boosted their representation in the study sample (Lynn, 2006: Table 69). By comparison, census records, which often rely on completion by a household informant, may underestimate women's employment rates. Whatever the explanation, the implications are that the study sample might over-represent the experiences of women who gave up paid work when a partner died, and under-represent the financial difficulties faced by women who were dependent on their partners' earnings or benefit income when separated by death.

Table B.12 Employment status by gender (per cent)*

	<i>Women</i>			<i>Men</i>		
	1991	BHPS	2001	1991	BHPS	2001
Working	54	63	55	67	68	65
Not working	46	37	45	33	32	35
<i>Unweighted base</i>	625	124	482	408	80	311

* Under pension age.

Broadly speaking, differences between the BHPS study sample and the LS cohorts are not large although we have noted certain points where interpretation of findings may need to be sensitive to particular differences. Together with the quality assurance standards upheld in the BHPS design (Lynn, 2006), and the findings on sample loss discussed in B.6 and B.7 above, we feel reasonably confident that the study sample broadly represents the circumstances of couples in the 1990s and beyond where one partner died.

Appendix C Quantitative Outcome Measures

C.1 Introduction

This appendix describes the outcome measures and key variables that were derived from the British Household Panel Survey (BHPS) data sets and used in the quantitative study. Much of this information is provided in BHPS user guides and manuals (Bardasi *et al.*, 2007; Levy *et al.*, 2006; Lynn, 2006; Taylor, 2006; Institute for Social and Economic Research, University of Essex, 2006); therefore, only brief details are summarised here.

Unless stated otherwise, all measures were derived from data gathered in all 14 interview waves available at the time this study commenced. Question wording and response categories of the original BHPS variables were checked for consistency across waves, recoded where required, and then allocated to the sequence of interviews before and after bereavement (B3 to A3) described in Appendix A (Table A.1).

C.2 Net household income

Although the BHPS gathers detailed information on the gross income of each adult household member, it does not ask about payment of tax and other liabilities. However, income net of tax more closely reflects people's financial resources and is more widely used as a measure of economic welfare than gross income (Smith and Middleton, 2007). For that reason, BHPS researchers developed a micro-simulation model using information about individual and household characteristics to estimate tax liabilities and produce net household income estimates (Bardasi *et al.*, 2007; Levy *et al.*, 2006). Key definitions and terms, and implications for the present analysis, are described below:

- Both 'current' and 'annual' incomes are estimated but the former are preferred because they are based on information for people who were present in the household during the income reference period. Current income measures focus attention on transitory changes in income that more closely reflect changes in household composition between annual interview waves. They help ensure that levels and sources of income relate to household and individual circumstances enumerated at the time of each successive interview. Annual income estimates provided at the first interview following a partner's death would cover the last months of his or her life and any income he or she received, producing an erroneous picture of the association between the timing of household change and income, and the financial effects of death of a partner (Burkhauser *et al.*, 1986).

- 'Net income' approximates 'disposable' income (though before housing costs – see below). It is estimated by summing cash income from all sources (income from employment and self-employment, and other market income, plus social security and social assistance receipts and private transfers such as maintenance payments) minus direct taxes (including income tax and National Insurance contributions) and occupational pension contributions. These components are summed across all household members enumerated at the time of each interview wave to produce household income variables.²⁶ Most income components are measured for the month prior to interview, or the most recent relevant period.²⁷ All income estimates used in this report have been converted to £s per week.
- Current net income 'before housing costs' means that housing costs have not been deducted. This is the same definition as the income measure used in official low income statistics (DWP, 2002). One drawback of measuring income before housing costs is the assumption that housing costs are at the discretion of households and reflect the consumption decisions they make. This assumption may not hold, especially for tenants in social housing. However, we wanted to consider housing costs and other aspects of housing consumption explicitly (C.10 below). Some concern has also been expressed about the quality of data on housing costs which might limit the usefulness of income estimates after housing costs (Levy *et al.*, 2006: 116; Zaidi, 2001; Zaidi and Burchardt, 2003).

The BHPS definition of current net income is the same as the before housing costs income measure used in official British low income statistics and is therefore of considerable policy interest (DWP, 2002). In some analyses, net incomes were adjusted or equivalised to take account of household size and composition. Following equivalisation, incomes can be compared directly across different types of household or for households that change over time, including before and after the death of a partner. The McClements 'before housing costs' equivalence scale, which has scale rates that depend on the number of adults and the number and age of dependent children, was used as this facilitates comparison with other studies (e.g. Zaidi, 2001); it was also commonly used by the Department for Work and Pensions until 2007 (Levy *et al.*, 2006).

Measuring income at the household level implies that members of the same household pool and share resources equally or in proportion, overlooking the possibility that resources are often distributed unequally within households and between partners (Pahl, 1989). However, household income is arguably a more reliable measure of economic welfare since individuals share at least some resources with household members and benefit from household level expenditure, for example on heating and maintenance (Zaidi, 2001: 12). Focusing on the household

26. Net income estimates are not produced for individual household members.

27. The main exceptions are employment earnings which are 'usual earnings', and income from investments and savings which are annual estimates.

unit is also appropriate when investigating the financial consequences of death of a partner. Johnson *et al.* (1998: 200) argue that in such situations 'simply looking at the individual's income would be inadequate. The personal income of a woman tends to increase following the death of her husband, but this does not mean that she becomes better off. In considering widows, it is important to compare their income after widowhood with the total of their and their husband's incomes before his death'.

No adjustment was made to household income for additional spending associated with disability, such as the costs of personal care, heating and laundry, and other needs (Zaidi and Burchardt, 2003). Adjusting for extra costs would reduce disposable household incomes, especially in low income households before the death of a partner. In such circumstances, the present analysis probably underestimates the potential effect of bereavement on 'boosting' the disposable incomes and standard of living of bereaved partners.

Net household incomes were not estimated where one or more household members did not fully participate in the survey because the BHPS researchers did not want to rely on imputed values (Levy *et al.*, 2006). This restriction reduces sample sizes somewhat, including before the death of a partner when both adults in the couple were expected to participate. However, the assessment reported in Appendix B.7 indicates that such losses should not bias analysis. Throughout this report, income estimates have been indexed to January 2006 by applying the before housing costs monthly price index (Levy *et al.*, 2006: Appendix).

C.3 Original and gross household incomes

'Original' and 'gross' incomes were estimated to investigate the impact of social security provision and direct taxation on household incomes (cf. Jarvis and Jenkins, 1999). 'Original' income is income from market sources including earnings from paid employment and private pensions before the addition of state benefits, pensions and allowances, and before the deduction of taxes and National Insurance contributions. 'Gross' income is original income plus state benefits, pensions and allowances, and represents income from all sources before taxes and National Insurance contributions are deducted.

Jarvis and Jenkins (1999: 239) equate original, gross and net income with their North American counterparts as follows:

- Original income corresponds to pre-tax pre-transfer income.
- Gross income corresponds to pre-tax post-transfer income.
- Net income corresponds to post-tax post-transfer income.

Comparisons of original and gross income focus attention on the impact of social assistance whereas comparisons of gross and net income focus on the impact of direct taxation.

C.4 Sources of income

The net household income variables produced include estimates of household income derived from five sources (Bardasi *et al.*, 2007; Levy *et al.*, 2006):

- Net labour income that is gross earnings from paid employment, self employment and occasional work, including tax credits, less income tax, national insurance contributions and pension contributions.
- Benefit income including receipts from all state pensions and benefits.
- Pension income from private sources (occupational and personal pension schemes).
- Investment income including income from savings and receipts from rented property.
- Other income transfers including education grants, sickness insurance, maintenance, foster allowance, payments from Trade Unions and Friendly societies, and from absent family members.

Most households in the study group received income from two or more sources. An account of the contribution of each source to total household net income (before payments of local taxes) identified the combinations shown in Table C.1.

Table C.1 Main sources of household income before bereavement (B1)

<i>Main sources of income</i>	<i>Definition</i>	<i>Per cent</i>
1. Benefits including state pension	60 per cent or more from benefit income	50
2. Benefits including state pension and private pension	30 per cent or more from benefit income and 30 per cent or more from private pension income	19
3. Paid employment	60 per cent or more from paid employment	15
4. Paid employment and benefits including state pension	30 per cent or more from paid employment and 30 per cent or more from benefit income	8
5. Private pension or investment or both	60 per cent or more from investment income; or 60 per cent or more from private pension income; or 30 per cent or more from investment income and 30 per cent or more from private pension income	7
<i>Unweighted base</i>		<i>569</i>

These five combinations account for 91 per cent of households for which net income variables had been derived at the wave before bereavement (B1). Other combinations were considered but each accounted for less than five per cent of households; they were grouped together as 'Other' sources of income (nine per cent overall). There was some overlap between categories two and one and between two and four affecting a handful of households (under five per cent); these categories were retained because they allowed separate consideration of those households that supplemented state benefits and pensions with occupational and personal pensions, and labour market earnings respectively.

It will have been observed from the above that BHPS researchers grouped together all social security receipts including income from state benefits and pensions. For some purposes, detailed exploration of particular income sources reported was required. Accordingly, individual benefits or groups of similar benefits were identified; thus, benefits awarded on grounds of disability were formed into two groups:

- The term 'disability benefit' covers receipt of attendance allowance, mobility allowance, or disability living allowance (care component, mobility component, or both) which are awarded to cover the extras costs often associated with disability.
- The term 'work-related disability benefit' covers receipt of any of the following (and their predecessors): severe disablement allowance, invalidity pension, industrial injury (or disablement) allowance, war disability pension, disability tax credit (disability working allowance), or incapacity (invalidity) benefit.

Although BHPS data are considered adequate for estimating household incomes, researchers have expressed concern about measurement error in reported receipts of income from individual sources, particularly when investigating income change and stability over time (Lynn, 2006: 80). For that reason, no attempt was made to investigate flows on and off particular state benefits, or to use actual amounts of income from specific benefits or other sources to account for changes in household incomes. Instead, the statistical association between household income change and whether or not income was derived from particular sources, including those that were lost or gained when a partner died, was assessed using regression techniques and analysis of variance. In addition, we recognise that the BHPS data sets used here, which cover the period 1991 to 2004, do not adequately represent recent changes to the benefit system and state pension provision, including the introduction of bereavement benefits and pension credits.

Information about the receipt of state retirement and occupational pensions and some social security receipts (e.g. housing benefit or rent rebate) could be collected in proxy interviews. Responses to these proxy questions were combined with those given by full respondents. In general, social security benefits are described by their current name rather than a previous label: for example, carer's allowance includes the former invalid carer's allowance and job seeker's allowance includes what was

formerly unemployment benefit. In addition, widow's benefits which were replaced by bereavement benefits in April 2001 have been combined as follows: Widow's Allowance with Bereavement Allowance, and Widowed Mother's Allowance with Widowed Parent's Allowance.

C.5 Relative household income

To distinguish high and low income households, relative income was defined according to households' contemporaneous position in the overall net income distribution, adjusted for differences in household size and composition using the McClements equivalence scale (before housing costs). The lowest income group contained the poorest fifth of households in the population; the highest income group contained the richest fifth of households. Quintile groups were calculated separately for each survey year. This definition of relative household income provides an indication of financial or economic well-being among sub-groups in the population and has been widely used in studies of low income and economic disadvantage (e.g. Jenkins and Rigg, 2004; Rigg and Sefton, 2006; Taylor *et al.*, 2004).

C.6 Income poverty

A household was defined as income poor if its current net equivalised income was less than 60 per cent of the contemporaneous median household net equivalised income. This is the most widely used measure of income poverty, including official publications and statistics (Smith and Middleton, 2007). However, to overcome the limitations of a single income threshold, the intensity of poverty was represented by three levels:

- Near poor – less than 70 per cent but 60 per cent or more of median household income.
- Poor – less than 60 per cent but 50 per cent or more of median household income.
- Very poor – less than 50 per cent of median household income. Those described as poor or very poor are below the official poverty line.

C.7 Household income change

Changes in household income following death of a partner were measured as differences in income between interviews before and after bereavement. Three measures of household income change were derived:

- Differences in current net household incomes (not equivalised for household size and composition). This measure represents the actual increase or decrease in net weekly household incomes. Actual changes in household income levels are likely to correspond to the amount people have in mind when asked to assess by how much their incomes changed after the death of a partner. They may also correspond to the amount by which household budgeting regimes have to be adjusted.
- Percentage differences in current net household incomes (non-equivalised). This measure shows the actual increase or decrease in net household incomes as a proportion of net household incomes before bereavement. It captures the notion that changes in income are likely to be more keenly felt in low income households. A change of say £50 may have quite different implications for households with pre-bereavement incomes of £250 a week than for those with £500 a week. In the former, £50 represents twice the proportion of their income as in the latter: 20 and ten per cent respectively.
- Differences in current net household equivalised incomes. Equivalisation adjusts incomes for household size and composition, taking into account the death of a partner and any other household changes. It attempts to relate incomes to needs and reflect changes in living standards and economic well-being. As an example, a couple's net weekly household income of £200 before the death of a partner drops to £122 a week following bereavement. That represents an absolute change of -£78 a week, or a decline of 39 per cent. According to the McClements equivalence scale however, a single person household income of £122 a week meets the same financial needs as a couple's weekly household income of £200.²⁸ In this case, there has been no change in the bereaved person's financial well-being. Thus, examining changes in equivalised incomes focuses attention on disproportionate increases or decreases in household incomes following the death of a partner.

Each measure was based on weekly household net incomes which more or less equate with households' disposable incomes. Following inspection of histograms, each variable was trimmed to remove extreme values and ensure the skewness index was close to zero (range ± 0.85). Across the three measures described above, the number of trimmed cases were 13, seven and two respectively.

C.8 Income inequality

Following common practice, the Gini coefficient was used to measure household income inequality. Generally speaking, the Gini coefficient indicates the degree of

²⁸ A head of household is rated 0.61 and a spouse 0.39 on the 'before housing costs' equivalence scale (Taylor, 2006: Table 29). Thus, a single person household's financial needs are estimated to be equivalent to 61 per cent of those of a couple household.

departure from a perfectly even distribution of income: the higher the coefficient, the more unequally household income is distributed. So the Gini coefficient ranges from zero representing perfect equality (every household has the same income) to 1.0 for complete inequality (one household has all the income and the rest has none). The Gini coefficient can also be expressed as a percentage by multiplying by 100.

C.9 Subjective financial circumstances

As well as estimating level and sources of income for constructing the more objective measures described above, BHPS respondents are asked to assess their financial circumstances subjectively. Three self-assessed measures of financial status are available:

- Financial situation – individuals' perception of their overall financial situation was assessed by asking: 'How well would you say you yourself are managing financially these days?' Respondents are given the choice of five responses: 'living comfortably', 'doing alright', 'just about getting by', 'finding it quite difficult', and 'finding it very difficult'.
- Change in financial situation – perceived change in individuals' financial situation was assessed by the question: 'Would you say that you yourself are better off or worse off financially than you were a year ago?' If respondents answered 'better off' or 'worse off', they were asked why that was the case. Respondents could also be recorded as saying 'about the same'.
- Financial expectations for the year ahead – respondents' financial expectations were gathered by asking: 'Looking ahead, how do you think you will be financially a year from now?' Three responses are offered: 'better off', 'worse off' or 'about the same'. Following Wildman (2003), the 'don't know' category was included in the analysis to represent respondents who felt 'uncertain' about their future financial position.

C.10 Expenditure patterns

Individuals' economic well-being can be measured by the resources at their disposal as well as their patterns of expenditure or consumption. Much of the analysis focuses on net income as a measure of individuals' and households' resources but it is often argued that household consumption is a more reliable guide to economic well-being over the longer term (Blundell and Preston, 1995; Ringen, 1988). This is because individuals can smooth consumption over time by borrowing when incomes are low and saving or repaying debt when incomes are higher: in this way, they can achieve a steadier standard of living even though their incomes may fluctuate (Brewer *et al.*, 2006). In focusing on expenditure patterns we also wanted to provide a context for

exploring particular consumption issues associated with bereavement (Gentry *et al.*, 1995).

The BHPS gathers information on three areas of expenditure: household spending on food and fuel, as well as rent or mortgage payments for accommodation. Each is described in turn.

C.10.1 Food expenditure

To explore the impact of partner bereavement on household consumption requires, ideally, a comprehensive measure of expenditure, but the BHPS only collects comparable information in all waves on food expenditure. Arguably however, food spending is a good proxy for total household expenditure: Finch and Kemp (2006: 44) show, for example, that food spending as a proportion of income is closely correlated with overall expenditure as a proportion of income. Food is also a necessary commodity and smoothing expenditure on food is likely to be a priority even when incomes vary. As Smith (2006: C137) argues, 'if households do not smooth spending on food, they are unlikely to smooth other forms of spending'.

During interviews for the BHPS, informants who help complete the household questionnaire are asked approximately how much their household spends each week on food and groceries. They are told to include all food, bread, milk, soft drinks, etc. but to exclude pet food, alcohol, cigarettes and meals out.

In the first wave, respondents were asked to estimate the amount spent on food to the nearest pound; in subsequent waves, they were invited to indicate their household's weekly food expenditure from a card showing 12 bands ranging from under £10 to £160 and over. To obtain weekly spending amounts, responses from Wave 1 were first grouped into the bands used in other waves, and then mid-point values were assigned for the band reported at each wave. Amounts were subsequently indexed to January 2006 prices using the before housing costs monthly price index and, where appropriate, equivalised using the McClements scale.

C.10.2 Fuel expenditure

Information on household fuel costs has been gathered in different formats since the BHPS commenced. During the first five waves, from 1991 to 1995, expenditure on gas and electricity related to the last account payment; household informants were also asked to estimate how much they spent on these fuels in the 'last week'. Spending on oil for central heating was estimated for the 'last year'. This information was converted to monthly estimates and combined to represent total household spending on fuel. No information on fuel expenditure was collected in Wave 6, but

from Wave 7 onwards respondents were asked to estimate how much the household had spent on domestic fuel in the 'last year'.

In the event, it was decided to use the BHPS derived variable 'monthly fuel expenditure on oil/gas/electricity'. This measure was chosen because it is more likely to be consistent with household composition and circumstances at the time of interview and should therefore be more sensitive, than annual fuel costs, to changes following death of a partner. The drawback is that this variable is available for Waves 1 to 5 only, reflecting the circumstances of bereaved partners in the early 1990s, and reducing the number of households available for analysis accordingly. For the analysis, monthly fuel costs were adjusted for inflation using the 'before housing costs' monthly price index and expressed in January 2006 prices.

The definition of fuel poverty is where a household needs to spend more than ten per cent of its income on fuel to maintain satisfactory heating and other energy services (Centre for Sustainable Energy, 2007). Although this definition has been accepted and used by successive government departments with responsibilities for fuel poverty issues, there is no consensus on what constitutes household income. Here, a household is defined as fuel poor when it spends more than ten per cent of its net income (C.2) on oil, gas and electricity.

C.10.3 Housing costs

At each wave, the BHPS gathers information to estimate net monthly housing or accommodation costs: that is, mortgage payments and rent after deducting housing benefit. However, the BHPS does not ask about other housing costs such as house repairs and maintenance, or buildings insurance. As for other monetary values in the analysis, housing costs were adjusted for inflation using the 'before housing costs' monthly price index and expressed in January 2006 prices.

Additionally, the BHPS gathers information on whether respondents were 'finding it difficult to keep up with their housing payments ... in the past 12 months'. If they answer in the affirmative, further questions ask whether such difficulties had required them to 'borrow money' or to 'cut back on other household spending in order to make the payments'. They are also asked whether they had found themselves 'more than two months behind' with rent or mortgage payments.

C.11 Credit and debt

From Wave 5 onwards, household informants were asked whether anyone in their household currently made repayments on hire purchases or loans. They were asked to include social fund loans but to exclude mortgage loans which are dealt with

separately (see above C.10.3). Those answering in the affirmative were then asked: to what extent was the repayment of such debts and the interest a financial burden on your household? In answering this question they were asked to select one of three responses: 'a heavy burden', 'somewhat of a burden' or 'not a problem'.

No information was gathered on the reasons for taking out a hire purchase agreement or loan, or the commodities purchased with the money obtained. These questions are likely to have focused respondents' attention on formal credit agreements and commercial loans rather than, for example, deferred payments to funeral directors. Less formal payments within families and between friends were addressed separately in the interview questionnaire (C.12 below).

Additional questions on types and amount of debts, including use of credit cards and loans from private individuals, were asked in Waves 5 and 10 only, so longitudinal comparisons before and after bereavement are not possible. Only a handful of respondents reported large debts of £5,000 or more, too few for analysis, with no indication of whether or not these were considered problematic. These additional data on debts were not explored further.

C.12 External transfers

External transfers cover current payments made by BHPS respondents to any person who does not live in the same household. These data were used to explore their financial commitments within the wider family and how these changed after the death of a partner. They do not include payments on behalf of a partner who was living elsewhere before death, in a nursing home for example.

Respondents are prompted to consider five types of payment: maintenance, alimony or child support; household bills and expenses; payments for education; spending money or allowance; and repayment of a loan. 'Other' kinds of payment could be noted but pocket money for children and payments to charity are specifically excluded. Although not made explicit in the survey question, regular payments rather than one-off sums of money seem to be implied. As well as the purpose of such payments, respondents are also asked to indicate their relationship to the recipient.

C.13 Lump sum payments

The BHPS questionnaire asks respondents whether they have received 'any payments or payments in kind' since September of the previous year, which in most cases would have been in the past 12 to 15 months. They are shown a list of

common payments and asked to indicate which ones they received. In the context of our research, interest focused on receipt of three types of payment:

- Life insurances payouts.
- Inheritances or bequests.
- Pension payouts.

The actual circumstances of each payment are not known so we cannot be sure when examining respondents' circumstances in the post-bereavement period whether any were received in respect of the death of a partner. The question on lump sum payments was asked in Wave 5 and from Wave 7 onwards.

C.14 Money management

A question on money management was addressed to respondents with a spouse or partner in the first five interview waves of the BHPS. Following Pahl (1989), six arrangements were described and respondents were asked which one came closest to the way they organised their household finances. The six options were described as follows:

- I look after all the household money except my partner's personal spending money.
- My partner looks after all the household's money except my personal spending money.
- I am given a housekeeping allowance. My partner looks after the rest of the money.
- My partner is given a housekeeping allowance. I look after the rest of the money.
- We share and manage our household finances jointly.
- We keep our finances completely separate.
- Some other arrangement.

A follow-up question asked who in the couple had 'the final say in big financial decisions'.

C.15 Savings

Information on whether or not respondents saved any money, and how much, has been gathered at every wave of the BHPS. The question is worded as follows: 'Do you save any amount of your income for example by putting something away now and then in a bank, building society, or Post Office account other than to meet regular bills?' They are asked to include share purchase schemes, personal equity plans, individual savings accounts, and particular vehicles such as TESSA accounts.

Typical monthly savings amounts are recorded and these were indexed to January 2006 prices using the before housing costs monthly price index.

Savers were also asked to indicate their main reason for saving. This was an open-ended question with no prompts; answers were recorded verbatim and coded into 12 categories plus 'other' after survey fieldwork had ended. Only one reason was recorded at Waves 1 and 2, and two reasons thereafter.

C.16 Service contacts

Respondents are asked at each interview whether they have had contact with various health and social care services since 1 September of the previous year. These included:

Social care services	Home-help Meals on wheels Social worker or welfare officer
Community health services	Health visitor District nurse Chiropodist Alternative medical practitioner (e.g. homeopath, osteopath) Psychotherapist (including psychiatrist or analyst) Speech therapist Occupational therapist Physiotherapist
Health check-ups or tests	Chest or other x-rays Blood pressure Cholesterol test Blood test Cervical smear. Breast screening Other specified

C.17 Psychological distress

Psychological well-being is assessed in the BHPS using the 12 item version of the General Health Questionnaire (GHQ12), a widely used measure with demonstrable validity and reliability (Goldberg and Williams, 1991). It asks respondents about their recent experience of symptoms known to be indicative of anxiety and depression, social dysfunction, and loss of confidence and self-esteem. Symptoms covered in the

questionnaire include: ability to concentrate, sleep normally, enjoy daily activities, and make decisions.

Bereavement is associated with various psychological reactions indicative of a complex emotional syndrome (Stroebe *et al.*, 2007). Thus, the GHQ might be considered more appropriate for measuring psychological well-being than instruments for detecting depression alone because it covers a wide range of symptoms. Neither the wording nor administration of the GHQ items is explicitly linked to bereavement or any other specific event or role change. The GHQ12 is robust to retest effects, making it a reliable instrument for measuring changes in psychological distress with a one-year interval between applications (Pevalin, 2000).

Psychological well-being can be represented in two ways using the GHQ. When completing the 12 item questionnaire, respondents are invited to rate the intensity of each symptom on a scale from 0 to 3. These symptom scores can be summed to scale the severity of psychological distress: the higher the score the greater the severity of distress (range from 0 to 36). The GHQ12 can also be scored by counting the number of symptoms presented (range 0 to 12). Validity studies indicate that presenting four or more symptoms is associated with an 80 per cent probability of a formal psychiatric diagnosis (Goldberg *et al.*, 1997). This threshold is used to identify respondents with 'high distress' scores and to monitor changes over time.

Onset of distress is identified in respondents with no more than three GHQ symptoms at one interview, say before the death of a partner (B1), who present high distress scores at the next interview, after bereavement (A1). Recurring or persistent distress refers to respondents with high distress scores who report four or more GHQ symptoms at successive interviews, say before (B1) *and* after (A1) bereavement. The GHQ was designed to detect long-standing disorders as well as undifferentiated distress and transient variations; however, recurrent episodes of generalised distress may be associated with significant clinical impairment, which can disrupt personal and social functioning (Pezawas, Wittchen, Pfister, Angst, Lieb and Kasper, 2003).

C.18 Satisfaction with housing

BHPS respondents are asked a number of 'life satisfaction' questions, one of which covers their current accommodation. They are asked to rate on a seven point scale how dissatisfied or satisfied they are with their house or flat. The rating scale ranges from 'not satisfied at all' (1), though 'neither dissatisfied nor satisfied' (4) to 'completely satisfied' (7).

Appendix D Research Methods: Qualitative Component

D.1 Preliminary exploration

The aims of the preliminary qualitative exploration were to help inform the qualitative researchers about the salience of issues for enquiry among bereaved people in different circumstances; to explore ways of recruiting people to take part in interviews, and to help equip the researchers to conduct the main stage fieldwork in the most appropriate and sensitive way.

D.1.1 Informal discussions with bereaved people

A number of opportunities for discussions with people whose partner had died arose early in the project, during August and September 2006. People in the researchers' professional and private networks learned about the research, and said they would like to help by telling the researchers about their experiences. In informal discussions in a variety of settings, the researchers explored generally the salience and importance of economic and financial issues; the time parameters perceived as relevant, and ways of dealing with concerns and problems that arose. Topics covered included experiences before and after a partner died in relation to income, expenditure, employment decisions, accommodation, dealing with regulatory authorities such as the Department for Work and Pensions and local authorities, paying for a partner's care during illness preceding death, and funeral arrangements. The researchers asked participants directly about the best time to invite bereaved people to take part in a research interview, and how best to encourage and support people prepared to take part.

Participants suggested that specific issues for exploration in the main fieldwork might include:

- money management patterns within households
- dealing with housing assets
- match between expectations and outcomes, for example occupational pension entitlement for survivors
- debts (sometimes not known about during the partner's lifetime)
- Wills, living wills, financial expectations of other family members, and conflicts of interest
- financial symbolism, for example patterns of charitable giving by the surviving person, in memory of their partner
- financial responsibilities for the deceased partner's children from other relationships.

Those who spoke to the researchers emphasised the importance of patience, confidentiality and unconditional respect when conducting interviews. They mentioned the need to spend sufficient time listening to a person's 'story' about the death of their partner, for example details about development and treatment of illness. Such things might not be immediately relevant to the research topic, but were an important part of the way people constructed their experience of bereavement. The researchers must be ready to listen and respond in a positive way. Ways of ending interviews would also be important. For some people it might be helpful to talk about any positive experiences or developments in their life since the death of a partner. The researchers must be ready to spend the amount of time that seemed appropriate to participants, and some interviews might take quite a long time.

These informal discussions were valuable, and we are grateful for the generosity of the people concerned. The researchers continued, during the study period, to take opportunities which arose for further informal discussions with bereaved people, to build general understanding and gain fresh insights.

D.1.2 Exploring feasibility and good practice in recruiting participants for 'before and after' interviews

In the original research design the intention was to conduct a small number of interviews with people whose partners were receiving palliative care, and to return (by invitation) some months after the death. This, it was proposed, would help throw light on whether people anticipating their partner's death thought about the financial implications, whether they made plans in advance, and whether what happened after the death reflected previous expectations. Members of the Advisory Group and the assessors for the internal university ethics committee felt this approach was feasible and not unethical, but required great sensitivity and care and careful preparation and piloting.

The researchers worked with staff in a London hospice during October/November 2006 to plan and conduct an exploratory exercise as part of this preparatory work. This large London hospice provides in-patient care mainly for symptom and pain control, or short break respite care, following which patients often return home for community nursing and support, or transfer to a nursing home. There is also a day-care hospice provision, and an extensive bereavement support service.

The aim of this exploratory exercise was to inform the researchers about the salience of the issues for enquiry among people at the end of life and those who care for them; and to help equip the researchers to conduct main stage interviews in the most appropriate and sensitive way. Objectives were to conduct a small number of informal discussions with people similar to those who would be recruited in the main stage study. The researchers would explain they were planning research on financial

and economic issues at the end of life, and were seeking help and advice about this. The aim was to ask which issues seemed important and should be included in the research; which issues interested people and which issues people were ready to talk about, including readiness to talk about the possibility or likelihood of their partner dying. The researchers would also ask about the best way to invite people to take part in interviews, and explore issues such as the timing of invitations, the approach taken in letters, the appropriate length of interviews, tape-recording and how best to keep in touch with people.

The researchers worked closely with a senior member of the hospice staff with wide research experience. The hospice's independent research ethics committee approved a proposal for the preparatory work and for some of the main fieldwork.

First, one of the researchers met with two members of the social work team, for a general discussion about the research, and to hear their views about financial issues that might be important to families in touch with this hospice. Most of the local population were described as being in low income groups, and many of the patients were elderly. Funerals were known to be a major expense, causing financial hardship and debt.

The researchers and hospice staff then designed a letter for distribution to people whose partners were receiving hospice care, seeking help with planning some research on financial matters, and inviting people who would like to take part to get in touch with the researcher. The letters were addressed 'Dear hospice user' and included a sheet of information about the researchers, and a proforma and envelope for reply. This approach was designed to preserve confidentiality for people. No names were passed to the researchers by the hospice; the aim was that people would be able to take part in the research without hospice awareness.

The senior hospice staff member undertook to explain to relevant social workers and nursing staff the purpose of this specific exercise, in the context of the overall study. This happened in personal discussions and staff meetings, and the person concerned felt that there was general interest and support for the research. Six letters of invitation were given to nursing staff and social workers, for distribution to people whose partners were currently receiving in-patient care and believed by clinical and nursing staff to be close to the end of life. Staff were expected to use some discretion here, and not give letters to people observed to be in acute distress, or those with limited spoken English (the hospice serves areas with strong representation of minority groups).

Response was relatively slow and the senior member of staff gave a second batch of invitation letters to nursing staff and social workers, with further encouragement to give out the letters, and then took four further invitations onto a ward and gave these personally to relevant people.

Overall, three people sent reply slips saying they would like to take part, giving personal addresses and telephone numbers. The researcher made telephone contact with two of these people, who showed understanding of the financial focus of interest, and said they had things to say. However, in both cases the relative receiving hospice care was their mother, not their partner, and interviews were not arranged. Hospice staff were informed that this had happened (without disclosing names), and undertook to offer support should anybody tell them they were disappointed, frustrated or even angry about this outcome of their offer of help.

The third person who replied by post proved hard to contact by telephone. It seemed likely that most of their time was spent on the ward with their partner. After discussion with hospice staff and careful consideration of ethical issues including confidentiality and the need to acknowledge immediately the respondent's interest and offer of help the researcher told staff the name of the person, who was recognised as currently on the ward. Staff spoke to the person and made an appointment for the research meeting to take place later that day, on the ward. The discussion eventually took place in a side room on the ward. The person concerned was happy with the arrangements made and gave generous help. The approach was informal, and the researcher made notes by hand, with agreement.

This whole preliminary exercise was most valuable, and there were a number of useful lessons:

- Some people who receive an invitation via hospice staff to take part in discussion with a researcher about financial issues to do with caring for people receiving hospice care are interested, and ready to take part. They are prepared to send reply slips, giving telephone numbers, and ready to arrange interviews when contacted. Some people's relatives die before the researcher makes contact.
- Some people prepared to take part are hard to contact by telephone, however, because they do not go home much at this stage, and are selective in giving out numbers of mobile phones. Contacts may be mediated via the hospice, but there are confidentiality issues here.
- Interviews arranged on hospice premises are convenient to some participants, but may attract attention and interventions from other people who want to be helpful in ways that compromise confidentiality and may have other impacts on the person interviewed.
- Recruitment via third parties may not be straightforward. Despite careful preparation and information giving at the hospice, some invitations were given to inappropriate people (people caring for mothers, not partners). It proved hard to get firm information about actual numbers of invitations distributed. It was possible that some 'gate-keeping' by staff took place in addition to the discretionary decisions suggested by the researchers.

- Research interviews about financial issues with people whose partners are receiving end-of-life hospice care can provide rich details about current financial circumstances and issues, relevant to the topics of enquiry.

However, and this is important, this interview did not provide any information relevant to anticipation of bereavement, or any thoughts or plans about financial and economic circumstances after their partner's death. The person concerned constructed and managed discussion about the future with a focus on what they hoped would happen later that week, when their partner would go home to receive community nursing. There was ready agreement to the researcher getting in touch again later on, but no acknowledgement that this was likely to be after their partner had died. The researcher felt it was not open to her to suggest this.

D.1.3 Implications of the lessons learned

The lessons learned included a number of ethical and practical implications for the main stage study. While only one full interview had been achieved, so many issues had emerged during this exercise that the researchers were left in doubt about their original proposal for some 'before and after' interviews. The researchers' main concern was how they could recruit people whom they were confident were ready to acknowledge to the researcher that their partner's life was limited. While hospice staff might be confident that a person knew they were facing imminent bereavement, and indeed have talked about this at length with the person concerned during the period of support, the researchers could not assume that this person's level of cognitive awareness, and capacity and readiness to discuss such things, were directly transferable from the hospice context to the research interaction proposed.

There were additional concerns about seeking informed consent. A standard invitation letter and project information sheet, making clear the research focus on financial implications of bereavement, sent from a university to a person facing imminent death of their partner would be, we believed, unethical. The preparatory exercise had tried a staged approach to recruitment and consent, initially asking people to take part in research about the financial issues facing people using hospice services, and during this discussion, asking if they would be prepared to talk to the researcher again later. For some people, this approach would probably lead to their agreement at the time to take part in another later interview (as was the case in the pre-pilot interview). In some cases, therefore the outcome might well be 'before and after' interviews with the same person. However, such people would not have known that the real purpose of their recruitment for the first interview was to go forward into a study of bereavement, and thus could not be said to have given informed consent to the first interview.

The additional issue that might arise was how to deal with data from people who took part in a first interview but declined to take part in the second interview which focused on the impact of bereavement. The researchers felt that it would be unethical to collect this kind of sensitive data but not use it.

The research team thus perceived various potential negative outcomes for some people who discovered the focus of the researchers' interests only after taking part in a 'before' interview.

Given these concerns about the original proposal for 'before and after' interviews, the researchers considered omitting this component from the main stage. Had the person interviewed in the preliminary exercise been approached only once, after the partner's death, and agreed to take part, it seemed likely that they would remember many of the financial issues to do with the caring period. We know from previous research (Corden *et al.*, 2001) that people retain clear memories of details of financial budgeting while caring for a family member – there is clear recall, into the year following the death, of costs of and outlay on incontinence supplies, bedding, pyjamas, gas bills, taxi fares, etc. People remember salient issues about benefits and financial support from families and charities. The financial information from the person we interviewed could probably have been collected had the interview been conducted in the year after the partner died. Indeed, it might have been richer and more useful as a result of the context of the interview. It would be natural and acceptable to ask such a person, after bereavement, if they had been worried about how long they could maintain the additional expenditure through the caring period, what other expenses they had feared, if they had thought what their benefit situation would be as a single person, and whether they had taken any action in response.

The research team discussed these implications for the research design. Omitting the ten proposed 'before' interviews from the design would free some resources to enable additional interviews with bereaved people. At this preliminary stage in the study early statistical findings suggested it would be useful to look closely at some groups already emerging as at particular financial risk following bereavement – for example, younger women with children. It might be helpful to conduct more qualitative interviews with people in this group than originally planned.

In January 2007 the team sought views from one of the members of the Advisory Group with considerable experience of research with bereaved people, explaining how findings from the preliminary work influenced intention to omit the series of 'before and after' interviews, and conduct more interviews with bereaved people. This approach, the research team suggested, addressed ethical and methodological concerns raised in the preliminary work, and seemed likely to enhance the value of the qualitative element. The Advisory Group member felt that these reconsiderations were appropriate, and fully supported the adjustment of the overall study group.

D.2 The main stage qualitative interviews

This section describes the recruitment of the study group for the main stage qualitative component and goes on to describe the development of the topic guide and conduct of the interviews.

D.2.1 Recruitment to the study group

The study group was built with the intention of including people at different stages of life, when expectations and emotional impact may be very different, as will be their financial circumstances and experiences. Thus the aim was to include men and women across all age groups, covering a range of personal circumstances. There were a number of approaches used in recruiting people, all of which depended on practical assistance from organisations and agencies already in touch with people whose partners had died. Overall, the research team worked with:

- three hospices
- The WAY Foundation
- Age Concern
- Carers UK
- Cruse Bereavement Care
- Bereavement Research Forum
- two church groups
- Cancer Counselling Trust
- Roadpeace.

The researchers had wide professional contacts with hospices and bereavement services, and there was considerable interest here in offering help to recruit people whose partners had received palliative care, or who had used hospice bereavement services. The initial preparatory work was conducted with support from a London hospice, which also gave help in recruiting for the main stage fieldwork. The other two hospices with whom we worked were located in a northern city and the south east respectively.

The WAY Foundation is a self-help and support network for women and men under the age of 50, whose partner had died. This organisation was in touch with people with young children, and people whose partner died suddenly and unexpectedly, groups whom we were keen to include. Age Concern offers a range of services for older people, many of which are organised at local level. Among those older people using Age Concern information and advice centres, luncheon clubs, social and leisure activities or home maintenance services are men and women whose partner has died. We worked with a branch of Age Concern in the north east of the country. Carers UK, similarly, is a national organisation which is organised and offers services

at a local level to people who have a caring role, for example people caring at home for family members who are ill, disabled or frail through old age. Local branches often maintain contact with carers after the death of the person cared for, and so are in touch with some people whose partner died. We worked with three local branches in the North West of the country.

Cruse Bereavement Care is also a national organisation, offering support and services specifically to people with experience of bereavement, and the Cancer Counselling Trust provides information, support and services to people and families affected by cancer. RoadPeace is a national charity supporting road traffic victims. Two churches which had been actively developing the support they offered specifically to bereaved people offered help. These were based in cities in the south and the midlands. A small number of people were recruited with help from professional members of the Bereavement Research Forum.

Different ways of working with these organisations were developed and refined as the study proceeded. In the case of the hospices and the national organisations who had registers which enabled them to identify individual people whose partner had died the approach was broadly as follows.

The researchers sent a copy of the ESRC research proposal with a formal letter to the head office, describing the study and the kind of help sought, and requesting an opportunity for further discussion. There was positive response to all such initial letters, with interest and agreement in principle to be involved. A senior member of the team followed up these initial contacts, usually by arranging a personal meeting with relevant members of the organisation at local level, to discuss in greater detail the kind of help required and how this might be achieved. Two of the hospices and one other organisation had independent requirements for ethical scrutiny at this stage, which involved formal correspondence and exchange of documents, and in one case a decision was sought from the Chair of an NHS Research and Ethics Committee.

The researchers were open to all suggestions from the organisations about ways of inviting relevant people to take part, while maintaining strict confidentiality. 'Relevant people', initially, were defined as men and women whose partner (married or not) had died during the last 18 months. Taking into account advice from the Advisory Group, we suggested that invitations were not sent to people bereaved very recently (in the last six months). This was partly because financial arrangements following a death often take some time to settle down and be understood. Another reason was that we believed our research request at an early stage in grief might be intrusive or unhelpful. As the project developed, however, we found that some people were ready to take part in an interview soon after the death. This happened, for example, for some people whose partners had experienced a long period of illness, and part of the experience of the anticipated death were strong feelings of relief of suffering. In the

later stages of recruitment, the selection criteria were thus relaxed to include people whose partner died very recently, and some others who were keen to take part in the third year after bereavement.

We explained to the organisations offering to help with recruitment that confidentiality was a priority. The aim was for the organisation to distribute information and invitations to relevant people, and for interested people to get in touch themselves with the researchers, giving their contact details. The organisation would not know who responded (unless the people concerned chose to tell them). The research team would have no personal information about people to whom invitations were sent.

One way of doing this was for the organisation to send to named people their own covering letter supporting the research, with the invitation pack provided by the research team. The pack included a project information leaflet, a reply proforma and a stamped addressed envelope (included at Appendix F). This general approach was adopted by the organisations who could identify and were in touch with relevant people, and had appropriate databases of names and addresses which might be used for mail-outs (for example, the hospices, the WAY Foundation, RoadPeace, one local branch of Carers UK).

Not all organisations had registers or databases which specifically identified people whose partner had died, for example Age Concern, and some local branches of Carers UK. One approach developed here was for the organisation to insert a flyer about the research, provided by the researchers, within their regular mail-out to members, for example with the newsletter. Another approach used was for the organisation to distribute invitation packs, as described above, to locations and events visited by their membership, for example putting the packs on counters or on display boards.

At the same time as the researchers were engaged in these discussions with the different organisations, a memorandum was drawn up with each, setting out the working arrangements and responsibilities on both sides. This was the first time the researchers had used such a document (a copy of the general format is shown in Appendix F). The researchers thought it might be helpful to have a formal documented agreement about the parameters of responsibilities on both sides, and how the research team would support an organisation offering help on a voluntary basis. Our understanding is that the organisations concerned appreciated having a joint formal understanding, especially where staff involved had limited experience of working with external researchers.

The work described above was resource intensive. For each organisation taking part, the researchers made one or more initial visits to their offices, followed by telephone, letter and email correspondence throughout the period of involvement. The research team designed versions of the invitation packs or flyers with wording that was

contextually appropriate to each organisation, and helped the organisations design their own covering letters. This work started with the hospices in January 2007, and continued in a rolling programme throughout 2007 and early 2008, drawing in the other organisations as soon as they felt able to take part. When senior staff in organisations were very busy, or needed to consult with local branch managers, it took several months from first contact to their issuing invitations. Each of the hospices and one of the local branches of Carers UK agreed to a second mail-out at the end of 2007. The WAY Foundation distributed a second batch of invitations in early 2008, focusing particularly on fathers and parents of older children, to help extend the characteristics of people in the study group.

It is traditional, in this kind of qualitative study, to offer an assessment of the level of response achieved. This is not easy here. Some people got in touch with the researchers as a result of invitations issued by most of the organisations which helped. Overall, where organisations mailed personal letters to individual people, around three in 12 people subsequently got in touch to arrange to take part in an interview. We do not know, of course, whether all the letters reached the people to whom they were addressed. There was some response to the distribution of flyers in general newsletters, or distribution of invitation packs by passing these down to be dealt with at local events or sites, but this was less successful in achieving participants. The research team had no control of these latter processes, of course, and we do not know how many of the invitations and flyers were actually seen by people whose partners had died.

What we can say is that all these different approaches to recruitment enabled some people whose partner had died and who wanted to share their experiences with a researcher to get in touch in ways which maintained confidentiality. At the end of the interviews, the researchers asked people about the way invitations had reached them, and how acceptable this had been. Everybody said the approach to them had been appropriate. Nobody said they had felt any pressure from the organisation or person who had sent the information about the research. Some said they agreed to take part because they wanted policy makers to know about particular financial or economic experiences which might be dealt with in different ways leading to more positive outcomes for other people. Some said they accepted the invitation because they had not had particular financial concerns; they felt lucky in this respect but wanted to take part if this might help other people. Some people who appreciated help received from a supporting organisation saw taking part in the research as a way of acknowledging that support and 'giving back'. Some people said they had been pleased or just rather curious that a researcher wanted to make a long journey to meet them. Agreeing to take part had been hard for some people, however. Everybody we spoke to was grieving the loss of their life partner, and people weighed up whether they wanted to talk to a stranger about their partner and the circumstances of their death.

There was one reply from a person who did not want to take part in an interview and gave no contact details, but offered help by describing on the reply proforma some of their general financial circumstances. One person made an appointment for an interview, which was first postponed and then cancelled, explaining this as related to health concerns. We purposefully avoided issuing invitations in December, knowing that Christmas is often a difficult time for people who have lost a family member. We also noted that there was very little response to personalised invitations sent out by one organisation in the period leading up to Easter.

D.2.2 Developing the topic guide

The researchers designed a topic guide to steer discussion in the interviews. The topics for discussion were those perceived to be important, from the researchers' review of literature and previous research, from dialogue with Advisory Group members and, importantly, from the informal preliminary discussions with people who had experienced bereavement and hospice social workers. Interviews were designed to cover, generally, people's personal and financial circumstances before and after their partner's death. The focus was on the changes in income and resources and household expenditure that had taken place, and people's experiences and feelings about their financial and economic situations. Of particular interest here were the time periods people perceived as relevant. The researchers asked whether there had been any concerns or problems and how these were dealt with. Within these broad topic areas, the researchers aimed to explore issues such as paying funeral expenses; any conversations with partners about what might happen financially if one of them died; and the need for financial information and advice, before and after the death.

In addition to these policy-related issues, the researchers aimed to explore some areas which might contribute to theoretical understanding of the experience of partner bereavement. The interest here was the role of financial and economic issues and the way these were dealt with, in the process of grieving and the experience of life change due to death of a partner.

The initial topic guide generally worked well in the early interviews. Some adjustments were made as the interview series continued, both in the light of experience of talking to people, and in response to early quantitative findings. As an example here, initial statistical analysis showed that the period immediately after bereavement was a time of considerable financial and economic change. In order to explore this qualitatively, a small adjustment in the topic guide directed the researcher to ask people to compare their current financial situations with those immediately after their partner died, as well as those in the period before death.

A further adjustment was made to the topic guide, after the first 30 interviews had been conducted. A new area of interest had emerged, during the researchers' discussions and interpretations of findings. It seemed that, among couples where one person was involved in what might be called intensive care-giving activities, for example nursing a partner at home through terminal illness or living with a partner with deteriorating Alzheimers, whether that person identified themselves as a 'carer' sometimes had important financial implications. These included delays in claiming attendance allowance or carer's allowance; and making private provision for services that would be available free in a formally recognised 'caring' situation. The team decided to explore further, with people whose partner had experienced a period of illness before death, whether they thought of themselves as a 'carer' and what this meant to them, in the context of marriage or life partnership. Specific questions were designed and included in the final version of the topic guide.

A copy of the final version of the topic guide is included in Appendix F.

D.2.3 Conducting interviews

People interested in taking part in the research sent their names and contact details to the researchers, who got in touch by telephone. The telephone conversations provided opportunities for clarification of the purpose of the research and the topics for discussion, and to answer any questions people had. Nobody changed their mind about taking part at this stage, and appointments were made for interviews, to suit people's preferences. Most people wanted the researcher to visit them at home, but some people at work during the day found it convenient for the researcher to visit their place of employment.

As explained above, only one appointment was postponed and then cancelled.

In several interviews there were children or grandchildren in the room, playing or reading. In all such cases we asked the people concerned how the interviews should be managed and respected their preferences. Some people chose to ask children to play in an adjoining room, and expected the researcher to break off the interview each time the child returned or called for attention. Some people thought that very young children in the room were not listening to the discussion if absorbed in play, or were too young to understand. Some of the most challenging interactions for the researchers concerned were those in which a young child came to the table and talked about their feelings for the parent who had died, and short discussions with older children who arrived home from school during interviews.

There were some ethical issues here. We were not trained to talk to children about a parent's death and had to make immediate pragmatic decisions about handling the situation. As strangers entering the home, we did not know what would be usual or

unusual, helpful or not. When parents said their young child would be absorbed in play and not listening, the researcher concerned was less certain, but negotiating to have the discussion without the child, or remaking the appointment might have been unhelpful, or even harmful. Faced with situations that arose, we conducted the interviews in accordance with the preferences of the parents and grandparents concerned, responding to their cues and leads, especially in discussion about events leading up to death, and in the use of language.

A number of interviews were conducted with family members or a close friend present, at the request of the bereaved partner. These people had been involved in providing support before and after the death and made valuable contributions to discussion. Sometimes the participant explained that they found it helpful to have this support during the research interview, and that knowing their relative or friend would be present had been an influence in their decision to take part.

One interview was conducted with the adult child of the person who had died, rather than his wife, whose age and frailty meant it was not possible for her to take part in an interview. The adult child wanted to contribute to the study, as the person who had full knowledge of the financial and economic impact of the death of one parent on the other, through having run the family's affairs for several years with Power of Attorney for both parents. The person's mother was present during much of the interview, but said she did not want to join in. This elderly person slept during some of the interview, and then went out of the room. The researcher was satisfied that this reflected her choice.

Nearly everybody who took part in an interview gave permission for use of an audio recorder. In a small number of cases the researcher decided to make notes rather than using recording equipment. This happened, for example, when there was loud background noise from construction work in the building. When interviews were not recorded, the researcher dictated a full account of the discussion into recording equipment as soon as possible afterwards, from the notes and her recall. All the recordings were professionally transcribed and returned to the researchers for analysis.

Throughout the interviews, the researcher checked on the acceptability of the issues being explored. Only rarely did people say there was something they did not want to discuss. When this happened it was to do with wishes expressed in a Will. At the end of each interview the researcher checked again that people were happy for their views and experiences to be included in the analysis.

In preparing for fieldwork, the researchers had compiled information sheets containing the contact details of national, and sometimes local, organisations providing bereavement, legal and financial advice and support. This information was then readily available in case discussions during interviews generated requests for

help in locating support. Help was sought from some of the research partners in identifying appropriate local provision. The researchers felt it necessary to refer to these contact information sheets in only a small number of interviews, where people demonstrated a desire to access more bereavement or counselling support but did not know with whom to get in touch.

The researcher also asked people to reflect on the experience of taking part in the research interview. As explained above, everybody had been happy about the way in which they were invited to take part. There were no suggestions that interviews might have been done differently or better, although of course it would have been hard for some people to express such feelings without risking seeming impolite. Some people said they were looking forward to telling curious members of the family about the interview. Some of the older people and those who did not get many visitors said the interview had helped to fill their day. Holding the interview at the participant's home was welcomed, particularly by those who were caring for young children at the same time and by people who felt a familiar place was most appropriate for talking about sensitive and personal matters. Some of those who had initially been uncertain whether they wanted to take part said they did not regret having done so, but were pleased that the occasion was over. Parts of these interviews were hard for everybody who took part, but people had not expected otherwise.

Most people, when asked, said they would like to be told when findings from the research were available. Again, some people would naturally say this when asked, as a negative response might risk seeming impolite. The people who expressed most interest in the findings were people who had strong feelings about their particular experiences such as problems with benefits or mortgage companies; and people particularly interested in research, through their professional backgrounds.

Most of the interviews took between sixty and ninety minutes. In some cases, the researcher spent considerably longer than this at the person's home. In most qualitative research interviews additional time is spent in the kind of social interaction that is normal when a visitor comes to a private home. In this series of interviews, the researchers felt they were sometimes expected to stay longer than usual after the interview. During this time, family photographs were often shown, or items that represented other ways of remembering the person who had died, such as their craft work, sports trophies, home improvements, family pets. Some humorous stories were shared about the person who had died, or their lives. When the researchers planned the interviews, and thought of ways of leaving that would reinforce positive feelings for people who had taken part, they anticipated that social conversation might go in the direction of looking forwards, for example the progress of grandchildren, employment opportunities or plans for the garden. This did happen for some people. Others, it became apparent to the researchers, wanted to look backwards at the life and value of the partner who had died as the last part of interaction with a stranger. The researchers learned how to leave some interview settings by 'holding' and

'staying with' the sadness rather than attempting to turn the direction of people's thoughts according to the researchers' own assumptions of what it meant to end on a positive note.

D.3 Data extraction, display and analysis

The tape-recordings from the interviews were transcribed professionally, and data were extracted from the transcripts alongside any additional notes made by the researchers during or after the interviews.

The 'Framework' method was used for data extraction, display and analysis. Framework is a matrix based method for ordering and synthesising qualitative data, originally developed during the 1980s by the National Centre for Social Research. Ritchie *et al.* (2003) provide a full explanation of the Framework approach currently widely used by qualitative researchers. As described by Ritchie *et al.* (2003) the central component is a thematic framework, which is used for classification and organisation of data according to key themes, concepts and categories. Some of the themes and concepts are issues initially identified by the researchers, within the aims of the enquiry, and some are emergent categories, which evolve through study of the transcripts and development of the researchers' understanding. The main themes divide into a succession of related subtopics, providing an integrated thematic framework.

The thematic framework was drawn up as a series of charts, using Excel worksheets for electronic file management and storage. Themes and topics were displayed as column headings and each interview or case formed a new row in the worksheet. Descriptive comments and explanations from the transcripts were entered in each cell of the matrix accordingly. The charts were then printed on A3 sheets of paper, for visual display and inspection to facilitate interrogation of the data and interpretation. This approach enabled practical management of a substantial amount of qualitative data; and both within-case and across-case thematic analysis. Both the qualitative researchers had considerable previous experience of using Framework.

Data were extracted as soon as possible after each interview, by the researcher who conducted the interview. This meant that all the qualitative material was accessible to each member of the research team as it was collected, and could be constantly interrogated and discussed. The researcher responsible for organisation of the statistical data learned quickly how to access and interrogate the qualitative material displayed using Framework. This shared access to the qualitative data was an important part of the 'mixed methods' approach. It enabled the team to begin exploratory and iterative analysis of both the qualitative and quantitative data, based on shared understanding, soon after the start of the fieldwork. Initial stages of analysis, discussion and interpretation involved all three members of the team. In the

latter stages of the study, there was a planned withdrawal from this process by Nice, according to her smaller time input into the project. However, Nice continued to be consulted as the thematic analysis and interpretation progressed, particularly in relation to the data extracted from interviews she had conducted. Nice was also consulted towards the end of the process when drawing conclusions and practical implications from the results of the analysis.

D.4 Characteristics of participants

Forty-four people took part in interviews; 13 men and 31 women across all age groups:

<i>Age group</i>	<i>Men</i>	<i>Women</i>
30 years and under	-	2
31-40 years	1	7
41-50 years	5	5
51-60 years	1	3
61-70 years	3	11
71-80 years	2	2
81 years and older	1	1
<i>Total</i>	<i>13</i>	<i>31</i>

Among the older people, five men were bereaved when they were over state pension age and ten women. At the time of interview, 15 people (five men and ten women) lived with up to three dependent children each. Most were the natural children of the partner who died, with some children from earlier partnerships and some adopted children. These families included children across the age range, from children under two years to older teenagers, and some families included children with special needs.

People lived in their own homes, in urban, inner city and rural locations across England, with two people in Scotland. Black and minority ethnic groups were not represented.

Appendix E Support for the Research Study

E.1 Project advisory group

The aim in convening an Advisory Group was to provide ready access for the research team to a group of people with a range of relevant specialist knowledge and experience, with whom the team might discuss ethical and methodological matters, early findings, policy implications and routes for dissemination.

The group was composed of eight people who themselves had research expertise in bereavement or financial matters or who represented central government or national voluntary organisations with some responsibility for, or association with, bereaved people. Together, they were knowledgeable about social security benefits, pensions and tax credits; financial products and services; issues important for particular sub-groups such as carers and elderly people; and research on dying and bereavement.

The first meeting of the Advisory Group took place in November 2006 in London. There was useful discussion about the parameters of the study and methodological challenges. Some members offered help with recruiting people to take part in interviews. The second meeting was again held in London in April 2008. By this time, the qualitative and quantitative data collection was complete and researchers were beginning to write about the study findings. This meeting proved a valuable forum for discussion about the emerging findings and possible applications in policy and practice.

Throughout the study, Advisory Group members were kept in touch with progress through newsletters and other mailings. Newsletters were circulated in March 2007 and December 2007 and each provided brief summaries of progress in both the quantitative and qualitative elements of the study, as well as 'news' about conferences attended and papers written. Papers presented at conferences were also sent to the Group members to keep them in touch with current developments.

There were also occasions when individual members of the Group were consulted for expert advice and help regarding ethical issues; family and household formation; and money management and transfers within different family contexts. The people concerned gave valuable help in recruitment for interviews, adjustments to the design of the qualitative research, improving the researchers' knowledge in some topic areas and commenting on draft sections of this report.

E.2 Support for the research team

The sensitive nature of the research was expected to make particular emotional and psychological demands on the researchers. In an earlier bereavement research project (Corden *et al.*, 2005) the research team used an innovative model of therapeutic support. This proved helpful, and the same group psychotherapist at The Tuke Centre, York, was engaged to provide support to the research team in this study.

Over the course of the study the researchers took part together in one preliminary meeting and nine bi-monthly group meetings with the therapist. On one occasion, one member of the research team was unable to attend due to ill health. In general, the meetings were useful as a neutral space, to take time away from work tasks and to share experiences of approaching the topics of death and bereavement. The researchers found that they learned much from each other and that this helped to develop relationships within the team, and supported aims in adopting a model of integrated working. Although it was initially envisaged that the support would be most valuable during fieldwork – the time when it was expected that researchers would be most exposed to risks to emotional health – the sessions proved to be equally useful during the early stages of the project, when there were challenges in making visits to hospices and recruiting participants, and towards the end of the study when writing was a priority.

The use of this group support and reflections on its value by the researchers and the therapist will be reported in more depth elsewhere (Corden *et al.*, forthcoming).

E.3 Other sources of help

As the researchers conducted the qualitative fieldwork and were more exposed to the issues affecting bereaved partners, they became aware of gaps in their own knowledge. Individual members of the Advisory Group gave some help and advice here, as described in Part E.2 above. Chapter 6 explains the involvement in the study of Henk Schut and Margaret Stroebe, Department of Clinical and Health Psychology at Utrecht University.

Members of the Department for Work and Pensions provided briefing notes to answer our questions about current policy around bereavement benefits. Additional sources of advice and information included a Registrar, to better understand the process and information-giving when registering a death; and a member of the Low Income Tax Reform Group, to learn more about inheritance, and other tax arrangements and procedures. The researchers also visited a bereavement centre established as a 'one-stop' shop to enable people to register a death and deal with

other matters such funeral payments, benefits, housing tenancies, probate and tax. The generous help and advice received through these informal contacts was valuable.

Appendix F

Research Instruments

Heslington, York, YO10 5DD

Telephone: (01904) 321950

Text Telephone: (01904) 321951

Fax: (01904) 321953

E-mail: SPRU@york.ac.uk

Website: www.york.ac.uk/inst/spru

Research on the financial implications of the death of a life partner

[Name of organisation] has agreed to help the Social Policy Research Unit at the University of York in the above ESRC funded research study.

Here we set out the working arrangements and responsibilities agreed.

At the **Social Policy Research Unit**, Anne Corden and Michael Hirst have overall responsibility for the project. Katharine Nice is also a member of the research team. Day to day contact with the team will generally be through Anne Corden, or Kath Nice. In the Unit's main office, Sally Pulleyn provides secretarial and administrative support to this project. Contact telephone numbers and e-mails are:

Anne Corden: Tel. (01904) 321962; E-mail. pac2@york.ac.uk

Kath Nice: Tel. (01904) 321983; E-mail. kn5@york.ac.uk

Sally Pulleyn: Tel. (01904) 321951; E-mail. sap6@york.ac.uk

At **[Name of organisation]**, members involved are [Name of contact]. Day to day contact will generally be through [Name of contact]. Contact telephone numbers and e-mail addresses are:

[Contact details]

The help to be given by [Name of organisation] is focused on enabling the researchers to distribute information about the research project to people whose life partner died recently, inviting them to take part in an interview about financial issues.

The team at [Name of organisation] has seen a summary of the research proposal, and discussed with the SPRU team the issues for enquiry and ways in which information and invitations might be given out. [Name of organisation] will receive a copy of the SPRU submission of this project to the relevant university ethics committee, the IRISS (Institute for Research in Social Sciences) Ethics Committee.

In working with [Name of organisation], practicalities and day to day management will be dealt with generally by Anne Corden and [Name of contact], mostly by telephone and e-mail communications, and any visits to [Name of organisation] that will be helpful.

The **Social Policy Research Unit** will:

- consult and agree with [Name of organisation] on all aspects of the distribution of information and invitations, and content of materials;
- be guided by [Name of organisation] as to the way in which people are told about the research and invited to take part, and respond to suggestions about different approaches;

-
- consult and agree with [Name of organisation] about the selection of people to be approached;
 - supply as much as possible of the information and invitations that may be sent by post, and manage the replies from the University;
 - reimburse [Name of organisation] for any costs of postage, or any 'covering letter' written from [Name of organisation] on production of an invoice;
 - provide immediate feedback on response to invitations (in terms of numbers of interviews achieved);
 - take to all research interviews, information about support available at [Name of organisation] and other local contacts for advice;
 - guarantee all staff at [Name of organisation] involved in the project confidentiality and anonymity within written documents, and oral discussion of research findings, unless they specifically request otherwise
 - provide a full report, and shorter summary documents, of the findings from the overall study, as soon as these are available in 2008;
 - respond, where possible, to requests from [Name of organisation] for help from SPRU, for example filling short speaking slots at staff meetings, or contributing to training events/materials from experience in this project.

[Name of organisation] will endeavour to:

- support the project in the process of identifying people in [Name of area] who may be interested to take part, and distributing information and invitations;
- support the project in explaining the relevance and importance of the research to those colleagues within [Name of organisation] who may be involved, (and any other professionals who ask about the project, or need to know);
- support the project positively to any members of [Name of organisation] who make enquiries following invitations, explaining that SPRU would be glad to talk to them whatever their experience of financial issues;
- respond to anybody who takes part in a research interview, and then makes or renews contact with [Name of organisation] seeking further bereavement support.

Signed on behalf of Social Policy Research Unit:

Name: _____

Signature: _____ Date: _____

Signed on behalf of [Name of organisation]:

Name: _____

Signature: _____ Date: _____

Research about financial matters for people whose partner has died

We would like to invite you to take part in a research study about financial matters for people whose partner has died. Please read the information here and think about whether you would like to take part.

Who are we?

We are researchers at the Social Policy Research Unit at the University of York. We have experience of talking to people about finances and managing money, and we have talked to many people who are experiencing bereavement. Our names are Anne Corden, Kath Nice and Michael Hirst.

What is the purpose of this research?

When a person's partner has died there are all sorts of changes in financial circumstances to deal with. There may be changes in income, such as pensions, benefits, or for some people earnings. There may be changes in household expenses, or extra expenses including paying for a partner's funeral. If a person's partner was ill before they died, there may still be bills to pay for extra heating or special food. For some people, financial strains and uncertainties make it harder to deal with their grief. Other people may find that, financially, things are alright for them.

So far, there is no research which brings all this together, and so we do not know why financial problems arise for some people, or what might be helpful in dealing with matters to do with money after a partner dies. We want to talk to people about these matters, as part of our research. What we find out will be important for people in government who decide about pensions, benefits and taxes. The research will be useful to bereavement support services in hospices and voluntary organisations. People who give financial advice, like Citizens Advice, will find the research helpful to them.

Why invite me?

We want to talk to people whose partner died during 2006. are helping us by sending this information sheet to people they have been in touch with whose partner died in 2006. We do not know your name yet, or anything else about you.

We would like to talk to people who feel alright financially as well as people who have had problems.

What will be involved if I agree to take part?

One of our researchers, probably Anne or Kath, will get in touch, and make arrangements to come and meet you. This will be at a time and place that suits you in the next few weeks, and will take up to an hour of your time. The things that we would like to talk about are any changes in your financial circumstances after your partner died; how you have dealt with these, and whether there have been any problems about financial matters. You will choose how much you want to say about any of these things.

What will happen to the information?

We will keep the information you give us in a safe place. Everything we discuss with you is confidential. We do not use people's names in any reports and we shall take care that nobody else could identify you. will not know you have taken part in the research, unless you want to tell them yourself.

The information we collect will be put with findings from other parts of this research study and summarised in a report for the Economic and Social Research Council who are paying for the work. We will also send you a summary, if you would like this. In addition, we will share what we find out with government departments, social services, hospice and care services, financial advisers and voluntary organisations, but in all our reports your identity will not be revealed.

What happens next?

If you would like to take part or would like to talk about it a bit more, please fill in the enclosed form to tell us your name and contact details, and post it to us in the pre-paid envelope. We will get in touch soon after we receive your form, and if you agree to meet us we will make the arrangements that suit you. The researcher who visits will show you her University of York identity card.

Is there anything for me if I take part?

We are not making payments to people who take part. If you kindly agree to spend time with us you will know that you have taken part in important research which we believe will eventually be helpful to other people who are facing the death of their partner or experiencing bereavement.

ORGANISATION'S HEADED PAPER

Your ref.

Personalised name and address

Your address and
contact details

Date of sending

Dear [Name]

Important national research

You may recall us contacting you previously to let you know about the Bereavement Services available at [name of organisation].

We are getting in touch now to let you know about some research that is being done, because you might like to think about taking part.

The research is about the financial impact on people whose partner has died, which is an important issue. At [name of organisation] we think the research is valuable and will be useful to help people in the future.

If you are interested in the research, please have a look at the information in the enclosed envelope. If you then feel you would like to take part, the researchers will be very pleased to hear from you. There are details inside about how to contact them. If you are not interested then you do not need to take any further action.

We want to take this opportunity to reassure you that none of your details have been given to the researchers.

Yours sincerely

Name of sender

Response Proforma

THE UNIVERSITY *of York*

S | P | R | U
SOCIAL POLICY RESEARCH UNIT

Heslington, York YO10 5DD

Telephone: (01904) 321950

Fax: (01904) 321953

E-mail: SPRU@york.ac.uk

Website: www.york.ac.uk/inst/spru

**Research on financial issues for people
whose partner has died**

I have read the information about your research which [Name of Hospice] sent me.

I am interested in talking to one of the research team at the University of York.

Name: _____

Address: _____

_____ Postcode: _____

Telephone number:

Mobile number: _____

I am happy for a researcher to get in touch with me about this.

Financial Implications of the Death of a Partner

Introduction

- *Thanks for taking part*
- *Refer to project leaflet and remind – anything you want to discuss?*
- *Acknowledge that talking about such things may be sad, and hard to do.*
- *You will choose how much you want to say about anything.*
- *Explain how interview will develop: talking together over a number of topics on which we would like to hear about your views and experiences:*
 - *when your husband died, and your personal circumstances now*
 - *your general financial circumstances and whether these have changed*
 - income*
 - household expenditure*
 - dealing with money management*
 - how easy or hard it was to meet funeral expenses*
 - any financial concerns or problems there have been*
 - what has been or would be helpful for people in similar financial circumstances as yours.*

These discussions usually take up to an hour, but we will spend as long as you choose.

- *Is this alright/what was expected? Will any of those topics be specially hard to talk about?*
- *Seek permission to use tape recorder; explain transcription. We will look at what people we talk to are generally saying, and write a report. It will not be possible to identify you in the report. Confidentiality throughout.*
- *Any further discussion on these points?*
- *Ask for signed consent.*

1. Personal circumstances

First of all, would you like to tell me a bit about yourself and your (husband) to put me in the picture. ***(General introductory discussion led by respondent; spend time required by respondent to tell their story; don't seek details - say we would like to talk about that more later on.)***

What was your husband's name?

When husband died; circumstances - illness/accident, period of care; ages of both, how long together? children/family?

Employment and paid work? – general pattern of husband; last job/retirement - general pattern of self; last/current job

How long have you been living here? Do you own the house or pay rent?

Be alert to any moves related to husband's death.

And how are you getting on now, I mean generally, without your husband?

Has anything in particular helped you carry on?

Spend time as required

How has your own health been?

Thank you. I have a picture now of what has happened for you, and I shall learn more as we go along.

Today's discussion is focused on financial issues.

May we talk generally about your financial circumstances now?

2. General financial circumstances

How are things at the moment, financially?

Invite general discussion to identify salient issues, general overview and emphases, problems perceived.

Do you feel differently now, about your general financial situation, compared with:

- just after your husband died?
- the time before his death? *(focus on relevant previous time)*

Have you had particular concerns about money or financial matters since your husband died? How has this affected you?

Thank you for explaining that.

May we go into some of these things in greater detail now?

3. Income and resources

May we think about the income you have coming in now.

What are your main sources of income now?

Earnings - full time/part time; regularity;

Pensions: state/private/ occupational pension (self or through spouse)

Benefits and tax credits

Do you have any other money coming in? investments, any help from family, charities

For each source of income: how important/valuable is this in terms of financial security?

We are interested in how these kinds of income have changed since your husband was alive? May I ask about your sources of income when you were together?

Earnings – husband and self; full-time/part-time; regularity

Pensions – husband and self – state/private/occupational

Benefits and tax credits

- DLA/AA/CA: identification of need for 'care' / identity as 'carer'

Any other money coming in? investments, help from family, charities

Did your husband have life insurance?

Payment received/pending

Were there any other payments to you or expected as a result of your husband's death?

One-off Bereavement Payment

Pension lump-sums; compensation – how used?

How useful is/were these?

How smoothly did things go, I mean all the changes involved in moving to receiving income on your own account, rather than as a couple? *Time parameters involved*

In terms of the way your income comes in and the amount you have are you expecting things to change for you in the future? Do you think about this?

4. Expenditure

We've talked about money coming in. May we talk now about your general expenses? I mean your general day-to-day budgeting. In general, how easy is it to pay for these things now?

Mortgage/rent: explore reasons for any moves

Council tax

Insurance

Electricity/gas/oil for home

Food/household needs – do they eat as well/better?

Transport/vehicles/fares – access to transport

Big bills; housing repairs, maintenance

Loan repayments

Family presents/celebrations

(Holiday)

Expenses of dependent children; at home or living apart

Expenses of adult children; at home or living apart

Has it got easier or harder to manage financially since your husband was alive?

Separate and explore: balancing the budget – what has changed

Money management: previous and current roles and responsibilities – what has changed – Power of Attorney

Has your budgeting settled down? Time parameters involved

Has anything been specially helpful in coping, I mean with financial issues?

Have any times been especially hard? So how did you manage to deal with this/during this time?

In terms of your outgoings in the future are you expecting things to change for you? Do you think ahead about this? How far?

Some people have to meet extra expenses during the period when their husband was ill – was this true of you?

Caring expenses – travel, food, heating, bedding, laundry, equipment

How did you manage to pay? Outstanding bills/loans

During this time, did you see yourself as a 'carer' for your husband?

And your husband's funeral was an extra expense. May we talk about this?

5. Funeral expenses

What kind of funeral did you have?

Talk generally and positively. You will build a picture of likely expenses - undertaker, flowers, gathering for friends, headstone/memorial

How easy was it to pay for this?

*Source of funding – husband’s estate, savings, family, commercial loan, Funeral Grant/Bereavement Payment
Outstanding bills*

Did you have any other one-off expenses related to your husband’s death?

Legal fees

Thank you very much for telling me about all these things. Its very helpful. We are also interested in whether people had help in dealing with financial matters arising when their husband died, or whether there was information or help they needed but didn’t get. May we finish the discussion by talking about this?

6. Advice and information

Did you ever talk to your husband, or anybody else about what might happen financially if one of you died?

*Issues discussed/expectations and plans
Match with what happened*

Did your husband make a will?

Has his estate been settled or ongoing? Issues arising

Did you have any particular help in dealing with money matters when your husband died or since then?

Sources of help; issues for which help needed; outcomes

How easy was it in dealing with all the organisations involved with financial matters?

*DWP – local and remote; HMRC
Local authority - housing benefits, social services
Insurance/pensions company/banks/building societies/PO
Solicitors; executors/probate office/Public Guardianship Office
Funeral directors
Debt recovery agencies*

Were there times when you would have liked some financial advice or information but didn’t get it?

Do financial issues affect grief? In what way?

May I ask if you have been in touch with any services which offer support to people whose husband has died, I mean bereavement support or befriending services? *If not covered already - do you think this kind of service might offer information and advice about financial matters?*

7. End

The things you've told me have been very helpful to know. Thank you very much for telling me about your circumstances. Now that you've been talking over all this with me, have you thought of anything that might have been more help or done better for somebody like you, in dealing with financial matters when their husband died?

How might this be made to happen? Whose responsibility?

Is there anything else you would like to say for us to put in our report?

Turn off tape recorder

Would they like to hear some results from the research? Preferred format.

Spend some time reflecting on the discussion:

How do they generally feel now? Did discussion go as expected/what was unexpected? Will they talk it over with anybody? Are they left with concerns or anxieties, or increased sadness? Should the research have been done differently in relation to recruitment/interview.

If judged appropriate, offer information about bereavement support service at hospice or elsewhere; how to get advice from DWP; CAB; faith group or other.

Make a note of above unrecorded discussion.

[Name and address]

Study of financial issues when a partner dies

Consent Form

I have received the information sheet and understand the purpose of the research and what it involves. Yes No

I understand that the information I give to the researchers will be treated in strict confidence according to the Data Protection Act. Yes No

The research report will include my views along with the views of other people, but I will not be identified. Yes No

I understand that I can withdraw from the research at any time without giving a reason. Yes No

I agree to take part in an interview with a researcher Yes No

Name

Signature

Date

Annex to Chapter 3

The data presented in this annex were compiled from BHPS interviews conducted in couple's households just before one partner died. The term respondent refers to the person who survived the death of a partner. Further details of the survey process and the information gathered are given in Appendices A to C. In particular, Appendix C gives details of the definition and measurement of the BHPS variables used here. Each table is presented in turn with a brief introduction to aid interpretation. Subgroup numbers for calculating percentages and other statistics may differ from table to table because of variations in response to survey questions.

Table 3.1 shows the age profile of women and men before their partner died, distinguishing between respondents under and over state retirement pension age (60 for women, 65 for men). Three out of four respondents were over pension age and were aged around 75 years on average. Under pension age, respondents were aged around 50 years on average. Men were generally older than women at the interview before their partner died. It can also be observed from the table that two out of three respondents were women.

Table 3.1 Respondents by age before bereavement and gender (per cent, mean and standard deviation)

	<i>Women</i>		<i>Men</i>		<i>All</i>	
	Per cent	Mean (SD)	Per cent	Mean (SD)	Per cent	Mean (SD)
Under state pension age	24	49 (8)	26	55 (8)	24	51 (8)
Pension age and over	76	73 (7)	74	77 (6)	76	74 (7)
<i>Unweighted base</i>		488		268		756

Although most couples lived on their own before one partner died, Table 3.2 shows that a substantial minority under pension age shared their households with adult children, dependent children and others. Dependent children include children aged under 16, or aged 16 to 18 and in school or non-advanced further education, not married and living with parent. Almost a fifth of women and one in ten men under pension age were looking after dependent children just before their partner died.

Table 3.2 Household composition by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Couple no children	57	92	63	93
Couple: non-dependent children	21	8	26	6
Couple: dependent children	19	–	11	–
Other households*	3	1	–	2
<i>Unweighted base</i>	<i>124</i>	<i>364</i>	<i>80</i>	<i>188</i>

* Includes three generation households.

The following table describes people's household circumstances according to their benefit unit classification (Table 3.3). Benefit units are defined as single individuals or couples and their dependent children, if any. Accordingly, all respondents were considered part of a couple before partner died, apart from those in same sex partnerships.²⁹ Non-dependent children and other adults living in the household would have formed separate benefit units.

Table 3.3 Benefit unit type by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Couple, no children, man under 65	65	6	86	–
Couple, 1 child, man under 65	8	0	4	–
Couple, 2 child, man under 65	10	–	6	–
Couple, 3+ children, man under 65	3	–	1	–
Couple, man 65 to 74	10	41	–	33
Couple, man 75+	3	53	–	67
Single man, 30-54*	–	–	0	–
Single man, 55-64*	–	–	3	–
<i>Unweighted base</i>	<i>124</i>	<i>364</i>	<i>80</i>	<i>188</i>

* Living with a partner of the same sex.

²⁹ Following implementation of the Civil Partnership Act 2004, registered same sex couples are now considered a benefit unit.

Table 3.4 shows the extent to which people had had contact with health and social care services during the year or so before their death, according to whether or not their partner had identified themselves as providing care for them at home. For example, 26 per cent of women partner carers provided care for a partner who had been in touch with one or more social care services. This compares with five per cent of partners in contact with such services whose partner had not adopted the 'carer' label.

Table 3.4 Partner's contacts with health and social care services in the 12 months up to the last interview before death by respondent's carer status and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Carer	Non-carer	Carer	Non-carer
Contact with social care services*	26	5	31	11
Six or more visits to GP (family doctor)	60	27	57	42
Contact with community health services*	76	28	74	42
Three or more health check-ups or tests*	51	28	48	33
Hospital or clinic as an outpatient	66	39	62	48
Hospital or clinic as an inpatient	59	20	49	24

* Services included are listed in Appendix C.16.

The next table shows the proportion of people reporting problems or difficulties in three health domains: activities of daily living, medical complaints and impairments, and psychological distress. Thus, one in four women under pension age (25 per cent) said their health limited them in activities of daily living. Almost half (47 per cent) reported problems in at least one of the three health domains, and 15 per cent in two or three health domains.

Table 3.5 Self-reported health status by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Health limits daily activities (e.g. doing the housework, climbing stairs, dressing, walking)	25	33	27	35
Three or more chronic health problems or impairments	14	26	13	33
Clinical levels of anxiety and depression (four or more GHQ symptoms)	29	36	19	18
One or more of the above	47	56	42	54
Two or more of the above	15	27	15	25

Table 3.6 summaries the distribution of housing tenures across the BHPS study group. Before their partner died, one in four women under pension age (26 per cent) said they owned their house outright, compared with 42 per cent of men under pension age. In this age group, women were more likely than men to own a house for which they were still paying a mortgage.

Table 3.6 Housing tenure by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Owned outright	26	61	42	61
Owned with mortgage	53	10	30	6
Social rented	18	24	22	27
Other rented	4	5	5	6
<i>Unweighted base</i>	<i>121</i>	<i>356</i>	<i>79</i>	<i>181</i>

Table 3.7 shows the extent to which respondents reported problems meeting rental or mortgage payments. Most respondents, around 80 per cent or more, paid such costs with no difficulties reported.

Table 3.7 Problems making housing payments in the past year by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Yes	17	10	6	8
No	79	81	94	81
100% rent rebate	4	9	0	11
<i>Unweighted base*</i>	83	125	50	72

* Those making mortgage or rental payments.

The following table shows people's responses to the question: 'How well would you say you yourself are managing financially these days?' They were invited to choose one of the responses listed (Table 3.8). Thus, a third of women under pension age reported that they were 'living comfortably' while one in ten was finding it 'quite difficult' or 'very difficult' to manage financially.

Table 3.8 Subjective financial situation by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Living comfortably	34	38	29	44
Doing alright	26	29	34	25
Just about getting by	30	28	33	26
Finding it quite or very difficult	10	5	4	5
<i>Unweighted base</i>	120	351	77	183

If household incomes in the BHPS study group were distributed according to the national income distribution, one in five households, or 20 per cent, would be found in each income quintile. The extent to which that was not the case among study group households gives an indication of their financial well-being compared with the general population. The following table shows, for example, that households where respondents were under pension age were somewhat better off compared with the overall distribution of household incomes (Table 3.9). In contrast, households where respondents were over pension age were comparatively worse off: almost 60 per cent were found in the bottom two quintiles when 40 per cent were expected.

Table 3.9 Equivalised net household income quintiles by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Richest fifth	21	9	17	7
2 nd quintile	22	10	28	10
3 rd quintile	30	23	21	23
4 th quintile	17	32	19	30
Poorest fifth	11	26	15	29
<i>Unweighted base</i>	<i>91</i>	<i>259</i>	<i>63</i>	<i>156</i>

Table 3.10 shows the distribution of households according to the intensity of poverty defined in Appendix C.6. This classification compares household incomes with the contemporary median household income. Households classified as 'poor' or 'very poor' were less than 60 per cent of the median household income, which is the official threshold for defining income poverty.

Table 3.10 Intensity of poverty* by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Not poor	82	59	76	60
Near poor	6	16	8	12
Poor	5	15	5	16
Very poor	8	11	11	12
<i>Unweighted base</i>	<i>91</i>	<i>259</i>	<i>63</i>	<i>156</i>

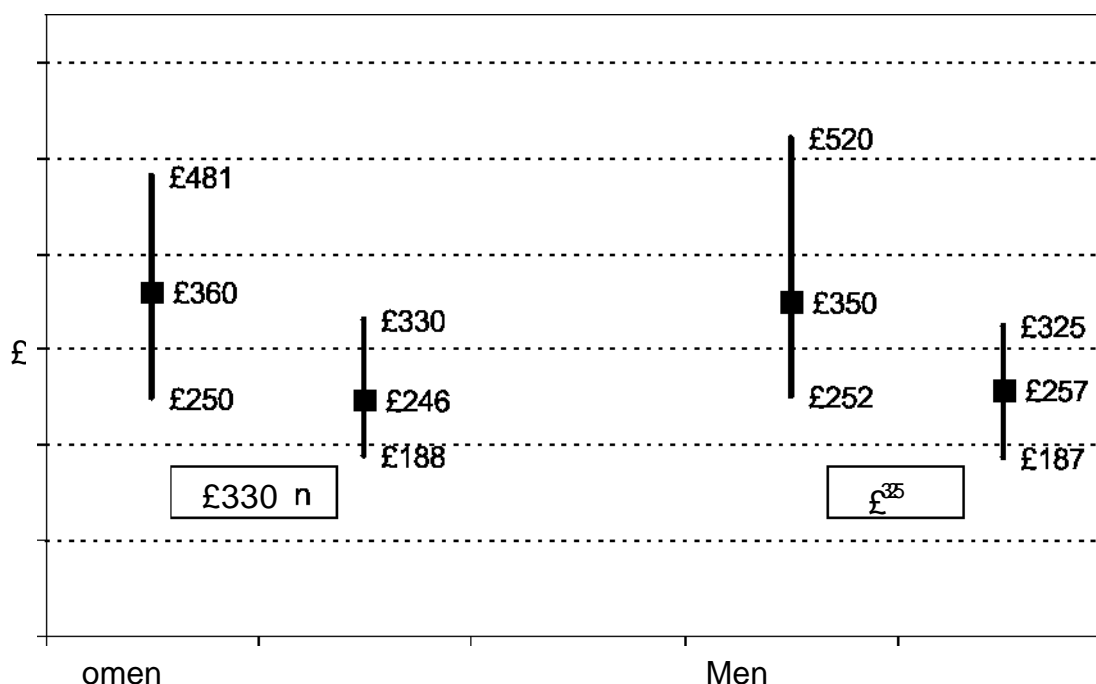
* See Appendix C.6 for definition.

Figure 3.1 shows median or typical household incomes (represented by ■), as reported in the BHPS interview preceding the death. The vertical bars show the range of incomes covering half the households closest to the median of each sub-group: that is, one quarter of households lie directly above the median and one quarter directly below, known as the inter-quartile range. The remaining half of households had incomes that lie beyond a sub-group's inter-quartile range: one quarter extending above and one quarter below the vertical bar. The longer the bar, the greater the variation in household incomes.

BHPS income estimates relate to households and not specifically couples or individuals; they are organised here according to the age and gender of the person whose partner died. As we have observed, most people lived as a couple with or without dependent children (Table 3.2); nonetheless, income estimates have been adjusted to take account of variations in household composition when making income comparisons (further details about the compilation of household income estimates are given in Appendix C.2).

The figure shows, for example, that the typical household income of women under pension age was £360 a week before their partner died; but their incomes varied from £250 to £481 a week for half the households, encompassing one quarter of households above and one quarter below the median. It can be seen that the household incomes of pensioners were generally lower (as shown by the median), and showed less variation (as shown by the inter-quartile range), than the household incomes of those under pension age. As we shall observe below, pensioners' household incomes were mostly drawn from state retirement pensions and other benefits, and these sources of income are mostly fixed within a narrow band well below average earnings. In contrast, the household incomes of couples under pension age were significantly higher and covered a wider range, driven mainly by variations in income from paid employment.

Figure 3.1 Net equivalised household income by respondent's age before bereavement and gender (£s per week, January 2006 prices, median and inter-quartile range)



Despite clear differences in median incomes between the households of those under and over pension age, individual household incomes were often similar across the age categories. The degree of similarity is shown by the extent to which the inter-quartile range of household incomes of those under and over pension age overlap or coincide. Thus pensioner households with above median incomes coincide with, or exceed, the inter-quartile range of non-pensioners' household incomes. There were no gender differences, of course, in household incomes before the death of a partner. As we shall observe in Chapter 4, gender differences emerged after the death, depending on which partner died and reflecting wide disparities in the amounts that women and men typically contribute to household incomes.

Table 3.11 shows the extent to which either or both partners were in paid employment, or neither was working at the interview before one partner died.

Table 3.11 Couple's employment status by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Both work	41	2	34	3
Respondent only works	21	2	33	4
Partner only works	7	5	8	1
Neither work	31	91	24	92
<i>Unweighted base</i>	<i>123</i>	<i>363</i>	<i>79</i>	<i>188</i>

Table 3.12 shows the average proportion of household income received from various sources. Thus, households where the woman was under pension age received, on average, 57 per cent of their income from paid employment, but there was considerable variation in this proportion. The standard deviation (SD) shows the extent of variation around the mean estimates: typically, two thirds of households would lie within one standard deviation above and below the mean. For example, roughly two out of three households in which the woman was under pension age, received between 16 and 98 per cent of their income from paid work (57 plus or minus 41). That means that some women under pension age would have received all or almost all (over 90 per cent) of their household income from paid work and some little or no income at all (under 20 per cent) from employment. Standard deviations similar in size to the mean, or larger, arise because many households received no income from a particular source.

Table 3.12 shows a clear dichotomy under pension age between households dependent on employment earnings and those dependent on state provision, with a few receiving additional income from investments, savings and private pensions.

Above pension age, most households depended on state pensions and other benefits with some also receiving income from private pensions, investments and other sources.

Table 3.12 Percent of net household income from different sources by respondent's age before bereavement and gender (mean and standard deviation)

	<i>Women (SD)</i>		<i>Men (SD)</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Labour income	57 (41)	5 (16)	58 (36)	6 (17)
State benefit and pension income	34 (37)	65 (27)	30 (33)	65 (26)
Private pension income	6 (14)	22 (21)	8 (14)	22 (20)
Investment and savings income	4 (8)	8 (15)	4 (8)	7 (14)
Transfer income	0 (0)	0 (1)	0 (1)	0 (2)
<i>Unweighted base</i>	<i>91</i>	<i>259</i>	<i>63</i>	<i>156</i>

The following table reworks the information summarised in Table 3.12 above to identify the main combinations of income sources (see Appendix 3.4 for how these income combinations were defined). It shows how many households drew the largest part of their income from particular sources (Table 3.13). Among households where women respondents were over pension age, for example, 56 per cent relied predominantly on state provision; a further 25 per cent supplemented state benefits and pensions with a substantial proportion of household income derived from private pension sources. In contrast, where women respondents were under pension age, 58 per cent of households depended almost wholly on employment earnings whereas 30 per cent depended predominantly on state provision.

Table 3.13 Main sources of net household income by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Benefits including state pension	30	56	23	57
Benefits including state pension and private pension	5	25	6	20
Paid employment	58	2	52	3
Paid employment and benefits including state pension	8	7	21	6
Private pension or investment/savings or both	3	9	0	8
Other combinations	3	9	13	11
<i>Unweighted base*</i>	<i>91</i>	<i>259</i>	<i>63</i>	<i>156</i>

* Percentages sum to more than 100 (see Appendix 3.4).

Respondents were asked whether they felt 'better off' or 'worse off' financially than they were a year ago. Table 3.14 shows how their responses were distributed at the interview before their partner died. Around two thirds of respondents said their financial circumstances had not changed noticeably in the past year.

Table 3.14 Change in financial situation in past year by respondent's age before bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Better off	18	14	15	14
Worse off	22	23	16	18
About the same	61	64	69	68
<i>Unweighted base</i>	<i>115</i>	<i>335</i>	<i>73</i>	<i>176</i>

Annex to Chapter 4

This annex presents findings from the BHPS on household income levels, sources of households' and individuals' incomes, and people's subjective assessments of their financial circumstances before and after the death of a partner. The definition of household income and other financial measures can be found in Appendix C (parts C2 to C.9 inclusive). BHPS interviews conducted immediately before and after the death are labelled B1 and A1 respectively; further details of the study design are given in Appendix A. The term respondent refers to the person who survived the death of a partner.

The first table shows average household net incomes before and after bereavement; standard errors (SE) indicate the precision of the mean estimates. Thus the mean household income before the death of a partner, if the whole population of couples had been interviewed, was likely to lie between £446 and £590 where women under pension age would survive their partner (£518 plus or minus twice the standard error £72). These estimates are based on households for which income data were available both before (B1) and after (A1) bereavement. Equivalised incomes are actual household incomes adjusted to take account of differences in household size and composition to compare financial resources before and after bereavement (Appendix C.2). T-tests show whether differences in household income were statistically significant ($P < 0.05$) or could have happened by chance ($P \geq 0.05$).

Table 4.1 Household income before (B1) and after (A1) bereavement by respondent's age and gender (£s per week)

	<i>Net household income¹</i>		<i>Equivalised net household income²</i>	
	Before	After	Before	After
	bereavement	bereavement	bereavement	bereavement
	Mean (SE)	Mean (SE)	Mean (SE)	Mean (SE)
Women				
Under state pension age	£518 (36)	£334 (35)	£430 (33)	£393 (42)
Pension age and over	£314 (15)	£183 (12)	£308 (15)	£274 (17) ³
Men				
Under state pension age	£455 (42)	£296 (39)	£399 (36)	£358 (49)
Pension age and over	£314 (19)	£256 (27)	£311 (18)	£370 (41) ³

1. All paired t-test comparisons before and after bereavement, $P < 0.01$.
2. Paired t-test for women over pension age, $P < 0.02$, other comparisons $P > 0.05$.
3. T-test between women and men over pension age after bereavement $P < 0.01$. (all two-tailed tests)

Table 4.2 shows the average change in household incomes before and after bereavement. For example, women under pension age saw their household incomes decline by £167 a week on average. Appendix C.7 describes how the variables describing changes in income were derived.

Table 4.2 Mean change in household income between interviews before (B1) and after (A1) bereavement by respondent's age and gender

	<i>Under state pension age</i>	<i>Pension age and over</i>	<i>All</i>
Change in net household income			
Women	–£167	–£117	–£127
Men	–£158	–£69	–£90
All	–£163	–£100	–£114
Percentage change in net household income			
Women	–39%	–41%	–40%
Men	–37%	–27%	–29%
All	–38%	–36%	–36%
Change in equivalised net household income			
Women	–£49	–£34	–£37
Men	–£44	+£12	–£1
All	–£47	–£18	–£24

Changes in household incomes varied widely however, and Table 4.3 shows the extent to which households experienced substantial rises or falls in equivalised incomes following the death of a partner. For example, 13 per cent of women under pension age saw their equivalised net household incomes increase by £100 or more a week, while 38 per cent saw them fall by a similar amount.

Table 4.3 Change in equivalised household incomes between interviews before (B1) and after (A1) bereavement by respondent's age and gender (£s per week)

	<i>Women</i>		<i>Men</i>	
	<i>Under state pension age</i>	<i>Pension age and over</i>	<i>Under state pension age</i>	<i>Pension age and over</i>
+£100 and over	13	9	22	24
+£50 to +£99	13	9	4	15
–£49 to +£49	29	42	30	43
–£50 to –£99	7	14	2	7
–£100 and under	38	25	41	11
<i>Unweighted base</i>	<i>69</i>	<i>210</i>	<i>44</i>	<i>117</i>

The next table shows the average proportion of net household income received from different income streams before and after bereavement. For example, 60 per cent of the income of households, where women under pension age would survive her partner, was derived from employment earnings (of all household members in paid work). After bereavement, the share of income from paid work had declined to 45 per cent. These findings and those shown in Table 4.5 are based on household providing details of income streams both before (B1) and after (A1) bereavement; however, transitions across state retirement age (women at 60, men at 65) are taken into account.

Table 4.4 Percent of household income from different sources before (B1) and after (A1) bereavement by respondent's age and gender

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
Net labour income	60	45	6	4
State pensions and benefits	29	36	65	71
Private pensions	7	8	20	18
Investment/savings income	4	8	9	7
Other transfers	0	3	0	0
<i>Unweighted base</i>	<i>71</i>	<i>68</i>	<i>203</i>	<i>206</i>
Men				
Net labour income	59	45	8	7
State pensions and benefits	29	30	65	61
Private pensions	8	10	22	25
Investment/savings income	4	15	6	7
Other transfers	0	0	0	0
<i>Unweighted base</i>	<i>47</i>	<i>44</i>	<i>114</i>	<i>117</i>

Table 4.5 shows the main component of net household income before and after bereavement. Nearly two thirds of households in which women under pension age would survive their partner derived their income mainly from paid work before their partner died (63 per cent). After the death, a lower proportion of these households relied on employment earnings for their incomes (46 per cent).

Table 4.5 Main source of household income before (B1) and after (A1) bereavement by respondent's age and gender (per cent*)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
Benefits including state pension	26	25	57	66
Benefits including state pension and private pension	6	3	23	22
Paid employment	63	46	2	4
Paid employment and benefits including state pension	5	9	8	2
Private pension or investment/savings or both	4	8	9	6
Other income combinations	4	10	8	4
<i>Unweighted base</i>	<i>71</i>	<i>68</i>	<i>203</i>	<i>206</i>
Men				
Benefits including state pension	22	25	56	55
Benefits including state pension and private pension	5	4	24	19
Paid employment	51	46	4	5
Paid employment and benefits including state pension	21	2	8	6
Private pension or investment/savings or both	0	17	6	14
Other income combinations	17	7	10	8
<i>Unweighted base</i>	<i>47</i>	<i>44</i>	<i>114</i>	<i>117</i>

* Percentages sum to more than 100 (see Appendix 3.4).

Table 4.6 details the particular sources of partners' income recorded at the interview before their death (B1). Thus, half the women under pension age lost their partners employment earnings following the death (51 per cent), compared with seven per cent of women over pension age. The proportion of people whose partner had received one or more benefits (that is, a work-related disability benefit, a disability benefit, income support or job seeker's allowance), was 50 per cent and 46 per cent for women and men under pension age, and 37 per cent and 31 per cent for women and men over state retirement age, respectively. BHPS researchers warn against placing too much reliance on reports of individual benefit receipts and drawing firm conclusions about changes in benefit claims over time (see Appendix C.4).

Table 4.6 Partner's income sources before death by respondent's age after bereavement and gender (per cent)[§]

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Employment earnings	51	7	42	5
Work-related disability benefit*	33	15	12	7
Disability benefit* (carer's allowance)	25 (6)	27 (2)	28 (3)	26 (0)
Income support, job seeker's allowance, or both	12	7	9	2
Income from savings and investments	44	63	47	45
State retirement pension	15	91	29	94
Occupational pension	28	66	23	23
Private pension or annuity	5	9	10	4

§ Percentages sum to more than 100 because some people received income from more than one source.

* See Appendix C.4 for definitions.

Table 4.7 describes the individual sources of people's income reported at interviews before and after bereavement: these findings are based on people interviewed on both occasions and are subject to the health warning noted above. Thus, 67 per cent of women under pension age had a paid job before their partner died. At the time of the interview after the death, more women had left their jobs than took up paid work, and the proportion with employment earnings had fallen slightly to 64 per cent. By comparison, the decline in the proportion of men in paid work following the death of their partner was more evident. Paired sample test of proportions of people under pension age in paid work before and after bereavement pointed to a gender difference in the impact of bereavement on employment outcomes: women $P=0.24$ men $P<0.01$ (two-tailed).

Table 4.7 Respondent's income sources before (B1) and after (A1) bereavement by age and gender (per cent)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
Employment earnings	67	64	5	2
Work-related disability benefit	9	11	1	3
Disability benefit	6	17	14	16
Income from savings and investments	48	59	61	62
State retirement pension	–	–	95	93
Occupational pension	4	9	22	23
Private pension or annuity	–	6	2	5
Pension from partner's former employer	–	40	2	49
Bereavement allowance	–	49	–	18
Widowed parent's allowance	–	17	–	–
Income support	4	8	4	11
Council tax benefit	13	25	22	29
Housing benefit	5	6	11	12
Men				
Employment earnings	67	55	8	7
Work-related disability benefit	18	25	8	10
Disability benefit	14	18	10	18
Income from savings and investments	42	52	64	74
State retirement pension	–	–	99	98
Occupational pension	21	22	70	72
Private pension or annuity	2	2	8	7
Pension from partner's former employer	–	17	1	7
Bereavement allowance	–	2	–	–
Widowed parent's allowance	–	–	–	–
Income support	16	17	7	5
Council tax benefit	16	17	17	21
Housing benefit	3	8	14	13

Tables 4.8 to 4.13 summarise an exploration of the extent of household income change between interviews conducted immediately before and after the death of a partner according to different income components and socio-demographic factors

(e.g. age, gender, marital status, family type, partner care). Three measures of income change, defined in Appendix 3.7, represent absolute and relative changes in household incomes, and were investigated using regression analysis. The aim was to identify which incomes streams and sub-groups in the population were associated with larger than expected changes in household income following the death of a partner.

The findings are presented below for each measure of income change in turn, first examining the effect of each factor on its own and then considering all factors together. Table 4.8 shows the effect of each factor on actual changes in net weekly household incomes. Only factors showing a statistically significant effect ($P < 0.05$) are listed. Across the sample as a whole, net household incomes fell by £114 a week on average. The coefficient for the 'constant' attached to each factor indicates the average change in household incomes of the sub-group *not* covered by the factor under consideration. The first constant therefore represents men whose partner died and shows that their household incomes fell by £90 a week on average, somewhat less than the sample as a whole. The coefficient for women, in the second row, shows the *additional* effect of changes in household income experienced by women: they saw their household incomes fall by an additional £37 on top of that reported by men, altogether a drop of £127 a week on average.

Standard errors reported in the third column indicate the degree of precision in these estimates of the effect of each factor (Gardner and Altman, 1989). In theory, the 'true' coefficient lies within plus or minus two standard errors: the additional effect for women between -£9 and -£65. The column labelled 'proportion' indicates each factor's frequency in the sample, indicating in the second row of data that 64 per cent of bereaved people were women. In other words, almost two thirds of the sample, all women, experienced a loss of £127 a week on average following death of a partner, and this change was statistically significant ($P < 0.05$).

Some factors have greater influence on household income change than gender but affected fewer people. For example, loss of partners' disability benefit was associated with an additional fall in household incomes of £48 a week on average, but under a third of partners were claiming DLA or other disability benefit at the interview before they died (28 per cent). To indicate the overall 'impact' of each factor, the final column takes into account its prevalence by multiplying the coefficient by the proportion. The factors were then ranked by overall impact, from greatest to least negative impact.

Some income components and socio-demographic factors were not associated with significantly greater than expected household income change following death of a partner. This suggests that changes in household incomes were probably the same, for example, for bereaved people with and without dependent children; or at least

that family type alone cannot account for differences in outcomes between bereaved people with children and those without.

Table 4.8 Actual change in current net household incomes before and after bereavement (overall mean –£114 a week, simple regression results)

	<i>Coefficient</i>	<i>Std. Error</i>	<i>P value</i>	<i>Proportion</i>	<i>Coefficient x Proportion</i>
Constant	–£90	11	0.00	–	–
Respondent: woman	–£37	14	0.01	0.64	–23.4
Constant	–£98	7	0.00	–	–
Respondent: employment earnings at B1	–£83	17	0.00	0.19	–15.4
Constant	–£100	7	0.00	–	–
Respondent: under state pension age at A1	–£63	16	0.00	0.21	–13.4
Constant	–£101	8	0.00	–	–
Partner: disability benefit at B1	–£48	15	0.00	0.28	–13.2
Constant	–£101	7	0.00	–	–
Partner: employment earnings at B1	–£94	19	0.00	0.14	–13.2
Constant	–£108	7	0.00	–	–
Partner: occupational pension at B1	–£38	18	0.04	0.16	–6.0
Constant	–£109	7	0.00	–	–
Partner: work-related disability benefit at B1	–£42	21	0.04	0.12	–4.9
Constant	–£109	7	0.00	–	–
Partner: personal pension at B1	–£66	26	0.01	0.07	–4.6
Constant	–£110	7	0.00	–	–
Partner: cohabitant at B1	–£92	35	0.01	0.04	–3.4
Constant	–£112	7	0.00	–	–
Respondent: widowed parent's allowance at A1	–£89	42	0.04	0.03	–2.3
Constant	–£153	13	0.00	–	–
Respondent: state retirement pension at A1	£52	15	0.00	0.75	39.0

B1 =last interview before bereavement

A1 =first interview after bereavement

Clearly, many of the factors considered in Table 4.8 overlap, often ‘telling the same story’. For example, recipients of widowed parent’s allowance were women under pension age whose partners were likely to have been in paid employment before their death. To identify which factors had a statistically significant independent effect on household income change, they were entered one at a time into a regression model using a standard stepwise procedure.

The findings, shown in Table 4.9, are interpreted as before though here the constant refers to all respondents not covered by any of the factors displayed, and coefficients show the individual effect of each factor *independent* of other factors in the model. On top of the loss of partners’ income streams noted above, we see that women and people who cohabited were particularly vulnerable to a significant drop in their household incomes. However, people who stayed in or returned to paid work following death of a partner saw their household incomes protected from falling.

Table 4.9 Actual change in current net household incomes before and after bereavement (overall mean –£114 a week, stepwise regression results)

	<i>Coefficient</i>	<i>Std. Error</i>	<i>P value</i>	<i>Proportion</i>	<i>Coefficient x Proportion</i>
Constant	–£48	12	0.00		
Respondent: woman	–£35	13	0.01	0.64	–22.0
Respondent: employment earnings at B1	–£93	27	0.00	0.18	–17.1
Partner: disability benefit at B1	–£50	14	0.00	0.28	–13.8
Partner: employment earnings at B1	–£76	22	0.00	0.14	–10.5
Partner: occupational pension at B1	–£40	17	0.02	0.16	–6.4
Partner: personal pension at B1	–£56	25	0.02	0.07	–4.0
Partner: cohabitant at B1	–£73	34	0.03	0.04	–2.7
Respondent: employment earnings at A1	£79	27	0.00	0.14	10.9

B1 =last interview before bereavement

A1 =first interview after bereavement

Table 4.10 Percentage difference in current net household incomes before and after bereavement (overall mean –36%, simple regression results)

	<i>Coefficient</i>	<i>Std. Error</i>	<i>P value</i>	<i>Proportion</i>	<i>Coefficient x Proportion</i>
Constant	–29%	2	0.00	–	–
Respondent: woman	–11%	3	0.00	0.64	–7.0
Constant	–33%	2	0.00	–	–
Respondent: cared for partner at B1	–7%	3	0.01	0.47	–3.4
Constant	–34%	2	0.00	–	–
Partner: disability benefit at B1	–10%	3	0.00	0.27	–2.8
Constant	–35%	2	0.00	–	–
Partner: employment earnings at B1	–12%	4	0.00	0.15	–1.8
Constant	–35%	2	0.00	–	–
Partner: occupational pension at B1	–10%	4	0.01	0.16	–1.5
Constant	–36%	1	0.00	–	–
Partner: cohabitant at B1	–22%	8	0.00	0.04	–0.8
Constant	–38%	2	0.00	–	–
Respondent: employment earnings at A1	10%	4	0.02	0.15	1.4
Constant	–40%	2	0.00	–	–
Respondent: occupational pension at A1	10%	3	0.00	0.34	3.3

B1 =last interview before bereavement

A1 =first interview after bereavement

Table 4.11 Percentage difference in current net household incomes before and after bereavement (overall mean simple –36%, stepwise regression results)

	<i>Coefficient</i>	<i>Std. Error</i>	<i>P value</i>	<i>Proportion</i>	<i>Coefficient x Proportion</i>
(Constant)	–29	5	0.00		
Partner: state retirement pension at B1	–14	4	0.00	0.77	–10.9
Respondent: woman	–7	3	0.03	0.64	–4.3
Respondent: cared for partner at B1	–7	3	0.02	0.47	–3.5
Partner: employment earnings at B1	–21	4	0.00	0.15	–3.2
Partner: disability benefit at B1	–8	3	0.03	0.27	–2.1
Partner: occupational pension at B1	–9	4	0.01	0.16	–1.5
Partner: cohabitant at B1	–26	7	0.00	0.04	–0.9
Respondent: income support at A1	16	5	0.00	0.09	1.4
Respondent: occupational pension at A1	9	3	0.01	0.34	3.1
Respondent: employment earnings at A1	24	5	0.00	0.14	3.4
Respondent: state retirement pension at A1	15	4	0.00	0.74	11.0

B1 =last interview before bereavement

A1 =first interview after bereavement

Table 4.12 Change in current net household equivalised incomes before and after bereavement (overall mean =£24 a week, simple regression results)

	<i>Coefficient</i>	<i>Std. Error</i>	<i>P value</i>	<i>Proportion</i>	<i>Coefficient x Proportion</i>
Constant	£0	15	0.98		
Partner: investment income at B1	-£43	20	0.03	0.55	-23.8
Constant	-£10	11	0.35		
Partner: employment earnings at B1	-£91	28	0.00	0.15	-13.9
Constant	-£14	11	0.19		
Partner: occupational pension at B1	-£62	28	0.03	0.16	-9.8
Constant	-£20	10	0.05		
Partner: cohabitant at B1	-£117	54	0.03	0.04	-4.2
Constant	-£30	10	0.00		
Respondent: personal pension at A1	£120	48	0.01	0.05	5.7
Constant	-£40	13	0.00		
Respondent: pension from partner's employer at A1	£45	21	0.03	0.36	16.2

B1 =last interview before bereavement

A1 =first interview after bereavement

Table 4.13 Change in current net household equivalised incomes before and after bereavement (overall mean =£24 a week, stepwise regression results)

<i>Coefficient</i>	<i>Std. Error</i>	<i>P value</i>	<i>Proportion</i>	<i>Coefficient x Proportion</i>
(Constant)	£18	16	0.27	
Partner: investment income at B1	-£44	20	0.03	0.55
Partner: employment earnings at B1	-£139	31	0.00	0.15
Partner: occupational pension at B1	-£70	27	0.01	0.16
Partner: cohabitant at B1	-£116	54	0.03	0.04
Respondent: personal pension at A1	£146	47	0.00	0.05
Respondent: employment earnings at A1	£81	32	0.01	0.15

B1 =last interview before bereavement

A1 =first interview after bereavement

Table 4.14 shows changes in the composition and location of households between interviews immediately before and after the death of a partner. For example, almost half of bereaved women under pension age (46 per cent) had previously lived only with their partner and subsequently lived on their own at the same address. Approaching twice as many older women (82 per cent) were in the same situation. Apart from the death of a partner, the composition of most households (95 per cent) had not changed by the time of the first interview following bereavement (see Appendix A.4 on the identification of these so-called 'intact' households). The remaining set of transitions, described as 'other' in the table, covers situations where bereaved partners had moved to live in a different household (headed by an adult child for example), or other individuals had moved into or out of the bereaved partner's household which in a few instances had moved house as well.³⁰

Table 4.14 Household change between interviews before and after bereavement by respondent's age and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
From couple to bereaved partner alone, non-mover	46	82	45	83
From couple plus others to bereaved partner plus same others, all non-movers	38	10	41	9
From couple to bereaved partner alone, moved to new address	2	5	6	4
From couple plus others to bereaved partner plus same others, all movers	1	–	–	–
Other households, not intact	13	3	8	3
<i>Unweighted base</i>	<i>96</i>	<i>300</i>	<i>57</i>	<i>151</i>

Tables 4.15 and 4.16 repeat the analyses reported in Tables 4.4 and 4.5 but this time focusing on income streams reported at the first (A1) and second (A2) interview after the death of a partner. Each table is based on households providing details of income streams on both occasions.

³⁰ Excluding the 'Other' group of households, which had changed in size, composition or both, has negligible effect on changes in non-equivalised household incomes and does not alter the conclusions put forward in this chapter.

Table 4.15 Percent of household income from different sources at consecutive interviews after bereavement (A1 and A2) by respondent's age and gender

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	A1	A2	A1	A2
Women				
Net labour income	47	49	4	4
State pensions and benefits	35	32	70	68
Private pensions	8	9	18	21
Investment/savings income	8	9	8	6
Other transfers	3	0	0	0
<i>Unweighted base</i>	<i>72</i>	<i>69</i>	<i>228</i>	<i>231</i>
Men				
Net labour income	45	60	8	6
State pensions and benefits	31	25	61	57
Private pensions	15	11	24	26
Investment/savings income	8	4	7	11
Other transfers	0	0	0	0
<i>Unweighted base</i>	<i>41</i>	<i>35</i>	<i>110</i>	<i>116</i>

Table 4.16 Main source of household income at consecutive interviews after bereavement (A1 and A2) by respondent's age and gender (per cent*)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	A1	A2	A1	A2
Women				
Benefits including state pension	23	19	65	60
Benefits including state pension and private pension	2	2	22	28
Paid employment	49	44	4	3
Paid employment and benefits including state pension	13	11	2	4
Private pension or investment/savings or both	8	7	8	8
Other income combinations	10	18	5	7
<i>Unweighted base</i>	<i>72</i>	<i>69</i>	<i>228</i>	<i>231</i>
Men				
Benefits including state pension	25	21	55	51
Benefits including state pension and private pension	5	2	18	22
Paid employment	44	62	7	2
Paid employment and benefits including state pension	0	0	3	3
Private pension or investment/savings or both	15	10	13	19
Other income combinations	11	6	7	9
<i>Unweighted base</i>	<i>41</i>	<i>35</i>	<i>110</i>	<i>116</i>

* Percentages sum to more than 100 (see Appendix 3.4).

Table 4.17 shows the cross-sectional distribution of households in the BHPS study sample according to five equal-sized income groups in the population as a whole. These quintile groups were estimated from all households in the BHPS according to their position in the overall income distribution at the time of each interview (Appendix C.5). If the distribution of household incomes in the study sample was no different to that of the whole population, one in five households would be found in each quintile group. The extent to which a higher or lower proportion is found indicates whether the study sample would be considered better off or worse off financially than the general population. For example, one in five women under pension age was in the richest quintile before the death of a partner, equivalent to the expected proportion, but that fell to 13 per cent after bereavement; additionally, the proportion in the poorest fifth almost trebled, indicating a decline in financial well-being.

Table 4.17 Equivalised net household income quintiles before (B1) and after (A1) bereavement by respondent's age and gender (per cent)*

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
Richest fifth	21	13	9	5
2 nd quintile	22	23	10	7
3 rd quintile	30	18	23	17
4 th quintile	17	18	31	30
Poorest fifth	10	27	26	42
<i>Unweighted base</i>	<i>91</i>	<i>83</i>	<i>259</i>	<i>261</i>
Men				
Richest fifth	17	14	7	16
2 nd quintile	28	25	10	7
3 rd quintile	21	22	23	26
4 th quintile	19	11	30	29
Poorest fifth	15	28	30	22
<i>Unweighted base</i>	<i>63</i>	<i>44</i>	<i>156</i>	<i>103</i>

* See Appendix C.5 for derivation of income quintiles.

Table 4.18 shows the extent to which household moved up or down the five-point population income scale following the death of a partner. For example, one in three women under pension age were in same income group before and after bereavement but half had moved to a lower income quintile.

Table 4.18 Income transitions following death of a partner (B1 to A1) by respondent's age and gender (per cent)*

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
No income transition	32	44	28	48
Moved up	16	17	21	34
Moved down	52	39	51	18
<i>Unweighted base</i>	69	200	39	91

* Transitions between quintiles of equivalised net household income (Appendix C.5).

Income inequalities before and after bereavement are reported in Table 4.19 using the Gini coefficient. This index ranges from zero representing perfect equality (every household has the same income) to 1.0 for complete inequality (one household has all the income and the rest has none). Income before the deduction of tax and the addition of state pensions and benefits is termed original household income and represents market transfers only (principally employment earnings and personal pensions). Adding state benefits and pension provision to original income produces gross household income. Deducting tax and NI contributions then gives net household income. Comparing original and gross incomes shows the impact of state transfers (pensions and social security receipts) on the income distribution; comparing gross and net incomes then shows the impact of direct taxation.

Table 4.19 Income inequalities before and after bereavement by respondent's age and gender (Gini coefficient)*

	<i>Under state pension age</i>			<i>Pension age and over</i>		
	Original income	Gross income	Net income	Original income	Gross income	Net income
Women						
Before bereavement	0.61	0.48	0.46	0.67	0.45	0.46
After bereavement	0.60	0.49	0.48	0.74	0.48	0.48
Men						
Before bereavement	0.60	0.51	0.50	0.66	0.44	0.43
After bereavement	0.66	0.54	0.52	0.77	0.55	0.53

* Each income measure was adjusted for household size and composition using the McClements equivalence scale. Appendix C gives further details about income measures, equivalisation and inequality (C.2, C.3 and C.8).

Table 4.20 compares the income distributions of men over state retirement age according to whether they received an occupational or private pension, or both. It shows that men pensioners with a personal pension were more likely, than those without, to be found in the upper part of the income distribution; moreover, the disparity increases after the death of a partner. This table is based on cross-sectional data but longitudinal comparisons support similar conclusions, albeit based on smaller sample sizes. Among men pensioners with a personal pension, equivalised net household incomes increased by £40 a week on average (SE=17) between interviews conducted before and after the death of a partner (B1 to A1). That increase compares with a drop of £75 a week (SE=45) among those without a personal pension (t-test of the £115 weekly income difference, $P < 0.005$). The diverging income trajectories of these two groups largely account for increasing income inequality among men over state retirement age observed in Table 4.19 (where the Gini coefficient increases from 0.43 to 0.53 after the death of a partner).

Table 4.20 Men over pension age with and without a personal pension by equivalised net household income quintiles, before (B1) and after (A1) bereavement (per cent)

	<i>Before bereavement</i>		<i>After bereavement</i>	
	Personal pension	No personal pension	Personal pension	No personal pension
Richest fifth	8	5	20	–
2 nd quintile	13	0	10	–
3 rd quintile	24	20	29	15
4 th quintile	31	30	30	27
Poorest fifth	24	45	11	58
<i>Unweighted base</i>	117	39	78	25

Table 4.21 shows the distribution of households in relation to the official poverty line, defined as 60 per cent of median household income. Households below the poverty line are described as ‘poor’ or ‘very poor’ depending on how far below the line they fall; households above the poverty line are described as ‘near poor’ or ‘not poor’ depending on how far they are above the poverty line (see Appendix C.6 for further details). Thus, 13 per cent of women under pension age were in poverty before the death of a partner; this had doubled to 26 per cent after bereavement.

Table 4.21 Intensity of poverty before (B1) and after (A1) bereavement by respondent's age and gender (per cent)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
Not poor	82	64	59	45
Near poor	6	9	16	12
Poor	5	9	15	15
Very poor	8	17	11	28
<i>Unweighted base</i>	<i>91</i>	<i>84</i>	<i>259</i>	<i>273</i>
Men				
Not poor	76	67	60	67
Near poor	8	5	12	13
Poor	5	11	16	8
Very poor	11	17	12	12
<i>Unweighted base</i>	<i>63</i>	<i>50</i>	<i>156</i>	<i>137</i>

* Households defined as poor or very poor were below the official poverty line (Appendix C.6).

The following table shows the proportion of households moving into and out of poverty between interviews conducted immediately before (B1) and after (A1) the death of a partner. Most people stayed above the official poverty line; however, more than one in five women fell into poverty following bereavement.

Table 4.22 Poverty transitions following death of a partner (B1 to A1) by respondent's age and gender (per cent)*

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Stayed above threshold	72	50	60	65
Moved into poverty	22	24	24	11
Moved out of poverty	2	9	8	13
Stayed below threshold	4	17	8	11
<i>Unweighted base</i>	<i>69</i>	<i>210</i>	<i>44</i>	<i>117</i>

* Transitions across the official poverty line (Appendix C.6).

Table 4.23 shows the likelihood of household being below the poverty line following the death of a partner according to their financial well-being before bereavement. For example, households described as 'very poor' before the death of a partner were more than ten times as likely to be below the poverty line after bereavement as households described as not poor (odds ratio =10.9). In general, the poorer a household's financial circumstances before bereavement, the greater the likelihood of being considered officially poor after bereavement.

Table 4.23 Association between economic well-being before bereavement (B1) and income poverty after bereavement (A1)

	<i>Odds ratio</i>	<i>95% confidence interval</i>	<i>P value</i>
Poverty status at B1			
Not poor	1.0	—	—
Near poor	3.3	1.8 to 5.9	0.00
Poor	3.5	1.9 to 6.3	0.00
Very poor	10.9	5.1 to 23.6	0.00
Equivalentised net household income at B1			
Richest fifth	1.0	—	—
2 nd quintile	0.9	0.3 to 2.9	0.88
3 rd quintile	2.5	1.0 to 6.3	0.06
4 th quintile	5.0	2.1 to 12.2	0.00
Poorest fifth	9.1	3.7 to 22.4	0.00

Tables 4.24 and 4.25 show the likelihood of households being below the official line, following the death of a partner, according to their main sources of income and various socio-demographic factors. The simple regression results show the association between poverty and each statistically significant factor in turn. The stepwise regression shows the independent effect of each factor when the impact of other significant factors is considered. For example, bereaved women were twice as likely as bereaved men to be income poor after bereavement (odds ratio ≥ 2.0). Odds ratios less than one indicate reduced likelihood of income poverty.

Table 4.24 Pre-bereavement (B1) factors and main sources of income associated with income poverty after bereavement (A1)

	<i>Odds ratio</i>	<i>95% confidence interval</i>	<i>P value</i>
Simple regression*			
Poor or very poor	4.3	2.7 to 6.8	0.00
Women	2.3	1.6 to 3.5	0.00
Respondent in paid work	0.5	0.3 to 0.8	0.01
Income from benefits including state pension	3.7	2.4 to 5.6	0.00
Income from benefits including state pension and private pension	0.5	0.3 to 0.8	0.01
Income from private pension or investment/savings or both	0.3	0.1 to 0.8	0.01
Stepwise regression			
Poor or very poor	3.3	1.9 to 5.7	0.00
Women	2.1	1.3 to 3.4	0.00
Partner in paid work	2.7	1.4 to 5.2	0.00
Income from benefits including state pension	3.6	2.1 to 6.2	0.00
Income from paid employment and benefits including state pension	3.1	1.4 to 6.6	0.00

* Other factors considered but not statistically significant: age, marital status, partner carer, family type, partner in paid work, and other income sources (see Appendix 3.4).

Table 4.25 Post-bereavement (A1) factors and main sources of income associated with income poverty after bereavement (A1)

	<i>Odds ratio</i>	<i>95% confidence interval</i>	<i>P value</i>
Simple regression*			
Women	2.3	1.6 to 3.5	0.00
Respondent in paid work	0.2	0.1 to 0.4	0.00
Income from benefits including state pension	9.3	5.9 to 14.7	0.00
Income from benefits including state pension and private pension	0.1	0.1 to 0.3	0.00
Income from paid employment	0.2	0.1 to 0.4	0.00
Income from private pension or investment/savings or both	0.5	0.2 to 0.9	0.02
Stepwise regression			
Poor or very poor at B1	2.9	1.7 to 5.0	0.00
Women	2.0	1.2 to 3.3	0.01
Pension age and over	0.3	0.1 to 0.6	0.00
Respondent in paid work	0.2	0.1 to 0.6	0.01
Income from benefits including state pension	7.1	3.6 to 14.3	0.00
Income from benefits including state pension and private pension	0.3	0.1 to 0.8	0.01

* Other factors considered but not statistically significant: age, family type, and other income sources (see Appendix 3.4).

Table 4.26 shows transitions into and out of poverty between the first two interviews following death of a partner. For example, 72 per cent of women under pension age were above the poverty threshold, and 11 per cent below, on both occasions. Younger women were more likely to move out of, than into, poverty: 12 and four per cent respectively.

Table 4.26 Poverty transitions after death of a partner (A1 to A2) by respondent's age and gender (per cent)*

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Stayed above threshold	72	50	67	69
Moved into poverty	4	6	9	9
Moved out of poverty	12	22	18	6
Stayed below threshold	11	22	6	16
<i>Unweighted base</i>	<i>70</i>	<i>235</i>	<i>36</i>	<i>118</i>

* Transitions across the official poverty line (Appendix C.6).

Tables 4.27 and 4.28 summarise poverty trajectories from before bereavement (B1) to the second (A2) and third (A3) interviews after bereavement respectively. For example, 71 per cent of women under pension age were above the official poverty threshold at all three interviews conducted from before bereavement (B1) through the following two years (Table 4.27). One in ten (11 per cent) dipped below the poverty threshold immediately following the death of a partner (at A1) but would not have been considered officially poor at the preceding or following interviews (B1 and A2 respectively). These findings, and the longitudinal samples on which they are based, vary according to the time span covered because some people were lost to follow up (Appendix B). Findings based on small samples (under 30) are not reliable.

Table 4.27 Poverty trajectories B1 to A2 by respondent's age and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Not in poverty B1 through A2	71	45	57	63
In poverty at A1 only	11	15	17	5
In poverty at A1 and A2	8	9	0	8
In poverty at B1 only	1	7	8	5
In poverty B1 through A2	4	13	7	10
All other trajectories	5	11	11	9
<i>Unweighted base</i>	<i>62</i>	<i>182</i>	<i>30</i>	<i>100</i>

Table 4.28 Poverty trajectories B1 to A3 by respondent's age and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Not in poverty B1 through A3	67	40	55	53
In poverty at A1 only	2	12	10	6
In poverty at A1, A2 and A3	10	8	0	5
In poverty at B1 only	2	7	4	6
In poverty B1 through A2	5	12	0	6
All other trajectories	15	21	30	23
<i>Unweighted base</i>	<i>48</i>	<i>151</i>	<i>21</i>	<i>89</i>

Table 4.29 shows the distribution of people's responses to the question: 'Would you say that you yourself are better off or worse off financially than you were a year ago?' The findings compare their responses before and after bereavement and are based on people who responded on both occasions. Thus, 59 per cent of women under pension felt things were 'about the same' financially before the death of a partner; that proportion had decreased to 19 per cent after the death. Change in the overall proportions feeling financially worse off, from 21 per cent before bereavement (B1) to 43 per cent after bereavement (A1), was highly significant (paired sample, $P < 0.001$, two-tailed).

Table 4.29 Financial change in past year reported at interviews before and after bereavement by respondent's age and gender (per cent)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
Better off	19	16	13	16
About the same	59	19	64	40
Worse off	23	65	22	44
<i>Unweighted base</i>	<i>86</i>	<i>81</i>	<i>262</i>	<i>267</i>
Men				
Better off	11	32	13	14
About the same	74	33	70	54
Worse off	15	35	17	31
<i>Unweighted base</i>	<i>57</i>	<i>52</i>	<i>130</i>	<i>135</i>

Table 4.30 shows mean change in equivalised weekly household incomes before and after bereavement by people's subjective assessment of how their financial situation had changed. Equivalised household incomes fell by around £25 a week overall. People who felt worse off financially saw their household incomes fall by £63 a week on average compared with an increase of £20 a week for those who felt better off. The correlation coefficient indicates a weak association between actual and perceived financial change.

Table 4.30 Change in equivalised weekly household income between interviews before and after bereavement by subjective assessment of financial change*

	<i>Mean (SE)</i>	<i>Unweighted base</i>
Better off	£20 (23)	70
About the same	-£4 (21)	169
Worse off	-£63 (11)	182
All	-£25 (10)	421

* Correlation between income change and feeling worse off: $R = 0.15$ ($P < 0.001$, adjusted $R^2 = 0.02$).

Table 4.31 relates people's assessments of financial change during the year their partner died to how they were managing financially after bereavement. For example, one in three people who said they were living comfortably felt better off than they were a year before. By comparison, only five per cent of those who faced difficulties managing financially felt better off. Statistically speaking however, the association between these subjective measures of recent financial change and people's current financial situation is weak.

Table 4.31 Financial situation after bereavement by financial change in past year (per cent)*

	<i>Financial situation at interview after bereavement (A1)</i>			
	Living comfortably	Doing alright	Just about getting by	Finding it quite or very difficult
Better off	33	14	3	5
About the same	51	51	23	5
Worse off	17	35	74	89
<i>Unweighted base</i>	<i>194</i>	<i>151</i>	<i>150</i>	<i>44</i>

* Ordinal measures of association, $P = 0.08$.

Table 4.32 shows the reasons people gave when asked why they felt financially worse off after the death of a partner. People's responses were written down in full during the interview and subsequently assigned to a pre-coded list by survey staff; only one reason was recorded per respondent. Thus 27 per cent of people indicated that they felt worse off because the contribution of benefit or pension income to household finances had decreased. The table also shows the same people's responses to the same question about changes in their financial situation *before* their partner died. At that time, most had said their financial situation was fairly stable or about the same (64 per cent) while 12 per cent had felt better off.

Table 4.32 Why people felt worse off financially after bereavement and how their financial situation had changed in the year before bereavement (per cent)

	<i>Before bereavement</i>	<i>After bereavement</i>
Better off		
Benefits have increased (includes pensions/child benefit)	4	–
Fewer expenses, spending reduced (lower bills, taxes, mortgages, etc.), prices fallen	2	–
Earned income has increased (more pay, new/better job)	2	–
Had windfall payment, e.g. inheritance, gifts, redundancy payments	2	–
Investment/asset income increased (higher interest rates/profit on selling shares/property)	1	–
Other reasons for being better off (not specified above)	0	–
Total better off	12	–
Worse off		
Benefits including state pension reduced/stopped	2	27
Earned income decreased (lost job, pay reduced, fewer hours)	4	18
More expenses, spending increased, cost of living up/inflation (higher bills, taxes, mortgages, etc.), prices higher	13	7
Savings down but standard of living the same	–	1
Investment/asset income decreased (lower interest rates/losses on selling shares/property)	1	0
Unexpected/one-off expenditure, e.g. wedding, moved house	–	0
Combination of income up and expenses up/inflation	1	–
Combination of benefits up and expenses up/inflation	1	–
Other reasons for being worse off (not specified above)	2	46
Total worse off	24	100
About the same	64	–
<i>Unweighted base*</i>	203	203

* People who felt worse off financially after bereavement (A1).

The following table shows the results of a logistic regression exploring income sources and socio-demographic factors associated with feeling worse off financially after the death of a partner. The simple regression results show the association between each factor in turn with feeling worse off; only significant factors are listed. The stepwise regression results show the statistically independent effect of each factor when other factors are taken into account. These findings show that women were more than twice as likely as men to feel worse off (odds ratio greater than 2.0). Loss of partners' benefits increased the chances of people feeling worse off, whilst survivors' benefits from partners' occupational pensions, or the person themselves claiming DLA or AA, reduced the odds of feeling worse off (odds ratio less than 1.0).

Table 4.33 Factors associated with feeling worse off financially after bereavement*

	<i>Odds ratio</i>	<i>95% confidence interval</i>	<i>P value</i>
Simple regression			
Partner: disability benefit at B1	2.1	1.4 to 3.2	0.00
Respondent: woman	2.0	1.4 to 2.9	0.00
Respondent: below working age at A1	1.8	1.2 to 2.7	0.00
Partner: work-related disability benefit at B1	1.8	1.1 to 2.9	0.02
Respondent: occupational pension A1	0.6	0.4 to 0.9	0.01
Respondent: state retirement pension A1	0.6	0.4 to 0.9	0.01
Stepwise regression			
Respondent: woman	2.5	1.6 to 4.0	0.00
Partner: work-related disability benefit at B1	2.2	1.2 to 4.1	0.01
Partner: disability benefit at B1	2.1	1.4 to 3.3	0.00
Respondent: pension from partner's employer at A1	0.5	0.3 to 0.8	0.01
Respondent: disability benefit at A1	0.5	0.3 to 0.9	0.01

* Other factors considered but not statistically significant included: age, marital status, partner care, family type and other income sources.

Table 4.34 shows the reasons recorded for why people felt better off financially after the death of a partner. Common reasons included fewer expenses reported by 28 per cent and windfall or lump sum payments by 21 per cent. The table also shows the same people's responses to the same question about changes in their financial situation *before* their partner died. At that time, almost half had felt their financial situation was fairly stable (48 per cent) while 25 per cent had felt financially worse off.

Table 4.34 Why people felt better off financially after bereavement and how their financial situation had changed in the year before bereavement (per cent)

	<i>Before bereavement</i>	<i>After bereavement</i>
Better off		
Fewer expenses; spending reduced (lower bills, taxes, mortgages, etc.), prices fallen	8	28
Had windfall payment e.g. inheritance, gifts, redundancy payments	2	21
Benefits have increased (includes pensions/child benefit)	7	19
Investment/asset income increased (higher interest rates/profit on selling shares/property)	–	7
Earned income has increased (more pay, new/better job)	2	5
Good management, thrift	3	1
Other reasons for being better off (not specified above)	4	17
Total better off	26	100
Worse off		
More expenses; spending increased; cost of living up/inflation (higher bills, taxes, mortgages, etc.), prices higher	12	–
Earned income decreased (lost job, pay reduced, less hours)	5	–
Savings down but standard of living the same	2	–
Investment/asset income decreased (lower interest rates/losses on selling shares/property)	2	–
Other reasons for being worse off (not specified above)	4	–
Total worse off	25	–
About the same	48	–
<i>Unweighted base*</i>	<i>72</i>	<i>72</i>

* People who felt 'better off' financially after bereavement (A1).

The following table shows the results of a logistic regression exploring income sources and socio-demographic factors associated with feeling better off financially after the death of a partner. The simple regression results show the association between each factor in turn with feeling better off; only significant factors are listed. The stepwise regression results show the statistically independent effect of each factor when other factors are taken into account. These findings show, for example, that women were less than half as likely as men to feel better off financially after the death of a partner (odds ratio 0.4). Survivors' benefits and bereavement allowances increased the changes of feeling better off (odds ratios significantly greater than 1.0).

Table 4.35 Factors associated with feeling better off financially after bereavement*

	<i>Odds ratio</i>	<i>95% confidence interval</i>	<i>P value</i>
Simple regression			
Respondent: private pension at A1	2.4	1.1 to 5.2	0.03
Respondent: pension from partner's employer at A1	2.3	1.5 to 3.6	0.00
Partner: private pension at B1	2.2	1.0 to 4.8	0.04
Respondent: occupational pension at A1	0.6	0.3 to 0.9	0.03
Partner: disability benefit at B1	0.5	0.3 to 0.9	0.03
Housing benefit at A1	0.4	0.1 to 1.0	0.04
Partner: Income support at B1	0.3	0.1 to 1.0	0.05
Stepwise regression			
Respondent: pension from partner's employer at A1	3.7	2.0 to 6.7	0.00
Respondent: bereavement allowance at A1	2.3	1.1 to 4.6	0.02
Partner: disability benefit at B1	0.5	0.3 to 0.9	0.03
Respondent: woman	0.4	0.2 to 0.7	0.00

* Other factors considered but not statistically significant included: age, marital status, partner care, family type and other income sources.

Figures 4.2 to 4.5 show average household incomes at three interviews before and three interviews after bereavement (B3 to A3); the death of a partner occurred between the interview points B1 and A1. Because income distributions are often skewed, with relatively few households reporting very high incomes, average or mean estimates are somewhat inflated and may misrepresent the more typical households. Two additional estimates are therefore charted alongside the conventional means. Trimmed means are averages calculated in the usual way after removing the smallest and largest five per cent of observations to reduce the effect of extreme values. Median estimates represent the middle value in the income distribution and are not influenced by extreme observations. Figures 4.2 and 4.3 are based on actual household incomes; Figures 4.4 to 4.5 use equivalised household incomes to take into account household size and composition (see Appendix C.2).

Figure 4.2 Women: current net household income before (B) and after (A) bereavement by age (£s per week)

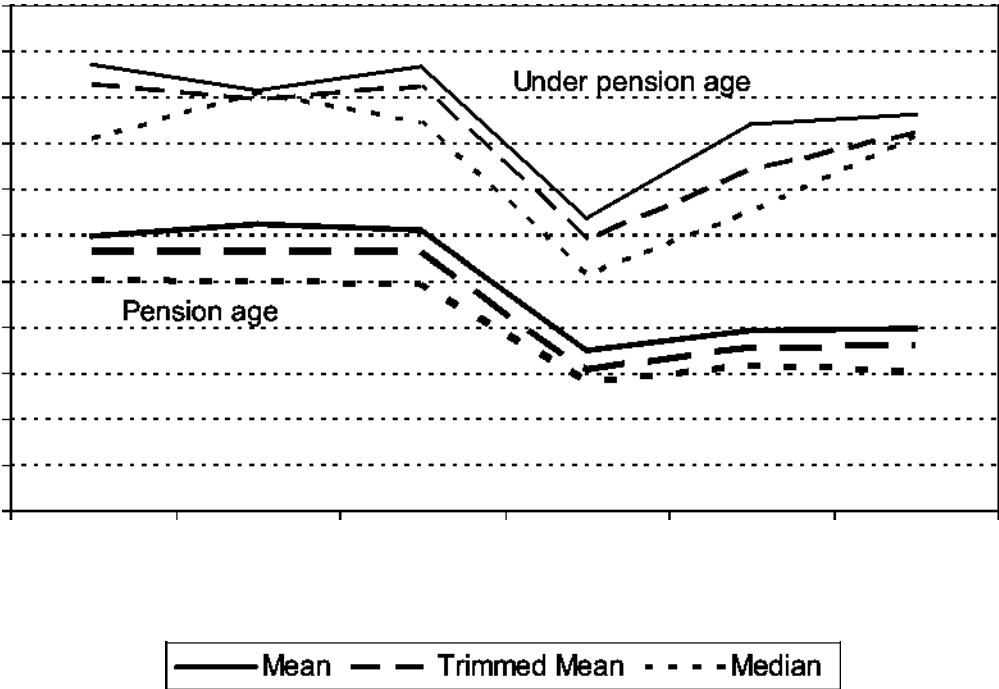


Figure 4.3 Men: current net household income before (B) and after (A) bereavement by age (£s per week)

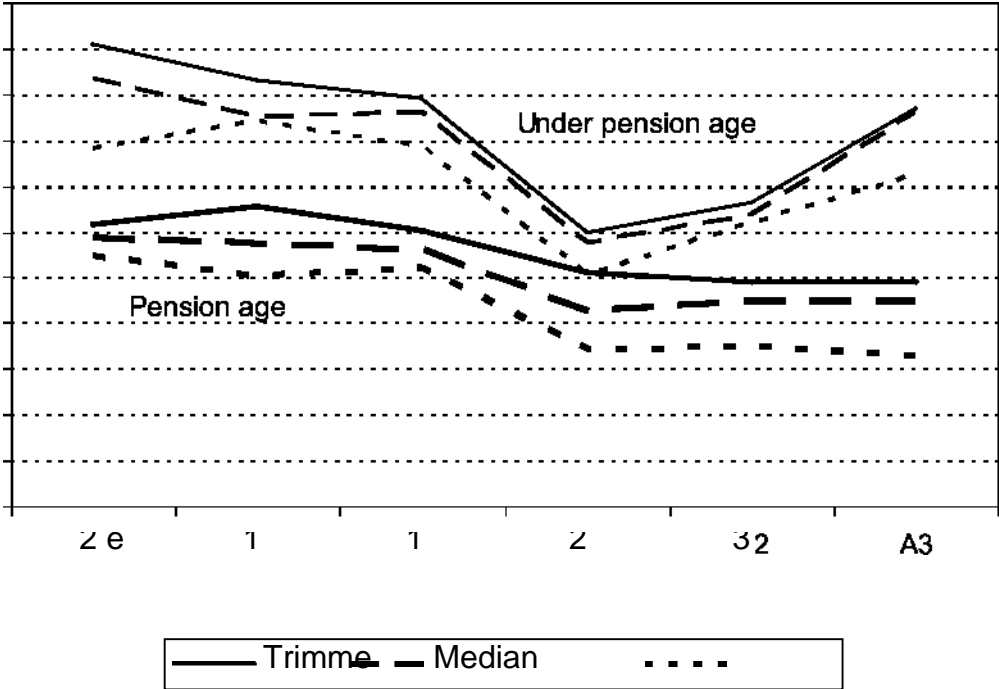


Figure 4.4 Women: current equivalised net household income before (B) and after (A) bereavement by age (£s per week)

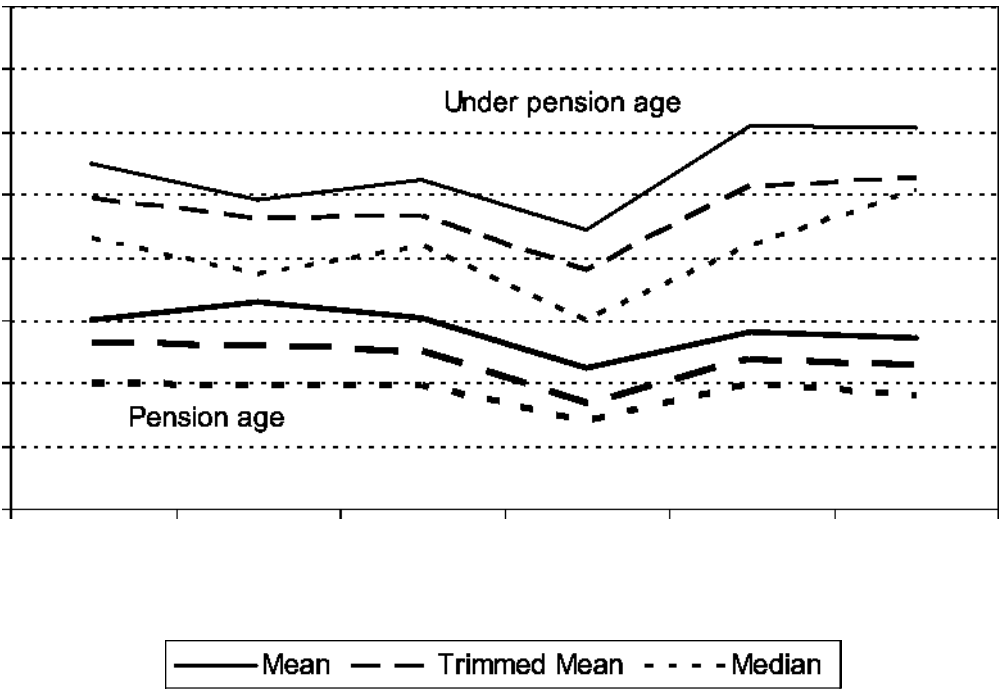


Figure 4.5 Men: current equivalised net household income before (B) and after (A) bereavement by age (£s per week)



Figures 4.6 to 4.9 chart transitions across the official poverty line between successive pairs of interviews. They show the proportion of households moving into and out of poverty, moving above and below the poverty line respectively, and those that stayed below the poverty threshold across consecutive interviews. The uppermost parts of each column, which sum to 100 per cent, cover households above the poverty line on both occasions and have been omitted from the chart to focus attention on poverty transitions.

Figure 4.6 Women under pension age: transitions into and out of income poverty (per cent)

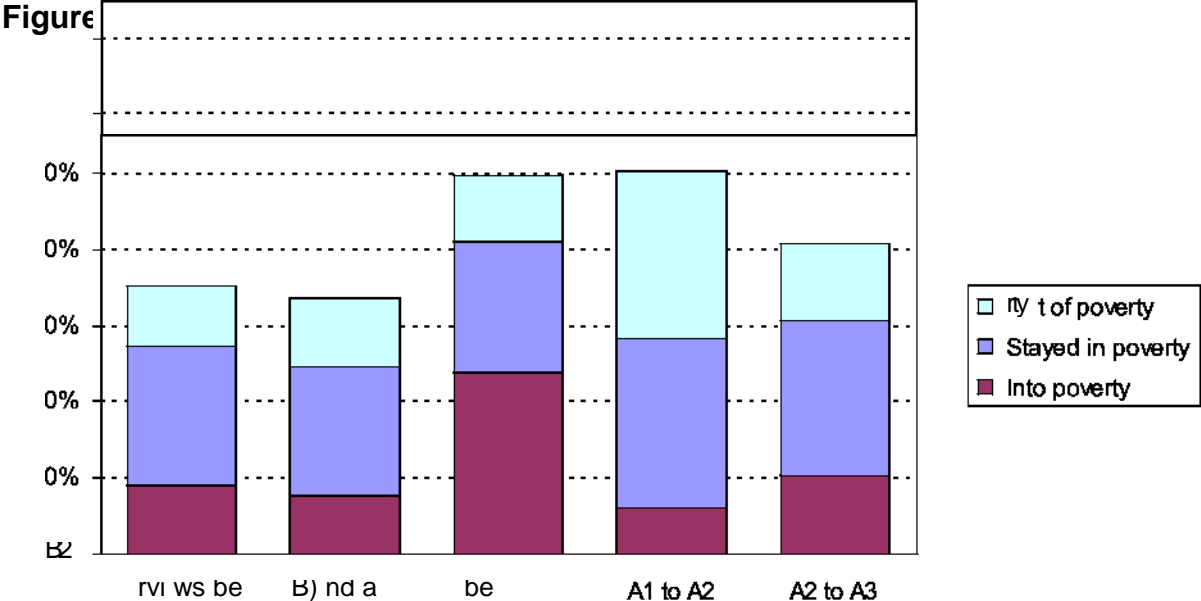


Figure 4.8 Men under pension age: transitions into and out of income poverty (per cent)

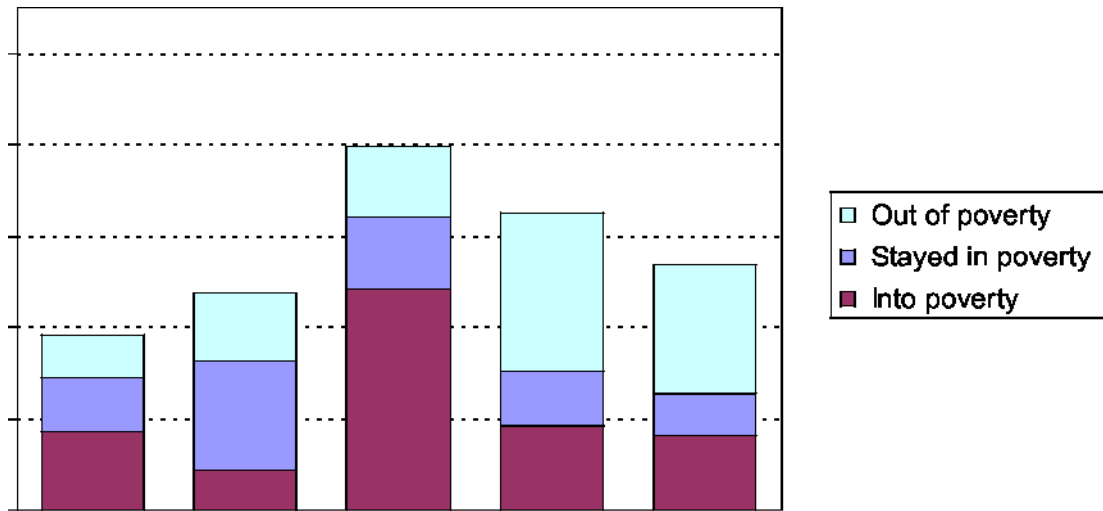
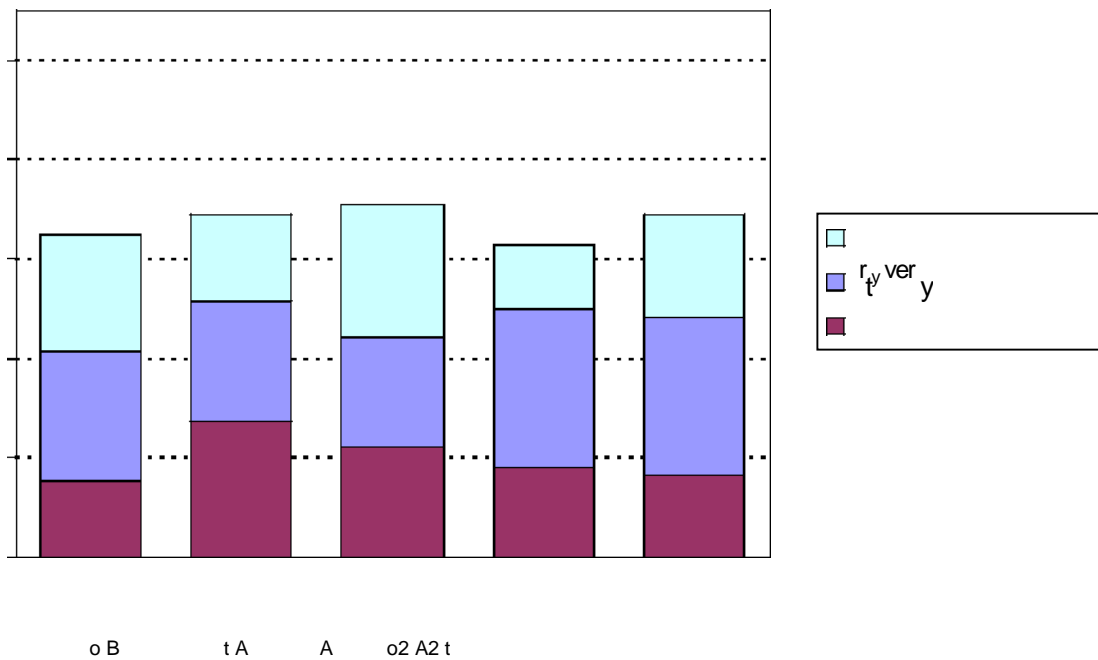


Figure 4.9 Men over pension age: transitions into and out of income poverty (per cent)



Figures 4.10 to 4.13 chart the intensity of poverty at each interview wave before and after bereavement. Households described a 'poor' or 'very poor' had incomes below the official poverty line; 'near poor' households were no more ten per cent above the poverty line. Further details of the definition of poverty intensity are given in Appendix C.6. The uppermost parts of each column, which sum to 100 per cent, have been omitted from the chart; these cover households that were deemed to be not poor and well clear of the poverty threshold.

Figure 4.10 Women under pension age: intensity of poverty before and after bereavement (per cent)

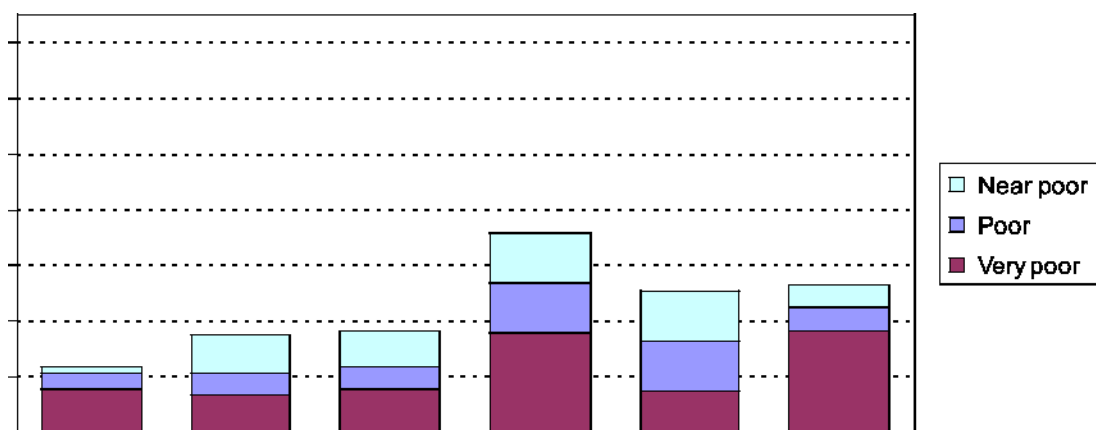


Figure 4.11 Women over pension age: intensity of poverty before and after bereavement (per cent)

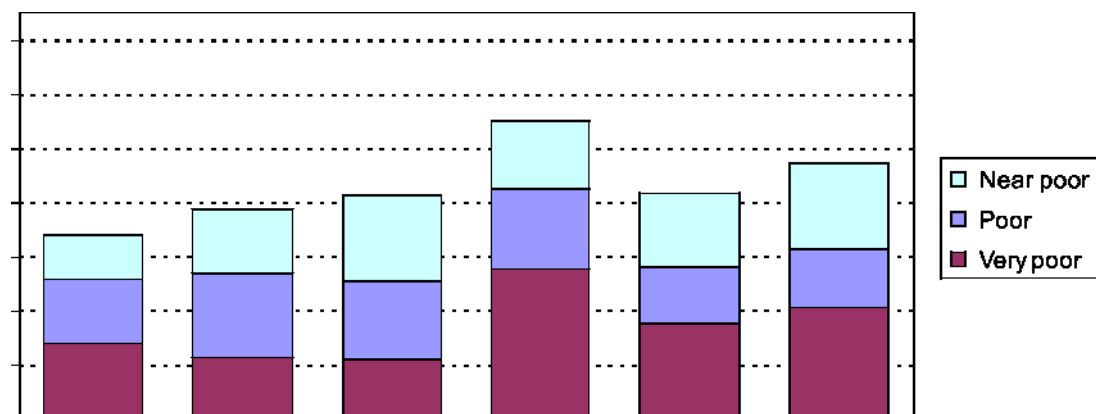


Figure 4.12 Men under pension age: intensity of poverty before and after bereavement (per cent)

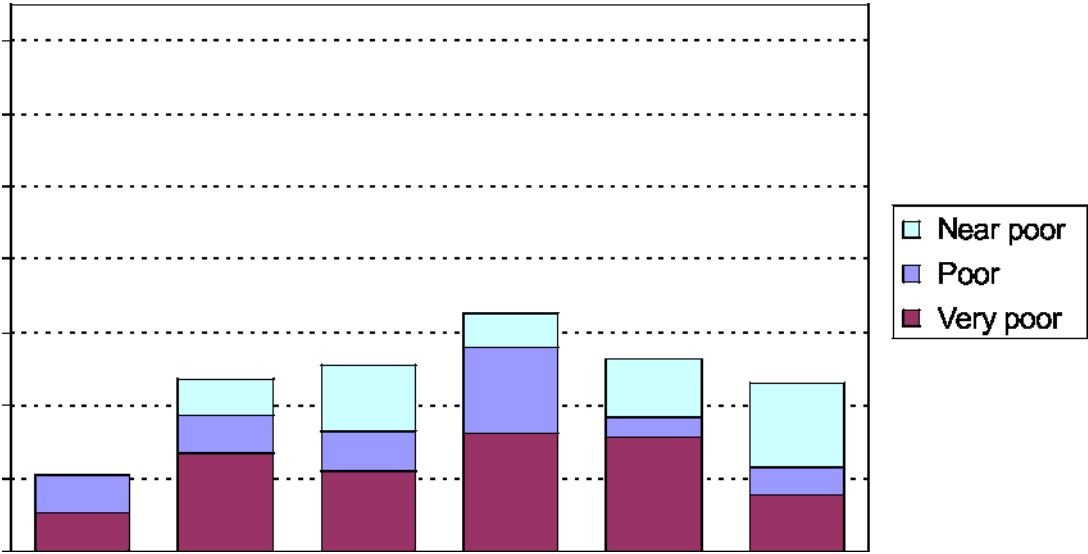
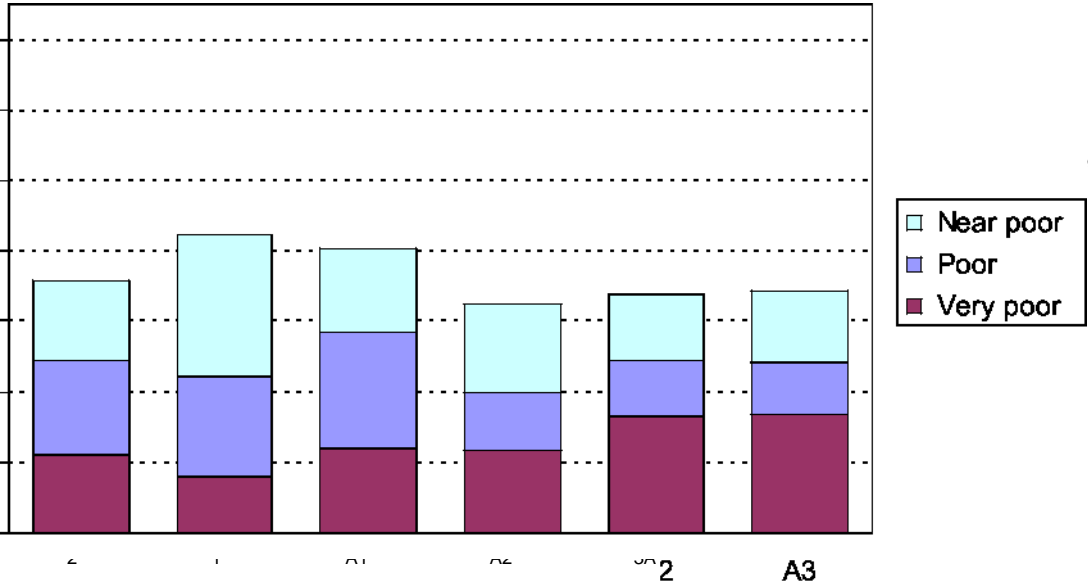


Figure 4.13 Men over pension age: intensity of poverty before and after bereavement (per cent)



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Annex to Chapter 5

This annex presents findings from the BHPS on income components as an indication of people's dealings with government and other agencies involved in administering such arrangements. Findings on a range of transactions including housing costs, lump sum payments, loan repayments, expenditure patterns, household money management and savings are also presented. These financial measures are described in Appendix C. BHPS interviews conducted immediately before and after the death of a partner are labelled B1 and A1 respectively (see Appendix A). The term respondent refers to the person who survived the death of a partner. This annex also summarises DWP estimates of receipts of bereavement and widow's benefits.³¹

Table 5.1 shows the proportion of partners who were receiving state pensions and benefits before their death. The partners of one in three women under pension age, for example, had received a work-related disability benefit which might include any of the benefits based on their partner's national insurance contributions record and awarded on grounds of disability (see Appendix C.4 for details of these benefits). On their own, benefit receipts underestimate the extent of contact with DWP offices because some people may have had a recent claim refused and others may have had claims under consideration at the time of interview. BHPS researchers also warn against placing too much reliance on reports of individual benefit receipts and drawing firm conclusions about changes in benefit claims over time (see Appendix C.4).

Table 5.1 Partner's financial transactions with DWP (at B1) by respondent's age after bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Work-related disability benefit*	33	15	12	7
Disability benefit* (carer's allowance)	25 (6)	27 (2)	28 (3)	26 (0)
Income support, job seeker's allowance, or both	12	7	9	2
State retirement pension	15	91	29	94
<i>One or more of the above</i>	<i>58</i>	<i>98</i>	<i>61</i>	<i>96</i>
<i>Unweighted base</i>	<i>73</i>	<i>221</i>	<i>48</i>	<i>119</i>

* See Appendix C.4 for definitions.

³¹ Source: DWP Information Directorate, Work and Pensions Longitudinal Study. (<http://www.dwp.gov.uk/asd/tabtool.asp>).

Table 5.2 shows the proportion of people receiving state pensions and benefits before and after bereavement and is based on people interviewed on both occasions. These findings may be interpreted in the same way as Table 5.1 and are subject to the same health warnings.

Table 5.2 Respondent's financial transactions with DWP before (B1) and after (A1) bereavement by age and gender (per cent)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
Work-related disability benefit*	9	11	1	3
Disability benefit*	6	17	14	16
Income support, job seeker's allowance, or both	6	11	4	11
State retirement pension	–	–	95	93
<i>One or more of the above</i>	20	34	96	95
Bereavement or widow's allowance	–	49	–	18
Widowed parent's or widowed mother's allowance	–	17	–	–
<i>Unweighted base</i>	91	86	275	280
Men				
Work-related disability benefit*	18	25	8	10
Disability benefit*	14	18	10	18
Income support, job seeker's allowance, or both	18	18	7	5
State retirement pension	–	–	99	98
<i>One or more of the above</i>	38	42	100	99
Bereavement allowance	–	2	–	–
Widowed parent's allowance	–	–	–	–
<i>Unweighted base</i>	57	52	134	139

* See Appendix C.4 for definitions.

Tables 5.3 and 5.4 summarise official estimates of the number of people in Britain claiming widow's benefits and bereavement benefits since 1995. Widow's benefits were replaced by bereavement benefits in April 2001 although existing claims for widow's benefits were maintained after that date so long as the qualifying conditions continued to be satisfied. A key difference between the two sets of benefits is that all claimants of widow's benefits are women, whereas men and women can apply for bereavement benefits. In May 2007, 70 per cent of bereavement benefit claimants

were women. These figures do not include the lump sum payments, widow's payment or bereavement payment, estimates for which are not currently published.

The number of widow's benefits claimants has declined over time reflecting increases in life expectancy and year on year decline in the number of couples where one partner dies. However, the rate of decline of both widow's allowance and widowed mother's allowance accelerated after April 2001 when no new claims for widow's benefits were accepted

Table 5.3 Widow's benefits caseload May 1995 to May 2007 (thousands)

	<i>Total caseload</i>	<i>Widow's allowance</i>	<i>Widowed mother's allowance</i>
1995	326.7	n/a	n/a
1996	314.6	n/a	n/a
1997	300.0	n/a	n/a
1998	284.4	n/a	n/a
1999	273.5	n/a	n/a
2000	265.1	212.4	52.7
2001	255.0	204.6	50.3
2002	223.4	180.4	43.0
2003	191.5	155.5	36.0
2004	163.4	133.8	29.6
2005	139.0	114.7	24.3
2006	117.7	97.9	19.8
2007	96.9	80.6	16.3

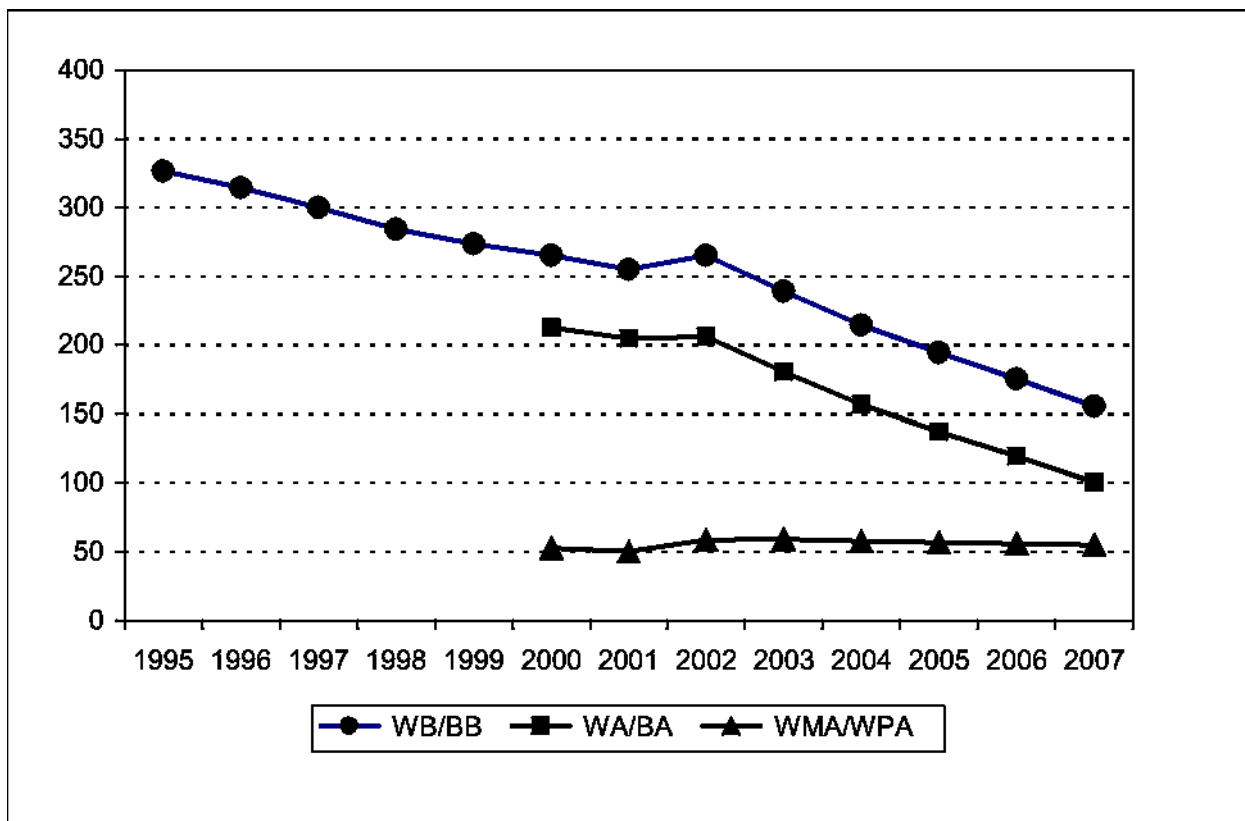
Since bereavement benefits were introduced in April 2001, extending entitlement to bereaved men and bereaved fathers, the number of claimants has increased steadily. The overall increase was driven by a growing number of claims for widowed parent's allowance, while the number of bereavement allowance claimants has declined. Caseload estimates for bereavement benefits are available only from May 2002 onwards. It is not possible to estimate take up of these benefits because the number of eligible non-claimants is not known

Table 5.4 Bereavement benefits caseload, May 2002 to May 2007 (thousands)

	<i>Total caseload</i>	<i>Bereavement allowance</i>	<i>Widowed parent's allowance</i>
2002	41.5	25.7	15.8
2003	47.7	24.8	22.9
2004	51.2	23.0	28.2
2005	55.2	22.7	32.5
2006	57.7	21.8	35.9
2007	58.5	20.0	38.5

Although the two sets of benefits are not strictly comparable, time trends indicate a declining caseload overall, driven largely by claims for widow's allowance drawing to a close and, to a lesser extent, declining uptake of bereavement allowance. The introduction of bereavement benefits in April 2001 interrupted but did not halt the overall decline. However, an increasing number of claims for widowed parent's allowance offset the withdrawal of widowed mother's allowance, leading to a relatively stable caseload of bereaved partners with dependent children (Figure 5.1).

Figure 5.1 Widow's benefits and bereavement benefits caseloads, May 1995 to May 2007 (thousands*)



Notes:

WB/BB Widow's benefits and bereavement benefits (excluding widow's payment and bereavement payment for which estimates are not currently published).

WA/BA widow's allowance and bereavement allowance.

WMA/WPA widowed mother's allowance and widowed parent's allowance.

* Estimates for May 2001 include widow's benefits only.

Source:

DWP Information Directorate, Work and Pensions Longitudinal Study. (<http://www.dwp.gov.uk/asd/tabtool.asp>).

Table 5.5 shows the proportion of households that were paying income tax before the death of a partner, distinguishing between those receiving a tax credit or not. These figures have been estimated from household tax liabilities simulated by BHPS researchers (see Appendix C.2). Other households would have had contact with HMRC to check that they had no income tax liability or for other taxation purposes.

Table 5.5 Household's financial transactions with HMRC (at B1) by respondent's age after bereavement and gender (per cent)*

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Household paid income tax (no tax credit)	48	2	27	3
Household received credit on income tax	19	2	31	4
<i>Unweighted base</i>	62	202	36	118

* Couple only households with or without dependent children.

Table 5.6 shows receipts of council tax and housing benefits at successive interview waves before and after bereavement. Before the death of a partner (B1), one in five couples (20 per cent) was claiming either or both of these benefits, including 18 per cent claiming council tax benefit and ten per cent claiming housing benefit; two per cent claimed both benefits.

Table 5.6 Receipt of council tax and housing benefits before (B) and after (A) bereavement (per cent)

	<i>B1</i>	<i>A1</i>	<i>A2</i>	<i>A3</i>
Council tax benefit only	10	16	16	14
Housing benefit only	2	1	3	2
Both	8	10	8	10
Neither	80	73	74	74
<i>Unweighted base</i>	732	564	509	427

The following table shows the proportion of people's whose partners had had a personal pension or life insurance cover (mortgage protection policies are covered later in this annex). For example, 41 per cent of women under pension age received a survivor's benefit from their partner's former employer compared with 17 per cent of men under pension age, reflecting gender differences in access to occupational pensions. The findings also draw attention to age or cohort differences. Younger men were more likely to be protected, than those who were older, reflecting women's

increased access to better paid, full-time jobs with pension provision (in public sector employment for example). In contrast, younger women were somewhat less likely to be protected than older women, perhaps because their partners had postponed decisions about contributing to an occupational pension scheme.³² The BHPS does not enable us to be completely certain that the lump sum payments shown in Table 5.7 were received in respect of a partner's death although evidence of their timing indicates that this is a likely interpretation (see Figure 5.3 below). The final row of Table 5.7 shows the overall proportion of people reporting at least one of the arrangements described in the table. Additionally, between 10 and 15 per cent of partners had said they were covered by private medical insurance although the nature and extent of such cover is not known. Younger partners were somewhat more likely to have had private medical insurance than older partners but there was no difference between women and men in uptake (Table 5.8).

Table 5.7 Partner's transactions with pensions and insurance companies by respondent's age after bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Partner had received occupational pension at B1	28	66	23	23
Partner had received private pension or annuity at B1	5	9	10	4
Respondent received pension at A1 from partner's former employer	41	49	17	7
Life insurance lump sum payment at A1	49	27	40	17
Pension lump sum payment at A1	31	6	14	2
<i>One or more or the above</i>	<i>77</i>	<i>80</i>	<i>67</i>	<i>43</i>
<i>Unweighted base</i>	<i>48</i>	<i>156</i>	<i>36</i>	<i>93</i>

Table 5.8 shows whether respondent's partners were covered by private medical insurance to meet health care costs; some insurance schemes may have included a lump sum payment in the event of a partner's death although this information is not gathered in the BHPS. Most partners, 89 per cent overall, were evidently not covered by private medical insurance.

³² Most partners who were in paid work and interviewed just before their death (75 per cent) had said they were members of their employers' pension scheme. However, we do not know the circumstances of those interviewed by proxy, who predominate, and details of benefits payable on death are not gathered.

Table 5.8 Partners with private medical insurance (at B1) by respondent's age after bereavement and gender (per cent)

	<i>Women</i>		<i>Men</i>	
	Under state pension age	Pension age and over	Under state pension age	Pension age and over
Yes, in own name	19	9	8	2
Yes, via family member	–	–	5	6
No, not insured	81	91	87	92
<i>Unweighted base</i>	<i>49</i>	<i>148</i>	<i>38</i>	<i>96</i>

The following table shows the proportion of BHPS respondents by tenure reporting net housing costs at interviews before and after the death of a partner. Most people reported no housing costs because they either owned their house outright or received a 100 per cent rent rebate. Outright owners predominate reflecting the age profile of the sample which is weighted towards older age groups that will have completed their mortgage payments.

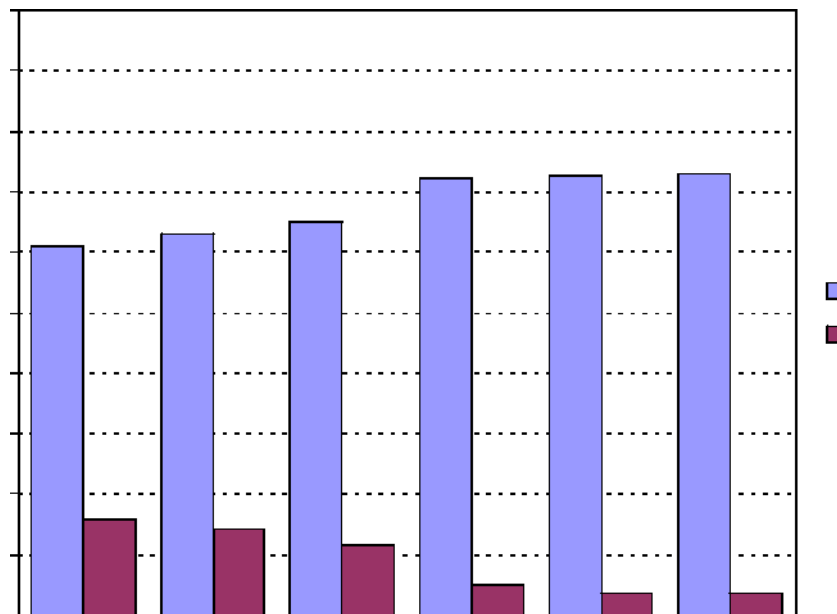
Table 5.9 Housing tenure and net housing costs before and after bereavement (per cent)

	<i>Before bereavement</i>			<i>After bereavement</i>		
	B3	B2	B1	A1	A2	A3
No housing costs						
Owned outright	59	59	59	65	66	65
Social rented	3	3	4	5	5	6
Other rented	1	1	2	2	2	2
Total	63	63	65	72	73	73
Some housing costs						
Owned with a mortgage	16	15	12	8	7	7
Social rented	18	19	19	18	19	18
Other rented	3	3	3	2	2	2
Total	37	37	35	28	27	27
<i>Unweighted base</i>	<i>472</i>	<i>557</i>	<i>673</i>	<i>556</i>	<i>503</i>	<i>425</i>

The most striking change following the death of a partner was an increased proportion of people with no housing costs, driven largely by an increase in outright ownership. This is best appreciated by focusing on household enumerated at every wave to keep the composition of the sample constant over time. Thus, Figure 5.2 shows a gradual increase in the proportion of outright owners and a corresponding decrease in the proportion of mortgagers across the years before and after

bereavement; but there is a marked transition between the interview immediately before (B1) and after (A1) the death. The gradual trend before and after bereavement probably captures changes associated with mortgages completing their normal term. The step change between B1 and A1, which alone is statistically significant (paired sample, $P < 0.001$), was apparently linked to the release of insurance or other financial assets following the death of a partner (see further below).

Figure 5.2 Proportion of outright owners and mortgagers before and after bereavement (per cent)



The next table shows housing tenure transitions and whether housing costs were incurred among the same households enumerated before and after bereavement. Two observations can be made. First, there was considerable stability in people's housing tenure between the two interviews: 98 per cent of outright owners at B1 were outright owners after the death while 78 per cent of householders in social housing with a full rent rebate were in the same situation following bereavement. Secondly, there was a net shift from incurring some housing costs (66 per cent) to no housing costs (74 per cent). This shift was brought about largely by over half of householders with a mortgage (56 per cent) becoming outright owners. The table shows smaller rates of transition between gaining (12 per cent) and losing (22 per cent) full rent rebates among people in social housing. The overall reduction in net housing costs (around £50 a month) among households paying mortgage or rent before the death of a partner is statistically significant (paired t-test of housing costs before (B1) and after (A1) bereavement, $P = 0.01$). These conclusions were unaltered when focusing on households whose composition was unchanged but for the death of a partner.

Table 5.10 Changes in housing circumstances between interviews before (B1) and after (A1) bereavement (per cent)

	<i>No housing costs at A1</i>			<i>Some housing costs at A1</i>			<i>Unweighted base</i>
	Owned outright	Social rented	Other rented	Owned with a mortgage	Social rented	Other rented	
No housing costs at B1							
Owned outright	98	–	0	2	–	–	302
Social rented	0	78	0	–	22	–	27
Other rented	17	8	75	–	–	–	12
Some housing costs at B1							
Owned with a mortgage	56	–	–	42	–	2	70
Social rented	1	12	0	1	86	0	91
Other rented	–	–	–	15	8	77	14

Table 5.11 shows the proportion of people who reported receiving a lump sum from a bequest, life insurance or pension payment at the interview after the death of a partner. The most common lump sum payments were life insurance payouts followed by bequests and pension payouts. The actual circumstances of each payout are not known and payments could have been received at any time during the previous 12 months or so (see Appendix C.13). Figure 5.3 shows that lump sum payments were more likely to have been received in the year that partners died (between B1 and A1) than at any other time; we might, therefore, feel reasonably confident that most of those recorded in Table 5.11 were received as a consequence of a partner's death. Raised rates of lump sum payments are also recorded at the second interview after the death (A2) which might indicate delays in payments being received.

Table 5.11 Combinations of lump sum payments after bereavement (A1)

	<i>Per cent</i>
Life insurance payout only	22
Inheritance only	11
Pension payout only	4
Life insurance and pension payout	4
Inheritance and life insurance payout	1
Inheritance and pension payout	1
All three	0
None of the above	56
<i>Unweighted base</i>	<i>414</i>

Figure 5.3 Lump sum payments before (B) and after (A) bereavement (per cent)

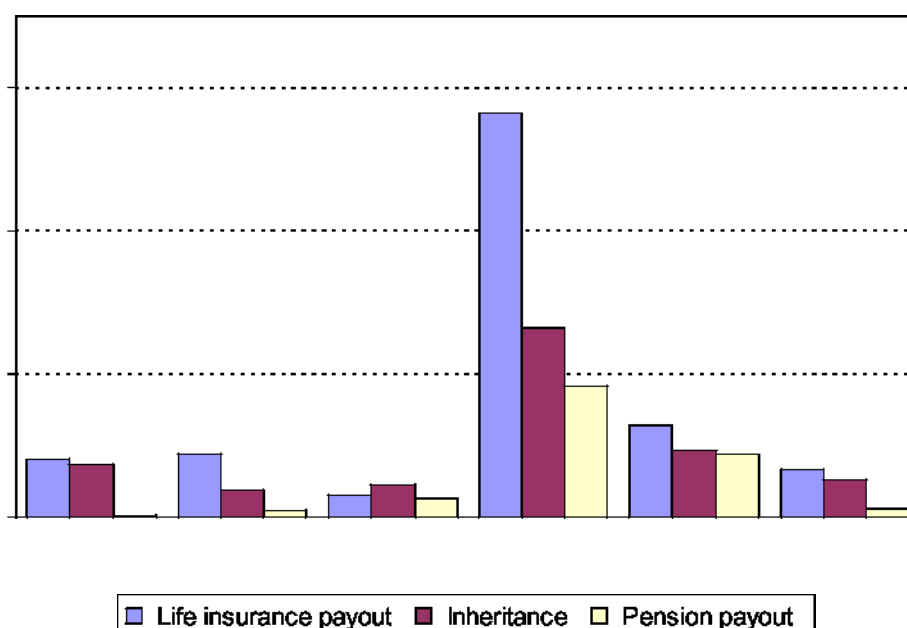


Table 5.12 shows changes in net monthly housing costs categorised as increasing or decreasing by £40 or more and less than £40 by people's views about how they were managing financially and meeting housing payments. The BHPS questions which elicited people's views on their financial circumstances and housing costs are described in Appendix C.9 and C.10.3. For example, 13 per cent of people whose housing costs decreased by £40 a month or more said they had had problems paying for housing in the past year compared with 16 per cent of people whose housing costs increased by £40 or more. We recognise that problems reported at the interview after the death of a partner (A1) could have arisen before the death which occurred inside the 12 month window specified in the question. However, these findings show no consistent association between changes in housing costs and people's financial situation or difficulties in meeting housing costs.

Table 5.12 Financial difficulties after the death of a partner by changes in net monthly housing costs between interviews before (B1) and after (A1) bereavement (per cent)

<i>Financial difficulties reported at A1</i>	<i>Decrease of £40 or more</i>	<i>Decrease under £40</i>	<i>No housing costs at B1 or A1</i>	<i>Increase under £40</i>	<i>Increase of £40 or more</i>
Financial situation					
Just about getting by	38	36	22	32	39
Finding it very or quite difficult	8	7	5	12	4
Worse off than a year ago	50	41	39	61	48
Likely to be worse off or uncertain about year ahead	25	24	17	29	26
Housing payments in past year					
Problems paying for housing	13	9	—	18	16
Housing payments required cutbacks	12	9	—	16	7
<i>Unweighted base*</i>	<i>66</i>	<i>46</i>	<i>308</i>	<i>45</i>	<i>24</i>

* Percentages sum to more than 100 because people gave two or more responses.

Table 5.13 shows changes in net monthly housing costs categorised as increasing or decreasing by ten per cent or more and less than ten per cent of net household income by people's views about how they were managing financially and meeting housing payments. For example, 36 per cent of people whose housing costs decreased by ten per cent or more of their household income said they were just about getting by financially compared with 40 per cent of those whose housing costs

increased by ten per cent or more. These findings show no consistent association between changes in housing costs as a proportion of household income and people's financial situation or difficulties in meeting housing costs.

Table 5.13 Financial difficulties after the death of a partner by changes in housing costs as a proportion of household income before and after bereavement (per cent)

	<i>Decrease of 10% or more</i>	<i>Decrease under 10%</i>	<i>No housing costs at B1 or A1</i>	<i>Increase under 10%</i>	<i>Increase of 10% or more</i>
Financial situation					
Just about getting by	36	34	22	30	40
Finding it very or quite difficult	8	0	5	11	9
Worse off than a year ago	49	47	39	43	57
Likely to be worse off or uncertain about year ahead	19	21	17	34	17
Housing payments in past year					
Problems paying for housing	11	3	—	16	22
Housing payments required cutbacks	11	3	—	16	15
<i>Unweighted base (= 100 per cent)*</i>	<i>41</i>	<i>35</i>	<i>308</i>	<i>56</i>	<i>40</i>

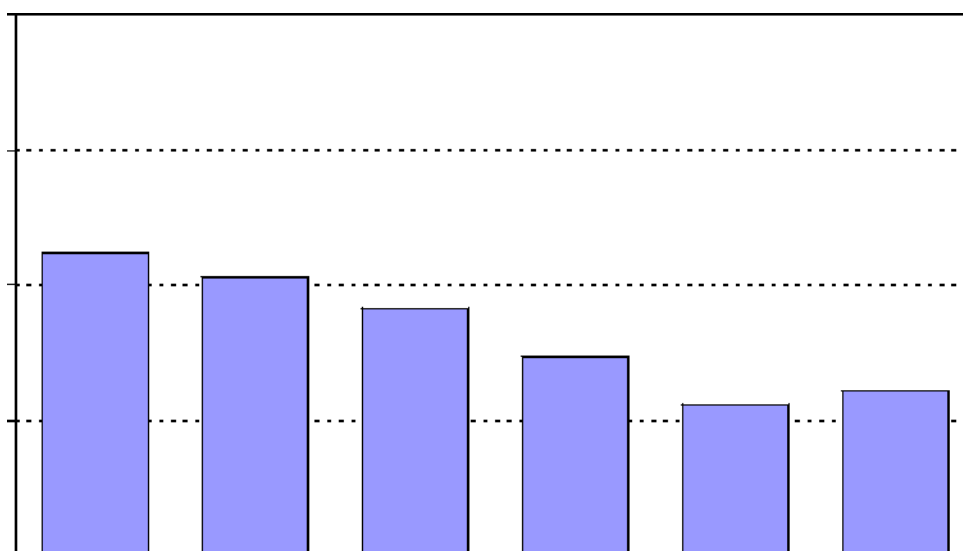
* Percentages sum to more than 100 because people gave two or more responses.

Table 5.14 shows the proportion of people reporting repayments on hire purchases and loans before and after bereavement. This information was supplied by household informants who reported that someone in their household was repaying a loan or hire purchase, including repayments on social fund loans but excluding mortgage payments (Appendix C.11). The findings are based on household informants interviewed on both occasions.

Table 5.14 Repayments on hire purchases and loans before (B1) and after (A1) bereavement by respondent's age and gender (per cent)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women	28	16	4	2
Men	35	28	4	6
<i>Unweighted base</i>				
Women	66	63	197	200
Men	46	43	109	112

The following chart shows the extent of loan repayments reported at each interview before and after bereavement. Despite a small increase between A2 and A3 (less than half a percent), there was a significant decline in the proportion of households making loan repayments across the six interview waves, almost halving between interviews conducted across three years before and after a partner's death.³³ Although year-on-year changes were small and not statistically significant, the largest decreases were recorded in the two years following death of a partner.³⁴

Figure 5.4 Households making repayments on hire purchases or loans at interviews before and after bereavement (per cent)

³³ Repeated measures analysis, B1 to A3 and B2 to A2, showed significant change over time ($P < 0.01$) and a significant linear trend ($P < 0.01$).

³⁴ Paired sample test of differences in proportions with hire purchases or loans between the waves labelled B1 and A1, and A1 and A2, were not statistically significant ($P > 0.05$, two-tailed).

Table 5.15 shows how people said they had managed the household finances when the partner was living with them (at interview B1). Respondents were invited to select one of the six options described in the table (see also Appendix C.14). For example, 45 per cent said they had shared equally and managed their finances jointly.

Table 5.15 Management of household finances before bereavement (B1) by respondent's gender (per cent)

	<i>Women</i>	<i>Men</i>	<i>All</i>
Respondent and partner share equally and manage household finances jointly	45	42	45
Respondent looks after household money except partner's personal spending money	28	24	27
Partner looks after household money except respondent's personal spending money	8	30	14
Respondent given housekeeping allowance, partner looks after rest of the money	11	–	8
Partner given housekeeping allowance, respondent looks after rest of the money	3	4	3
Respondent and partner keep finances completely separate	2	–	2
Some other arrangement	2	–	2
<i>Unweighted base</i>	<i>130</i>	<i>52</i>	<i>182</i>

Table 5.16 shows who has the final say in big financial decisions at the interview before the death of a partner (B1). Thus, 60 per cent of couples were described as partnerships in which each had an equal say in big financial decisions. In this table, respondents are those people who survived the death.

Table 5.16 Who has final say in big financial decisions before bereavement (B1) by respondent's gender (per cent)

	<i>Women</i>	<i>Men</i>	<i>All</i>
Equal say	64	50	60
Respondent	18	30	21
Partner	17	18	17
Other	2	2	2
<i>Unweighted base</i>	<i>130</i>	<i>52</i>	<i>182</i>

Figure 5.5 shows average monthly household spending on oil, gas and electricity, at January 2006 prices, before and after the death of a partner (see Appendix C.10.2). There is evidence of some increase in fuel costs before bereavement which may

reflect higher heating and other energy needs during end of life care. Following bereavement, average fuel costs declined steadily; however there is considerable variation across the sample and the decline was not statistically significant. Repeated measures analysis, B1 to A3, showed no significant change ($P=0.18$) and no significant linear development over time ($P=0.11$). Focusing on changes from B1 to A2, which almost doubled the sample size, did not alter these findings ($P=0.18$ and 0.20 respectively).

Figure 5.5 Monthly fuel costs at interviews before and after bereavement (mean and 95% confidence interval)

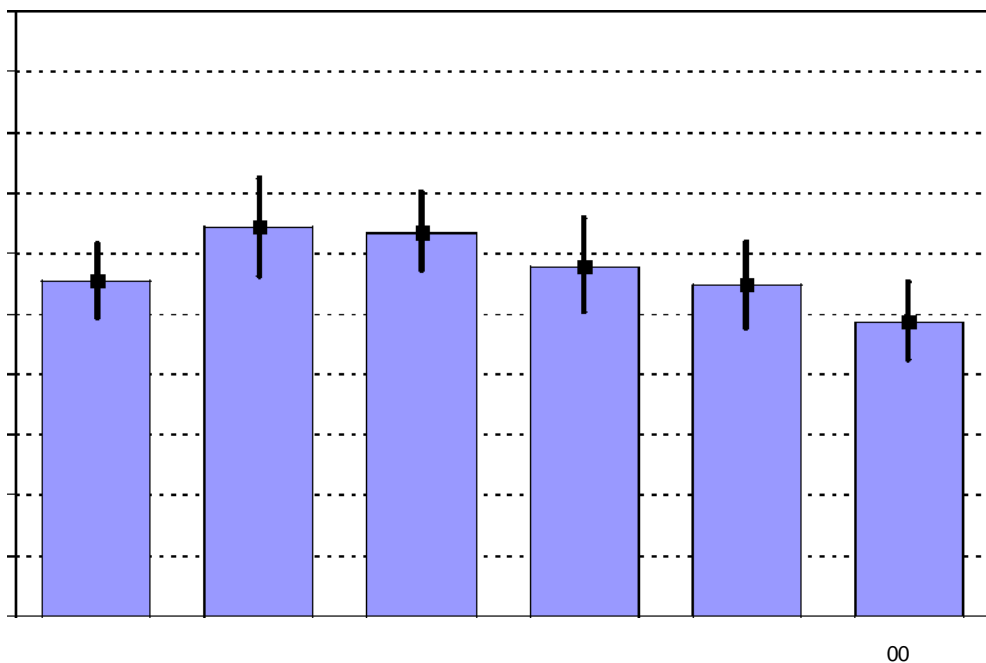


Figure 5.6 shows equivalised monthly fuel costs, adjusted to reflect the size and composition of households. There was a statistically significant increase in equivalised fuel costs between interviews conducted just before (B1) and after (A1) bereavement: paired t-test, $P<0.01$ (two-tailed). Thereafter, equivalised fuel costs gradually declined almost reaching pre-bereavement levels by the third interview after bereavement (A3): paired t-test between waves labelled B1 and A3, $P=0.04$ (two-tailed).

Figure 5.6 Equivalised monthly fuel costs at interviews before and after bereavement (mean and 95% confidence interval)

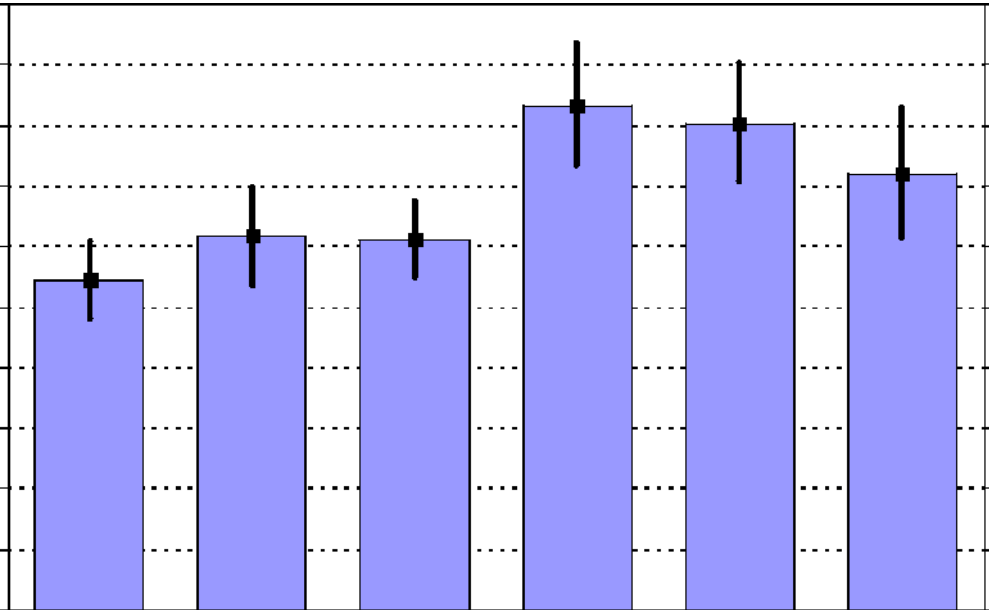
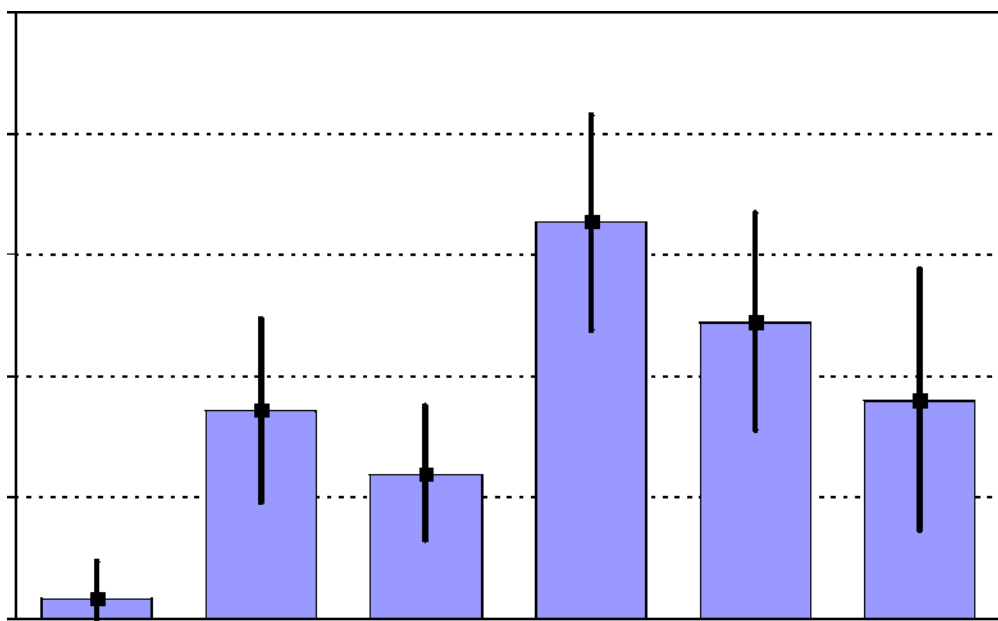


Figure 5.7 shows the extent of fuel poverty, defined as spending more than a tenth of net household income on fuel (Appendix C.10.2). According to this definition, fuel poverty increased dramatically following the death of a partner (paired sample, $P < 0.001$, two-tailed). The extent of fuel poverty subsequently returned to pre-bereavement levels by the third interview after bereavement (A3). Although the proportion of fuel poor households almost trebled following the death of a partner (from 13 to 35 per cent), fewer households remained persistently fuel poor thereafter. Overall, 23 per cent of households were fuel poor at both the first (A1) and second (A2) interview wave after bereavement, and 11 per cent were fuel poor at all three post-bereavement interviews (A1 through A3).

Figure 5.7 Fuel poverty at interviews before and after bereavement (per cent and 95% confidence interval)



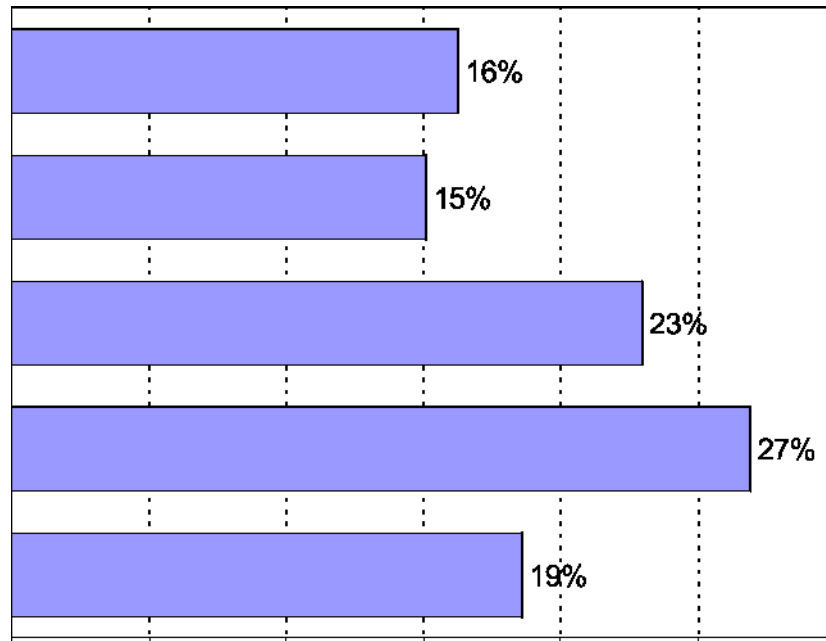
Detailed analysis of households most at risk of fuel poverty was limited by small sample sizes. As might be expected, fuel poverty was concentrated among low income households: before and after bereavement, between two thirds and four fifths of fuel poor households were in the bottom three quintiles of the income distribution (where no more than six out of ten would be expected). As single pensioner households were amongst the poorest, women and men over pension age were most likely to be fuel poor immediately following the death of a partner. The following table shows that the proportion of women and men pensioners experiencing fuel poverty more than doubled immediately after the death of a partner. Those who experienced fuel poverty at the first interview following death of a partner (A1) were more likely than expected to say they were struggling or just about managing financially, and to feel worse off financially than a year ago (standardised adjusted residuals >2.0).

Table 5.17 Fuel poverty immediately before and after bereavement by respondent's age and gender (per cent)

	<i>Before bereavement (B1)</i>	<i>After bereavement (A1)</i>
Women		
Under state pension age	7	11
Pension age and over	11	40
Men		
Under state pension age	14	13
Pension age and over	17	37

The following chart shows changes in equivalised fuel costs between interviews conducted immediately before (B1) and after (A1) the death of a partner: almost half the people (46 per cent) reported a decrease in equivalent fuel costs or an increase of less than £20 a month. In contrast, equivalised fuel costs increased by £40 or more for almost a third of households (31 per cent). There was no evidence that large increases in equivalised fuel costs were associated with perceived financial strain, worsening finances, or worries about managing in the future (chi-square tests and ordinal measures of association, $P > 0.05$). Bereaved people over pension age were more likely to have seen their equivalised fuel costs increase by £20 or more a month after the death of their partner (that is, between B1 and A1), whereas bereaved partners in paid employment, and without dependant children, were more likely to have seen their equivalised fuel costs decrease, or rise by less than £20 a month. However, the sample was too small to conclude that these differences were statistically significant.

Figure 5.8 Changes in equivalised monthly fuel costs between interviews before (B1) and after (A1) bereavement (per cent)



Figures 5.9 and 5.10 show the actual weekly spending on food, at January 2006 prices, reported at each interview before and after the death of a partner (see Appendix C.10.1). They show that average weekly food spending fell by around £22 a week, for women and men alike, following a partner's death: from over £60 a week to around £40. From inspection of the confidence intervals, which do not overlap, it is clear that there has been a significant drop in food spending. Paired sample tests of individual household differences in food spending between the wave before (B1) and after (A1) bereavement reached significance levels of less than 0.001 (two-tailed).

Figure 5.9 Women: actual weekly food expenditure before (B) and after (A) bereavement (mean, 95% confidence interval)

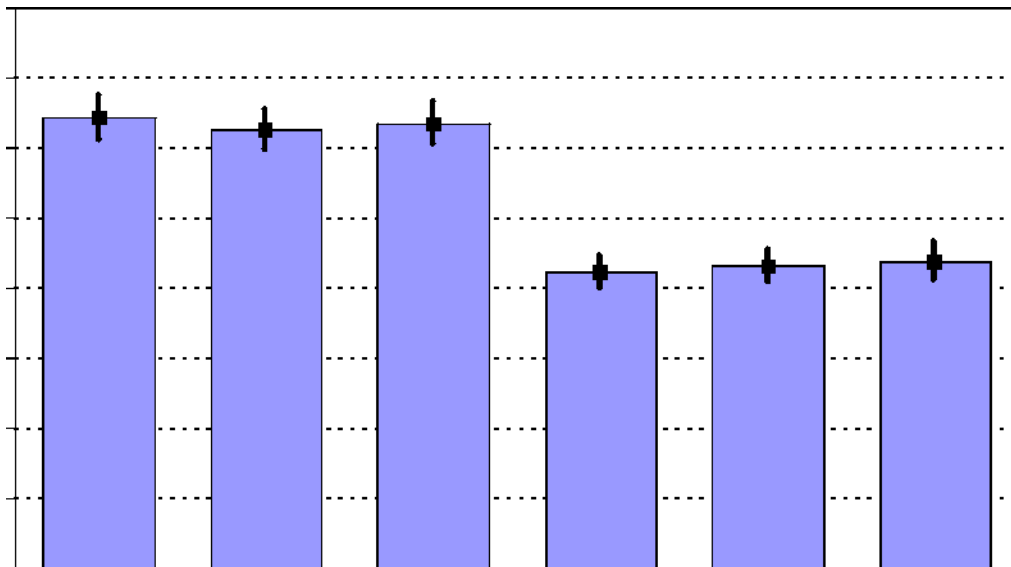
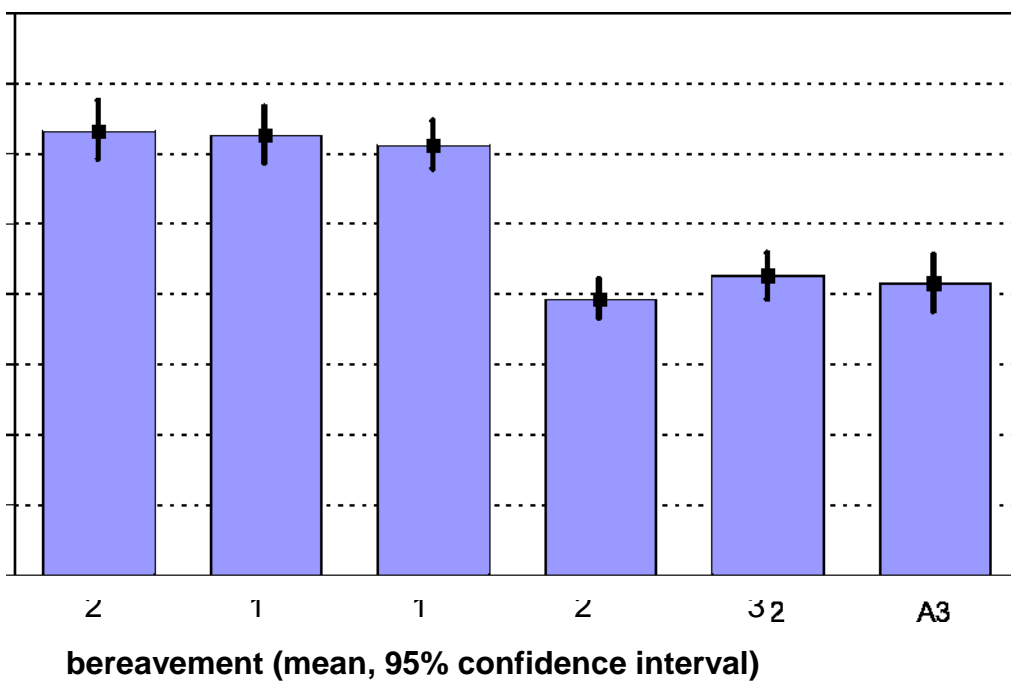


Figure 5.10 Men: actual weekly food expenditure before (B) and after (A) bereavement (mean, 95% confidence interval)



re (B) and after () bere vement

Figures 5.11 and 5.12 show equivalised weekly food spending at each interview before and after the death of a partner. Actual food spending was equivalised using the McClements scale (Appendix C.2). The McClements equivalence scale, which takes into account differences in household size and composition, estimates an average reduction in food spending of 39 per cent from a two person to a single person household: that figure is not far short of the observed reductions in actual spending between interviews conducted before (B1) and after (A1) bereavement (Figures 5.9 and 5.10). Consequently, when food spending is equivalised to take account of changed household circumstances, there is no difference in weekly amounts spent on food between interviews immediately before and after bereavement. More generally, there is no statistically significant increase or decrease in equivalised food spending across successive waves, as indicated by overlapping confidence intervals.

Figure 5.11 Women: equivalised weekly food expenditure before (B) and after (A) bereavement (mean, 95% confidence interval)

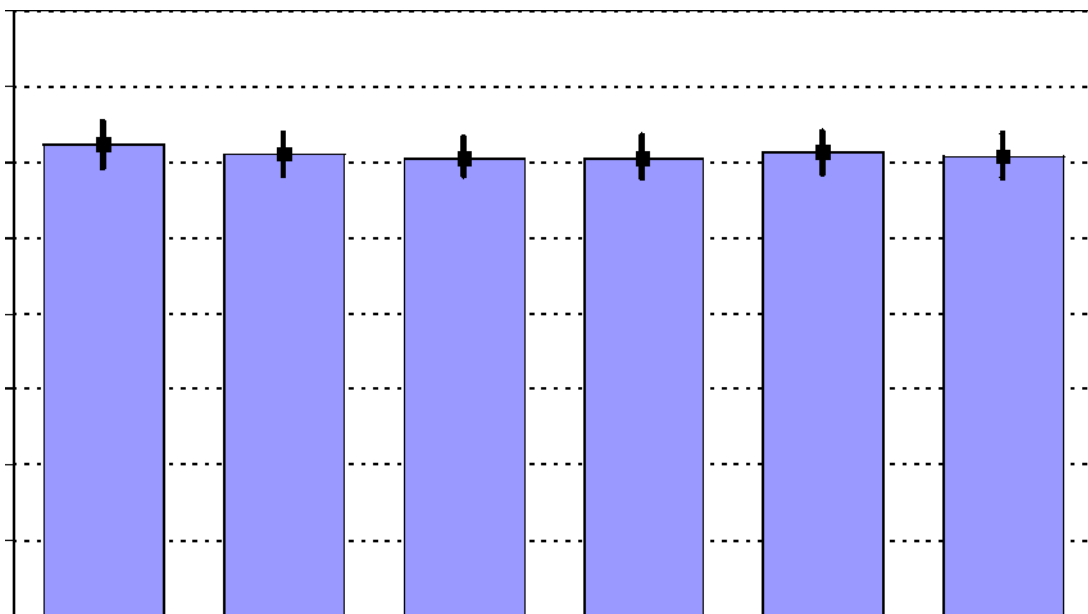
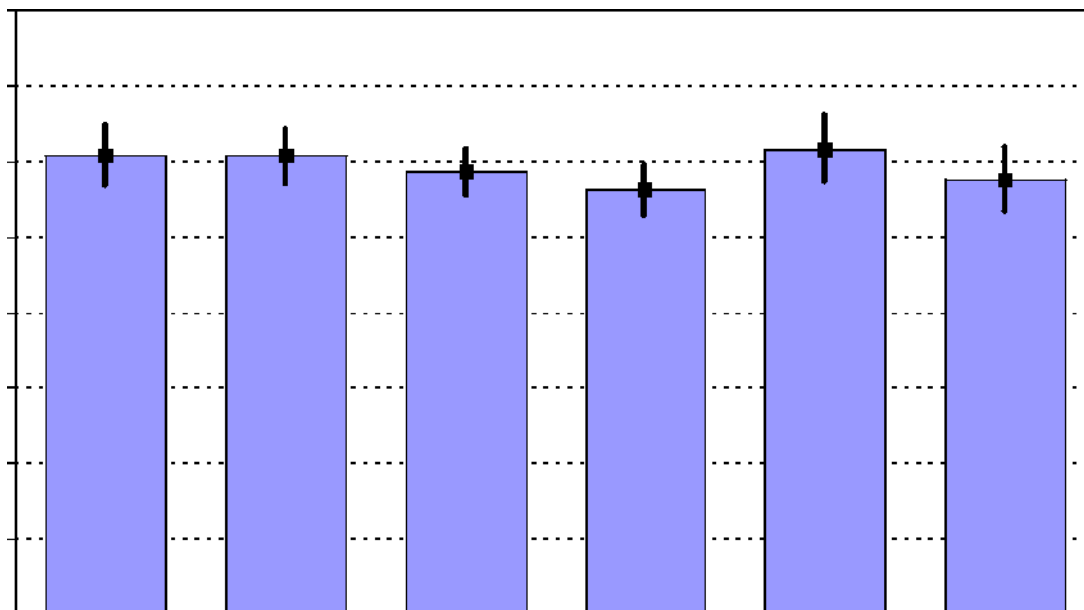


Figure 5.12 Men: equivalised weekly food expenditure before (B) and after (A) bereavement (mean, 95% confidence interval)



The next four charts, Figures 5.13 to 5.16, relate weekly food spending to households' financial resources by showing the proportion of net income devoted to spending on food. The charts distinguish between women and men below and above state pension age at each interview before and after the death of a partner. It can be seen that the proportion of income devoted to food spending increased for women following the death of a partner but decreased for men. Paired sample tests of differences in the proportion of income spent on food between the wave immediately before (B1) and after (A1) bereavement were statistically significant for women ($P < 0.01$) but not men ($P > 0.40$).

Figure 5.13 Women under 60: food spending as a proportion of net household income before and after bereavement (mean per cent and 95% confidence interval)

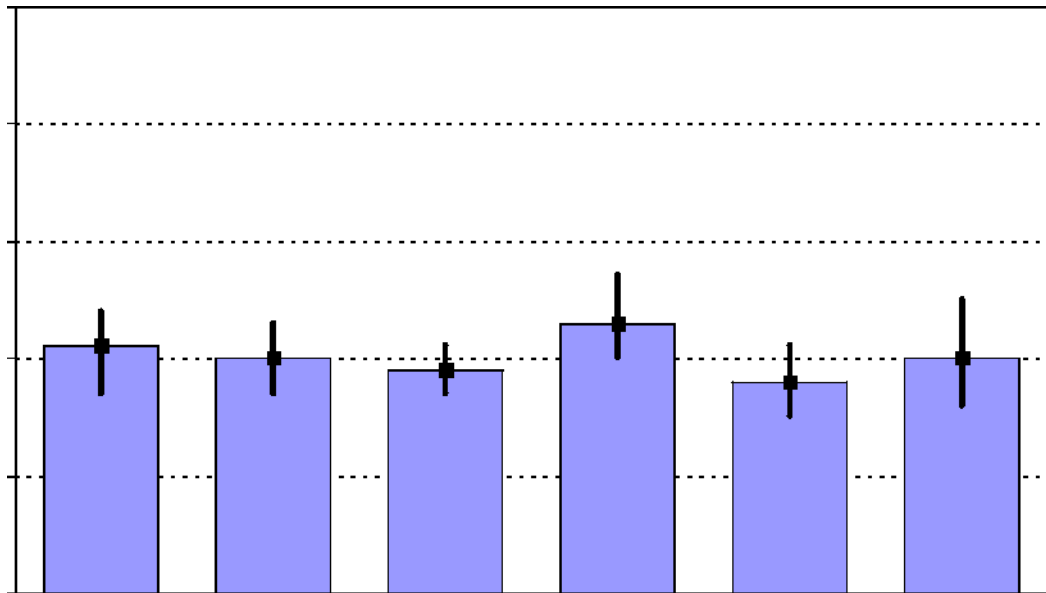


Figure 5.14 Women aged 60 and over: food spending as a proportion of net household income before and after bereavement (mean per cent and 95% confidence interval)

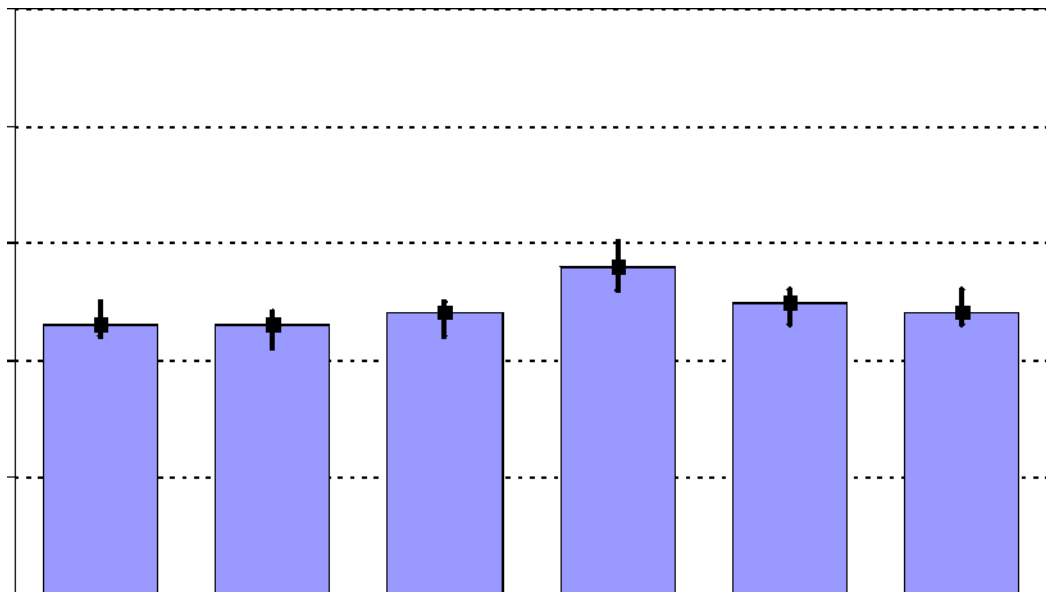


Figure 5.15 Men under 65: food spending as a proportion of net household income before and after bereavement (mean per cent and 95% confidence interval)

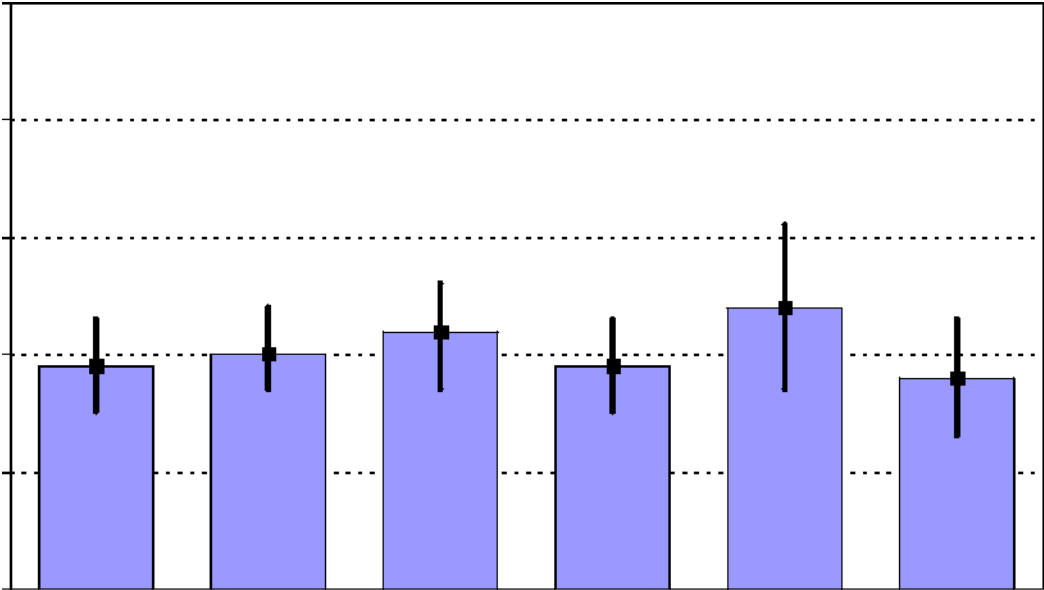


Figure 5.16 Men aged 65 and over: food spending as a proportion of net household income before and after bereavement (mean per cent and 95% confidence interval)

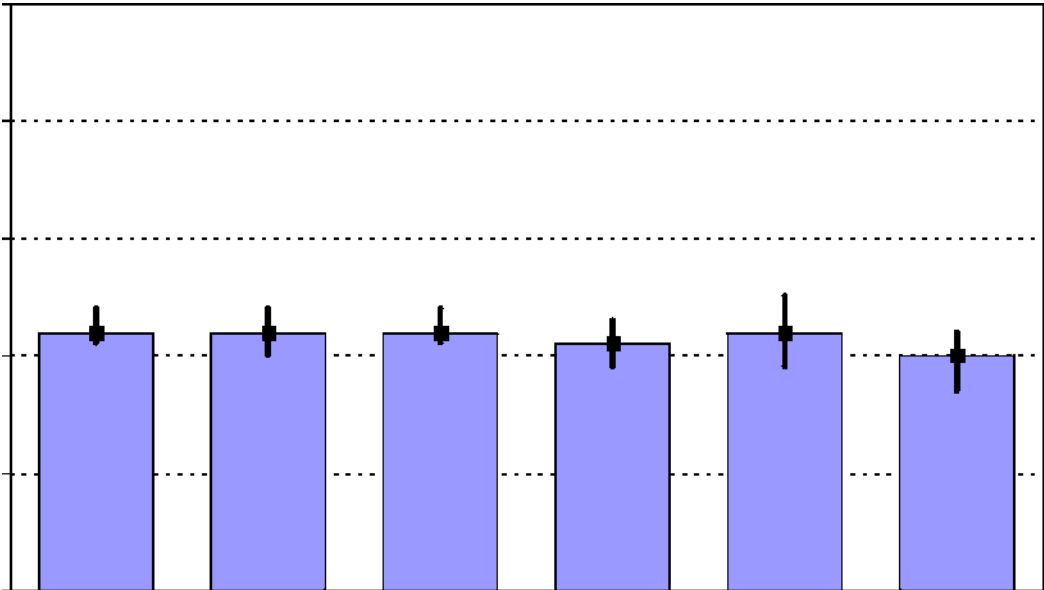


Figure 5.17 shows the proportion of respondents who felt worse off financially according to changes in the income share devoted to food spending after a partner died. The proportion of men feeling worse off increases considerably more than that of women as the share of income devoted to food spending increases. Thus: 54 per cent of men whose share of income spent on food *increased* by ten percentage points or more said they were worse off financially than a year ago, compared with 21 per cent of those who *reduced* the share of income on food spending by at least ten percentage points. The comparable proportions for women were 58 and 43 per cent respectively, a difference half that of men (15 point difference compared with a 33 point difference for men): the association is statistically significant for men but not for women (Kendall's tau-C test: $P=0.116$ for women; $P=0.009$ for men).

Figure 5.17 Proportion feeling worse off financially than a year ago by changes in share of income on food spending by gender (per cent)



Figures 5.18 and 5.19 show the proportions of women and men respectively who said they had access to a car or van for private use at each interview before and after a partner's death.

Figure 5.18 Women: availability of a car or van for private use before and after bereavement (per cent)

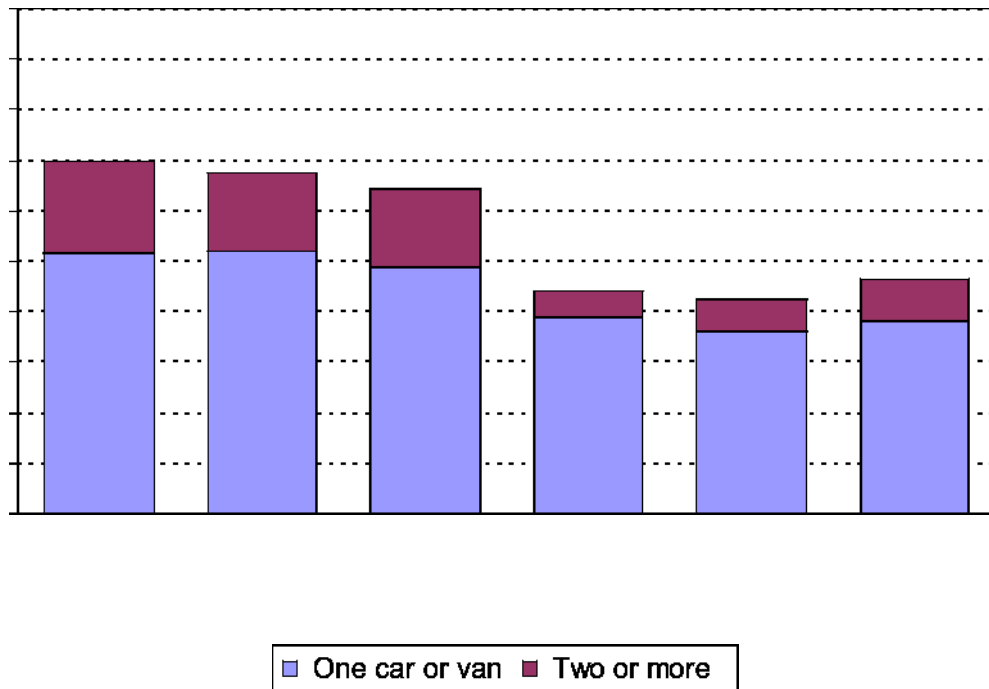


Figure 5.19 Men: availability of a car or van for private use before and after bereavement (per cent)

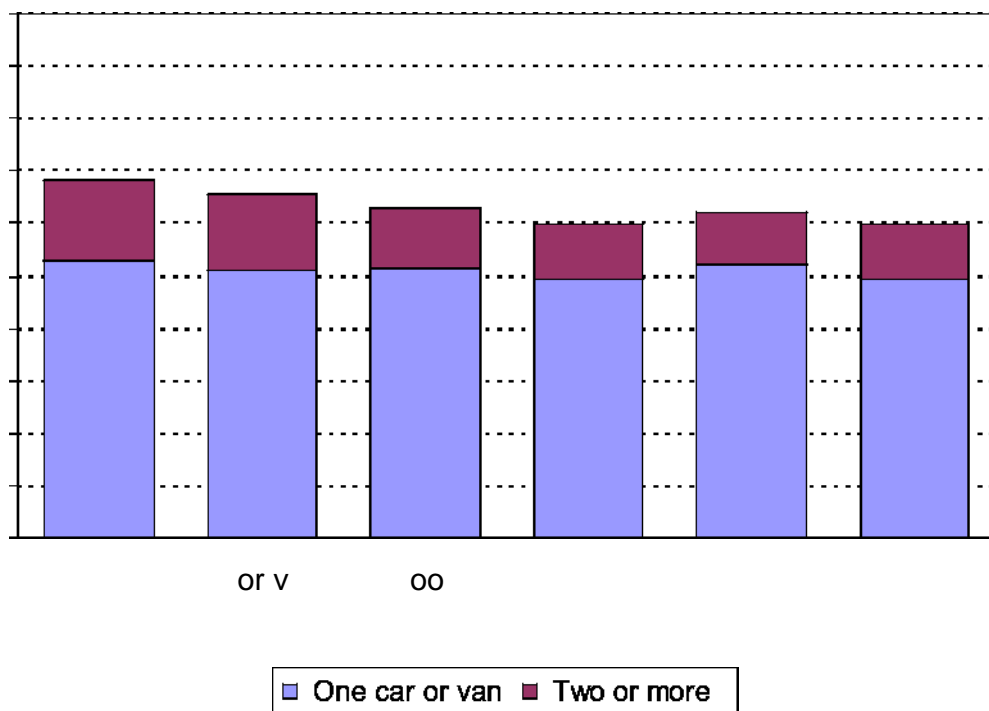


Table 5.18 shows the proportion of women and men who said they had access to a car or van for private use at the interview immediately before (B1) and after (A1) a partner's death. These findings are based on the same people interviewed on both occasions.

Table 5.18 Availability of a car or van for private use before and after bereavement by respondent's age and gender (per cent)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement	After bereavement	Before bereavement	After bereavement
Women				
No vehicle	13	30	41	64
One car or van	44	58	49	33
Two or more	42	12	9	3
Men				
No vehicle	17	17	48	48
One car or van	59	62	45	45
Two or more	24	21	7	7
<i>Unweighted base</i>				
<i>Women</i>	91	86	282	287
<i>Men</i>	60	55	134	139

Table 5.19 shows the overall changes in the proportions of people with access to a car or van for private use between interviews conducted immediately before and after bereavement. One in three women (34 per cent) had no access to private transport on either occasion; 22 per cent of women, compared with four per cent of men, lost the option of using a car or van after their partner died.

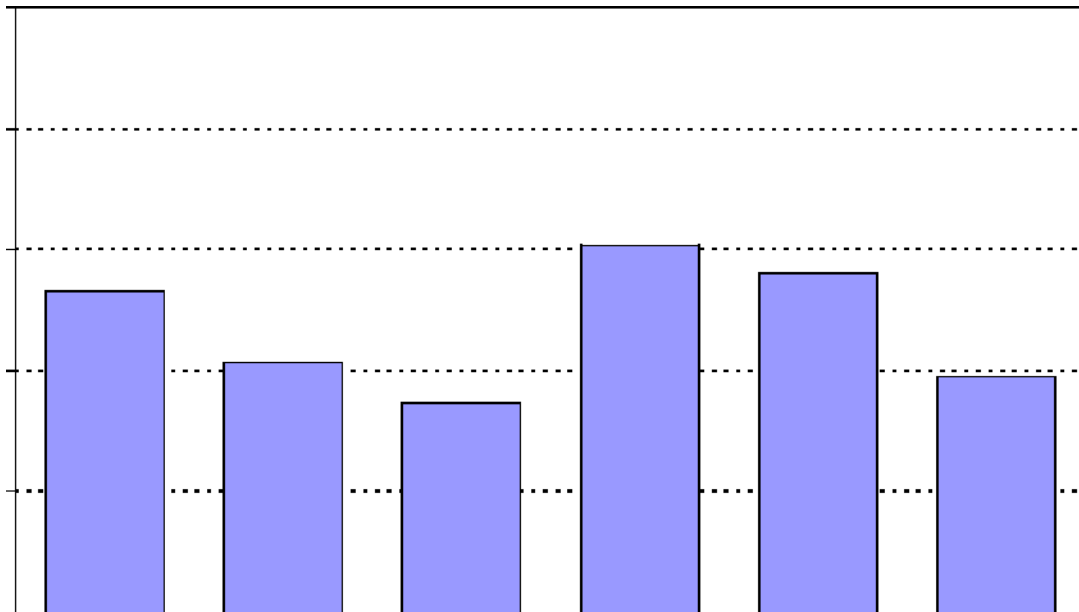
Table 5.19 Changes in the availability of a car or van between interviews before and after bereavement by gender (per cent*)

Before Bereavement (B1)	<i>After bereavement (A1)</i>		
	No vehicle	One car or van	Two or more
Women			
No vehicle	34	1	–
One car or van	21	27	1
Two or more	1	11	5
Men			
No vehicle	37	2	1
One car or van	4	42	3
Two or more	–	4	8

*Unweighted base: women= 373, men= 194.

Figure 5.20 shows the proportion of people transferring money to someone living elsewhere at interviews before and after bereavement. Such transactions are called external transfers in the BHPS (see Appendix C.12). A very small minority of respondents, around five per cent, reported these transactions. The cross-sectional findings show that the proportion of respondents making such transfers declined a little in the years leading up to the death of a partner, and again thereafter. Between interview waves immediately before and after bereavement (B1 and A1 respectively), the prevalence rate almost doubled: from 3.5 to 6.0 per cent, a statistically significant increase (paired sample test, $P > 0.05$, two-tailed).

Figure 5.20 People transferring money to someone living elsewhere at interviews before and after bereavement (per cent)



The following table shows the reported reasons for external money transfers and the relationship of recipients to respondents making such payments. Most recipients were family relatives and the main change following the death of a partner was an increase in the number of children, presumably adult children, receiving payments. These were mostly given towards recipients' household expenses; help with education, or as an allowance towards general spending.

Table 5.20 External transfers reported at interview waves before and after bereavement (unweighted data)

	<i>Before bereavement (B1)</i>	<i>After bereavement (A1)</i>
Number of recipients		
One recipient	18	24
Two recipients	4	3
Three recipients	2	2
Total	32	36
Relationship to respondent		
Parent(s)	3	1
Child	8	16
Other relative	19	14
Other individual	2	4
Other	–	1
Purpose of transfer		
Child maintenance, alimony	1	–
Household bills, expenses	6	9
Education, grant	7	6
Spending money, allowance	13	15
Loan repayment	2	–
Other	5	7
<i>Number of respondents</i>	<i>24</i>	<i>29</i>

Nineteen of the 29 respondents reporting external transfer payments following the death of their partner had not reported any such transfers at the interview before their partner died. The details of their payments at the first interview after bereavement are shown in the next table. Most of these newly reported payments were to respondents' children and described as an allowance or general spending money.

Table 5.21 'New' external transfers reported at interview wave after bereavement (unweighted data)

	<i>After bereavement (A1)</i>
Number of recipients	
One recipient	17
Two recipients	1
Three recipients	1
Total	22
Relationship to respondents	
Parent(s)	1
Child	12
Other relative	6
Other individual	2
Other	1
Purpose of transfer	
Child maintenance, alimony	–
Household bills, expenses	4
Education, grant	4
Spending money, allowance	11
Loan repayment	–
Other	3
<i>Number of respondents</i>	<i>19</i>

Figure 5.21 shows the proportion of respondents at each interview before and after a partner's death who said they were regularly saving money each month. The BHPS questions on savings are described in Appendix C.15.

Figure 5.21 Individual respondents saving money before and after bereavement by gender (per cent)

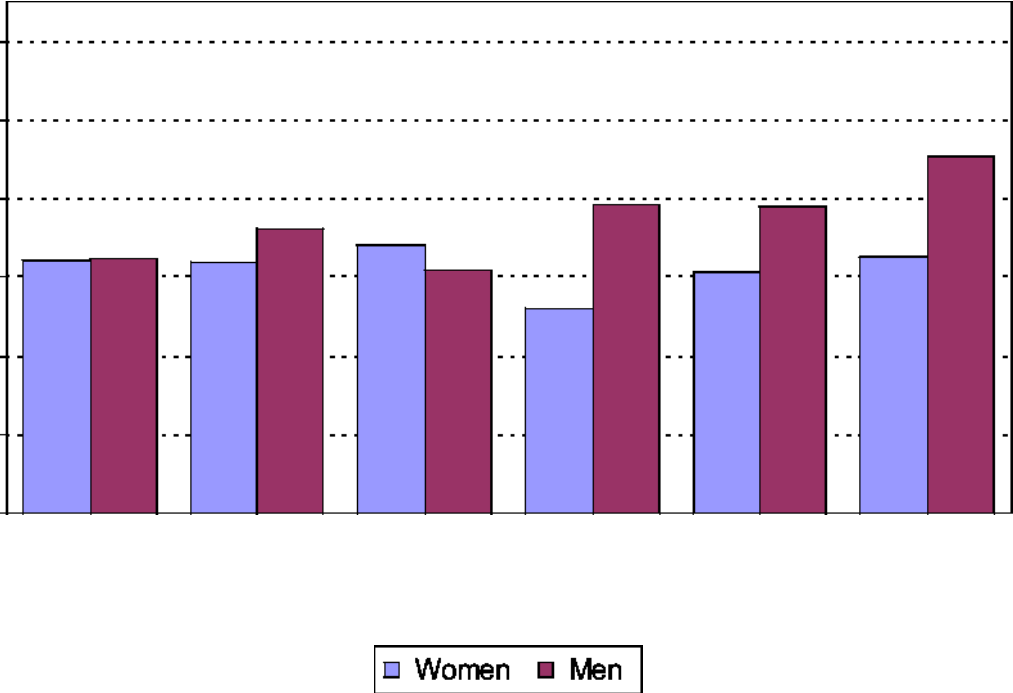


Figure 5.22 shows the proportion of partners at each interview before their death who said they were regularly saving money each month.

Figure 5.22 Individual partners saving money by partner’s gender (per cent)

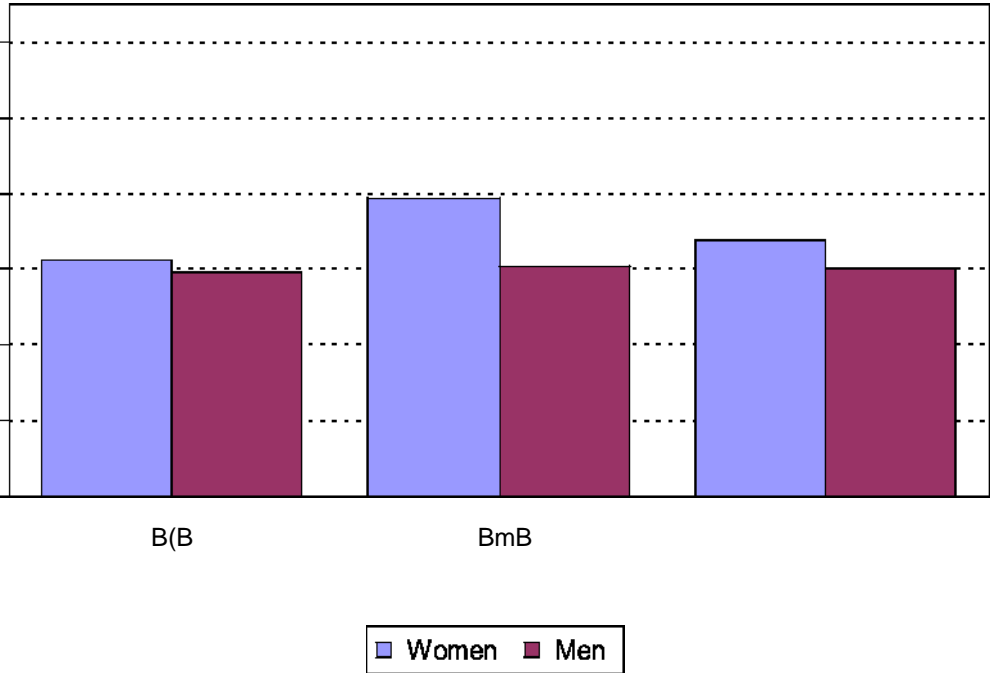


Figure 5.23 shows the number of couples saving money at each interview before a partner died. These estimates are based on either or both people in a partnership reporting that they saved regularly. The chart also shows the number of people who said they were saving at each interview after their partner died; these latter estimates repeat those shown above in Figure 5.21.

Figure 5.23 Couples saving money before and bereaved respondents saving money after bereavement by respondent's gender (per cent)

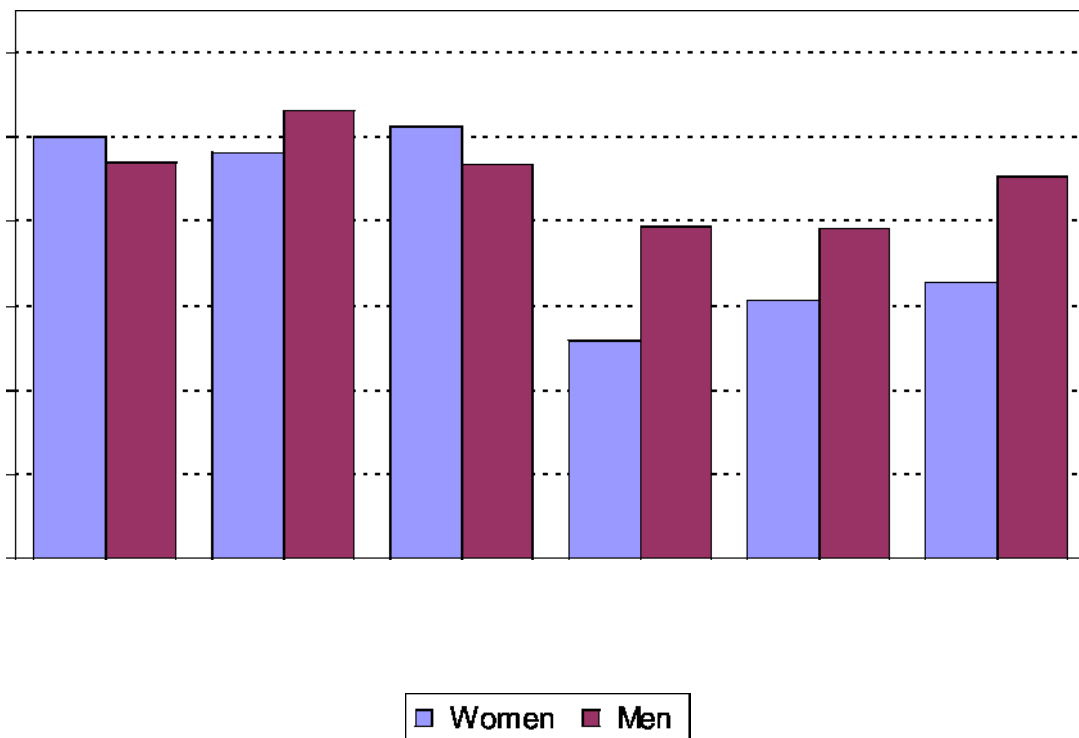


Table 5.22 shows how many people said they were regularly saving money each month at the interview immediately before and after a partner's death. The number of couples saving money before the death is also shown. This latter estimate is derived from either or both people in a partnership reporting that they regularly put money aside. For example, 52 per cent of women below pension age said they were saving before their partner died; the partners of eight per cent of the women in this group had also said they were saving but the women themselves were not savers. Thus, one or both partners in 66 per cent of these couples were saving money. These estimates are based on respondents who were interviewed before and after their partner died.

B³

Table 5.22 Respondents and couples saving before, and respondents saving after, bereavement by respondent's age and gender (per cent)

	<i>Under state pension age</i>		<i>Pension age and over</i>	
	Before bereavement (B1)	After bereavement (A1)	Before bereavement (B1)	After bereavement (A1)
Women				
Individual saver	52	31	37	26
Couple saver	66	–	47	–
Men				
Individual saver	24	41	37	41
Couple saver	42	–	45	–
<i>Unweighted base</i>				
<i>Women</i>	81	77	209	213
<i>Men</i>	49	45	118	122

Tables 5.23 and 5.24 summarise people's reasons for saving in response to an open-ended question. Up to two reasons are coded after the survey interview; the table shows the first or main reason given. Saving for no special reason was the predominant motive followed by saving for holidays.

Table 5.23 Women: main reason for saving before and after the death of a partner (per cent)

	<i>Before bereavement</i>			<i>After bereavement</i>		
	B3	B2	B1	A1	A2	A3
No special reason	35	43	45	59	55	46
Holidays	28	19	23	13	19	24
Old age	13	12	8	6	10	6
Special events	10	9	10	5	3	8
Car	2	3	–	1	–	1
Children	3	5	2	–	3	5
House land purchase	2	0	–	–	1	–
Home improvements	4	3	5	7	–	1
Household bills	3	–	1	1	2	4
Grandchild	–	2	0	–	2	1
Other	0	5	6	8	4	5
<i>Unweighted base</i>	86	105	131	87	94	88

Table 5.24 Men: main reason for saving before and after the death of a partner (per cent)

	Before bereavement			After bereavement		
	B3	B2	B1	A1	A2	A3
No special reason	44	51	48	61	40	44
Holidays	28	19	25	10	9	26
Old age	9	9	6	7	16	1
Special events	2	3	–	1	1	3
Car	3	5	2	2	–	0
Children	2	1	4	4	14	5
House land purchase	–	1	5	–	–	–
Home improvements	2	4	2	3	–	2
Household bills	2	0	2	5	3	3
Grandchild	2	2	1	1	5	2
Other	5	5	4	5	12	15
<i>Unweighted base</i>	<i>54</i>	<i>66</i>	<i>72</i>	<i>66</i>	<i>54</i>	<i>56</i>

The next two tables summarise the main reason for saving reported by partners at each of the three interviews before their death. Again, saving for no special reason was the predominant motive followed by saving for holidays.

Table 5.25 Women partner's main reason for saving (per cent)

	<i>B3</i>	<i>B2</i>	<i>B1</i>
No special reason	47	29	50
Holidays	18	32	18
Old age	16	14	7
Special events	3	7	6
Car	–	3	–
Children	2	3	–
House land purchase	–	–	2
Home improvements	8	3	8
Household bills	–	0	2
Grandchild	2	3	6
Other	5	6	2
<i>Unweighted base</i>	<i>45</i>	<i>68</i>	<i>65</i>

Table 5.26 Men partner's main reason for saving (per cent)

	<i>B3</i>	<i>B2</i>	<i>B1</i>
No special reason	56	49	44
Holidays	19	17	18
Old age	10	11	7
Special events	0	8	7
Car	2	2	–
Children	3	5	7
House land purchase	1	1	0
Home improvements	2	2	4
Household bills	–	1	1
Grandchild	–	0	3
Other	5	3	9
<i>Unweighted base</i>	<i>72</i>	<i>90</i>	<i>105</i>

Annex to Chapter 6

This annex summarises findings from the BHPS on the statistical association between respondents' psychological distress and self-perceived financial change. Measures of psychological distress are based on the General Health Questionnaire (GHQ), described in Appendix C.17. The research design (see Appendix A) incorporates three BHPS interviews before and three interviews after the death. Interviews were conducted approximately 12 months apart; those labelled B1 and A1 occurred roughly six months before and after the death.

Table 6.1 shows the proportion of women and men with high distress scores (four or more GHQ symptoms) and their mean GHQ severity score at interviews before and after bereavement. Both measures show a marked increase in the prevalence and severity of psychological distress immediately following the death of a partner. As might be expected from studies of psychological distress in the general population, women presented higher levels of distress than men; the gender gap was more or less constant across the study period before and after bereavement.³⁵

Table 6.1 High distress rates and mean GHQ severity scores before and after bereavement by gender

	<i>Before bereavement</i>			<i>After bereavement</i>		
	B3	B2	B1	A1	A2	A3
High distress rates (per cent, 95% confidence interval)						
Women	24.9	23.8	33.9	72.3	37.7	27.6
	(20.4 to 29.5)	(19.6 to 28.1)	(29.4 to 38.4)	(67.6 to 77.0)	(32.5 to 42.9)	(22.2 to 32.9)
Men	15.0	17.8	18.5	51.3	18.0	17.1
	(10.1 to 20.0)	(12.7 to 22.8)	(13.5 to 23.5)	(43.9 to 58.8)	(12.0 to 24.0)	(10.5 to 23.6)
GHQ severity score (mean, 95% confidence interval)						
Women	12.0	12.2	12.9	18.4	13.5	12.7
	(11.4 to 12.5)	(11.7 to 12.7)	(12.4 to 13.4)	(17.6 to 19.1)	(12.9 to 14.1)	(12.0 to 13.4)
Men	10.5	10.9	11.0	15.7	11.0	10.1
	(10.4 to 11.5)	(14.7 to 16.8)	(10.2 to 11.8)	(9.4 to 10.9)		
<i>Unweighted base</i>						
Women	296	355	423	342	329	275
Men	175	206	233	173	156	128

³⁵ Repeated measures analysis B1 through A2 (women= 279, men= 136) confirmed these findings:

	Distress rates	Distress severity
Quadratic trend by year	P< 0.001	P< 0.001
Gender differences	P< 0.001	P< 0.001
Interaction: gender by year	P=0.066	P=0.206

Table 6.2 shows that increases in rates of distress following death of a partner were driven by two changes: an increase in onset of distress (people reporting four or more symptoms after bereavement when previously they had presented no more than three symptoms); and an increase in recurrent or persistent distress (people reporting four or more symptoms before *and* after bereavement). Rates for onset or recurrence of distress doubled between interviews immediately before and after bereavement (B1 to A1), or trebled in the case of onset among men, compared with previous transition rates.

Table 6.2 Change in distress rates between successive interviews (per cent)

	<i>Before (B) and after (A) bereavement</i>				
	B3 to B2	B2 to B1	B1 to A1	A1 to A2	A2 to A3
Women					
Not distressed → not distressed	65	59	21	24	56
Onset: not distressed → distressed	9	18	42	5	7
Recurrent: distressed → distressed	14	16	31	32	20
Distressed → not distressed	12	8	6	39	17
<i>Unweighted base</i>	282	333	322	294	261
Men					
Not distressed → not distressed	76	70	43	52	73
Onset: not distressed → distressed	10	12	36	1	10
Recurrent: distressed → distressed	8	7	14	16	7
Distressed → not distressed	6	11	7	30	9
<i>Unweighted base</i>	164	195	166	142	121

Figures 6.1 to 6.2 show the proportion of women and men respectively with high distress scores (four or more GHQ symptoms) and their mean GHQ severity score at interviews before and after bereavement. Cross-sectional data from Table 6.1 above are shown as columns in Figure 6.1; findings based on longitudinal samples from B2 to A2 are plotted as lines (unweighted base: 221 women, 110 men).

Figure 6.1 High distress rates before and after bereavement by gender (per cent)

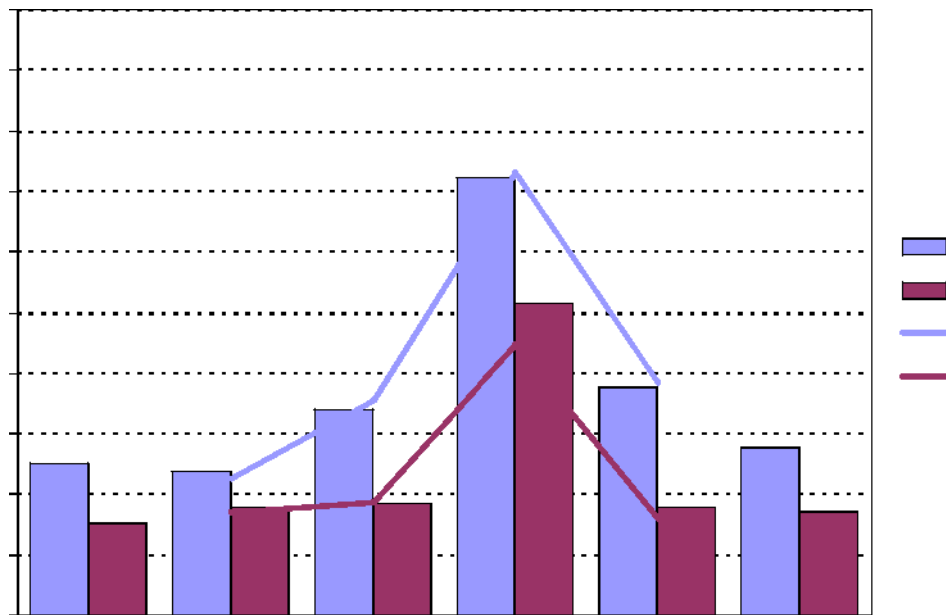
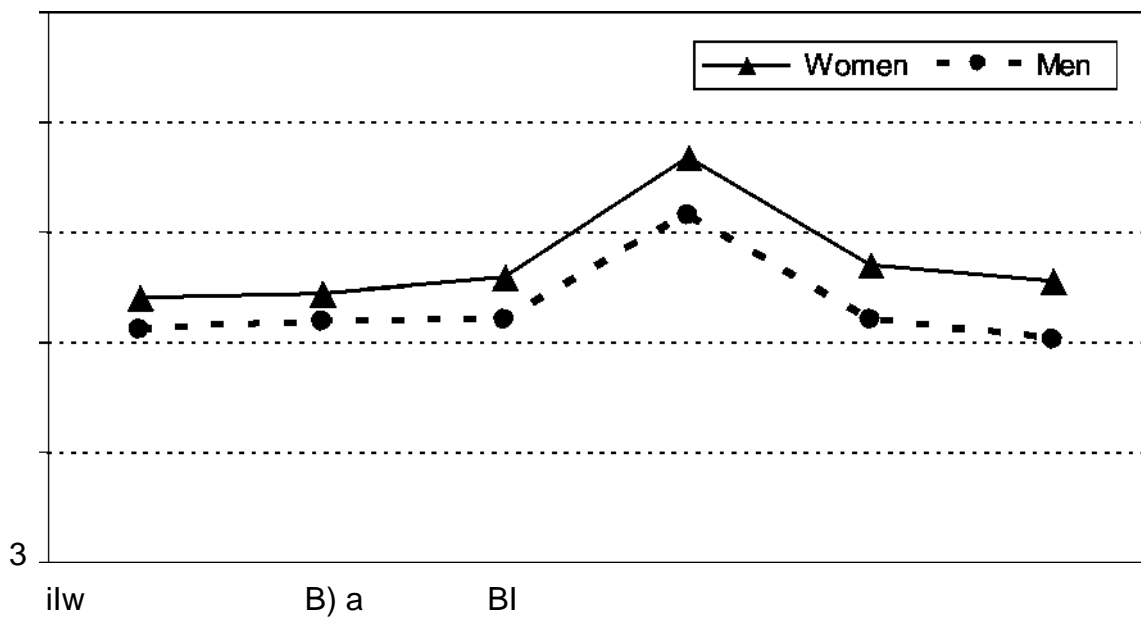


Figure 6.2 Mean GHQ severity scores before and after bereavement by gender



Figures 6.3 to 6.4 show, the proportion of women and men respectively with high distress scores (four or more GHQ symptoms) by age group: above and below pension age.

Figure 6.3 Women: high distress rates before and after bereavement by age (per cent)

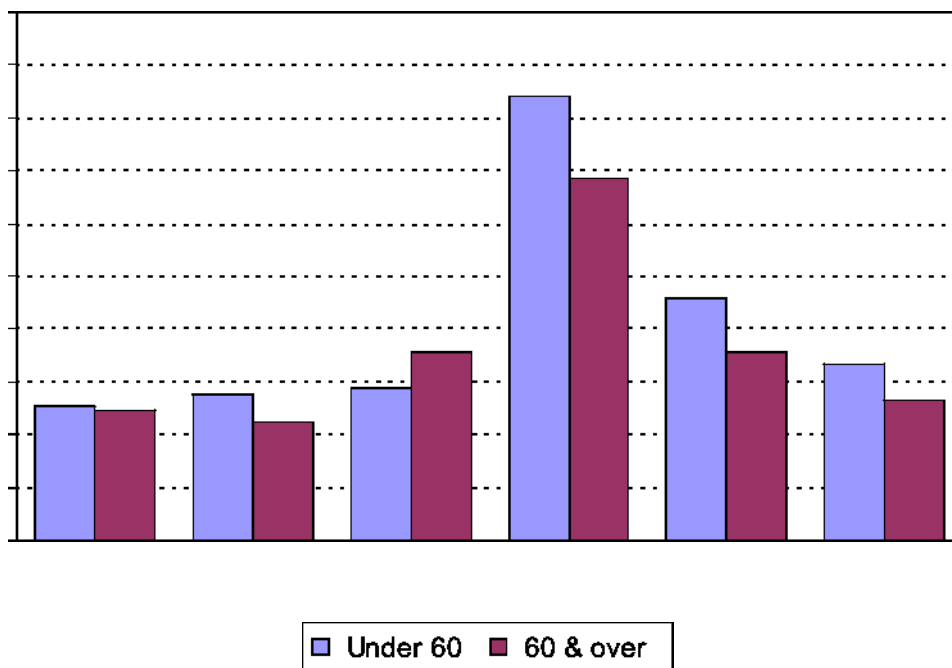
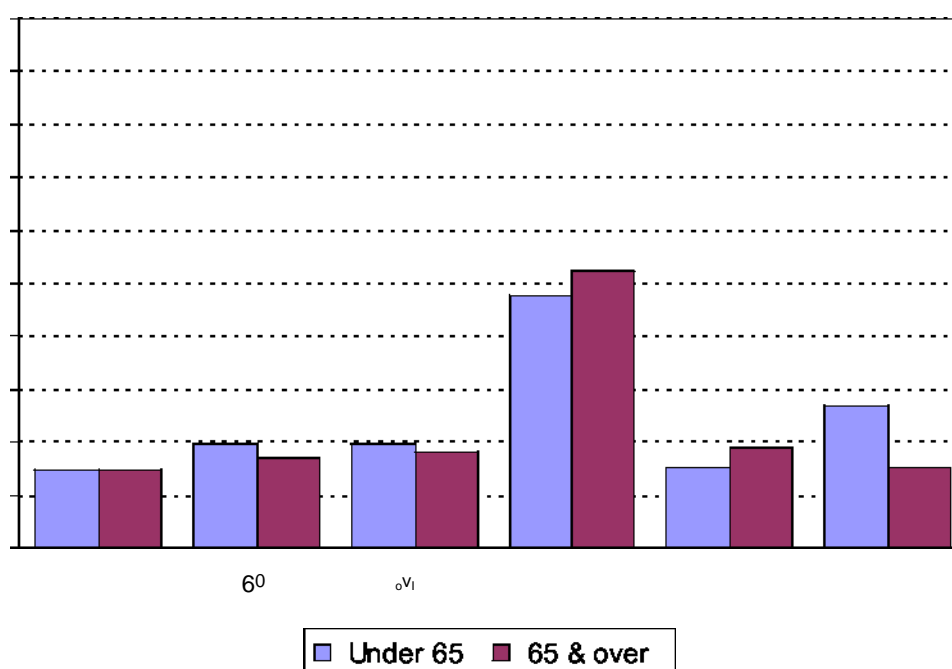


Figure 6.4 Men: high distress rates before and after bereavement by age (per cent)



Figures 6.5 to 6.6 show the mean GHQ severity score of women and men respectively by age group: above and below pension age.

Figure 6.5 Women: mean GHQ severity scores before and after bereavement by age

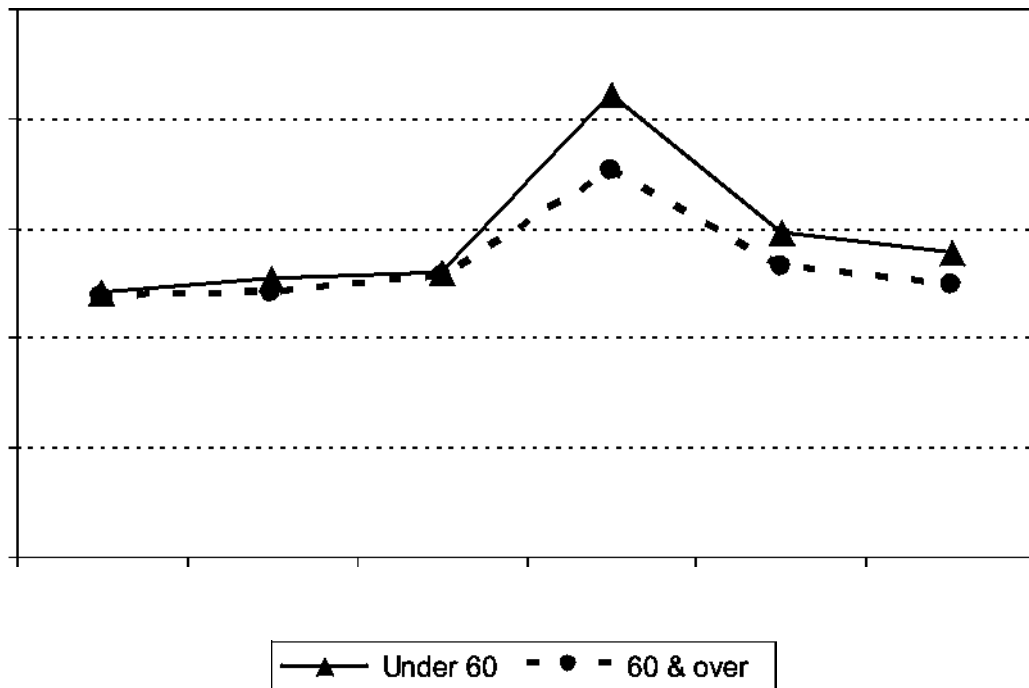
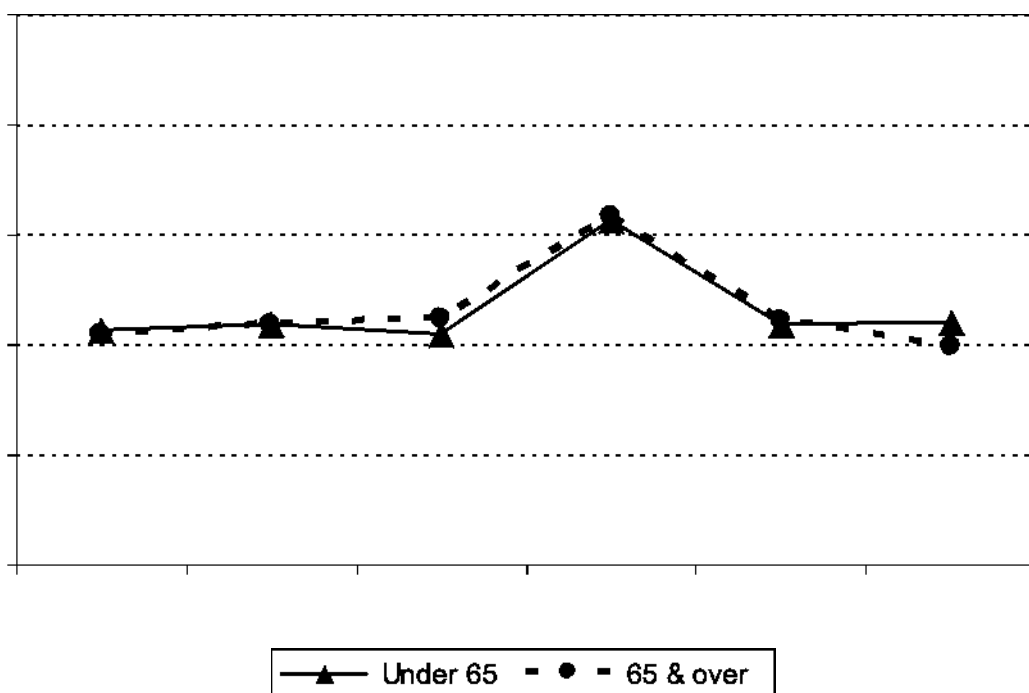


Figure 6.6 Men: mean GHQ severity scores before and after bereavement by age



Figures 6.7 and 6.8 show the proportion of women and men with high distress scores (four or more GHQ symptoms) and their mean severity score according to the date of interview before and after the death of a partner.

Figure 6.7 High distress rates by months before and after bereavement and gender (per cent)

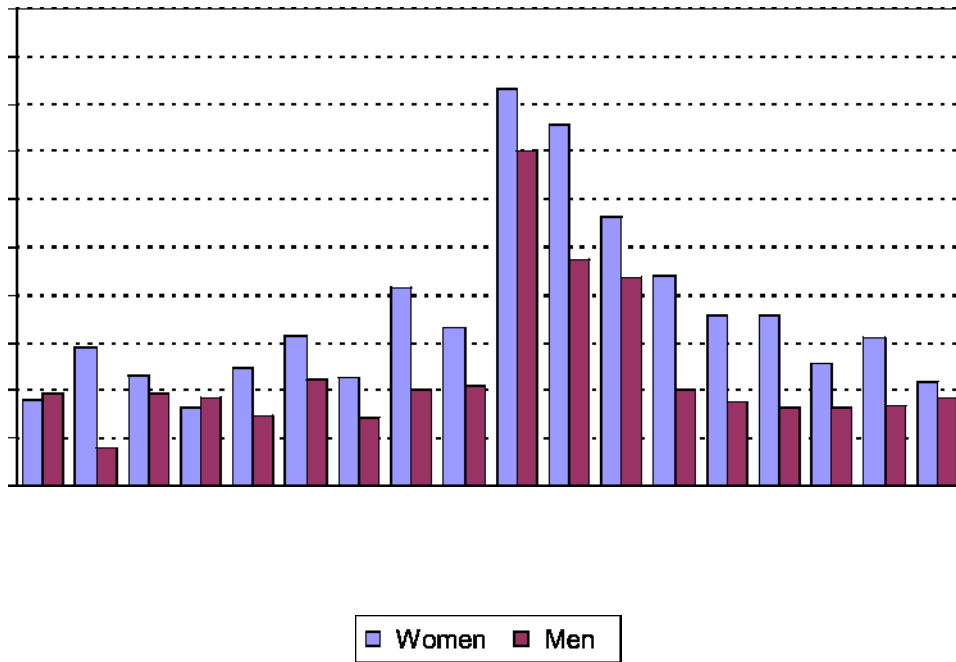
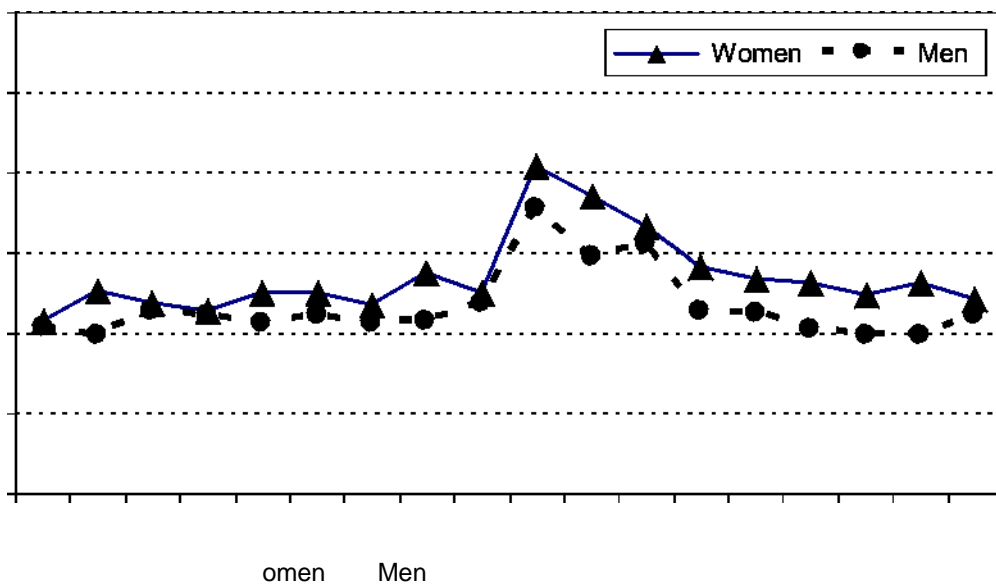


Figure 6.8 Mean GHQ severity scores by months before and after bereavement and gender



Figures 6.9 and 6.10 show the proportion of women and men respectively with high distress scores (four or more GHQ symptoms) and who reported that they felt worse off financially than a year ago (see Appendix C.9). Both measures are plotted according to the date of interview before and after the death of a partner and are based on cross-sectional data. Cross-correlation analysis was used to assess the similarity of variations in these two measures over time. This analysis showed that the trajectories of women's distress rates and feeling worse off financially are similar in shape and largely concurrent; that is, raised rates of distress and self-perceived worsening financial situation broadly coincide over the months before and after bereavement. Statistically speaking, the cross-correlation between the two trajectories is significant and reaches a maximum at a delay or lag of zero (cross-correlation function= 0.62, standard error 0.24). Although men's distress rates and feeling worse off financially also reached the maximum correlation at a lag of zero, indicating concurrent time series, the degree to which the two measures were correlated failed to reach conventional levels of statistical significance (cross-correlation function=0.40, standard error 0.24).

Figure 6.9 Women: high distress score and financially worse off by months before and after bereavement (per cent)

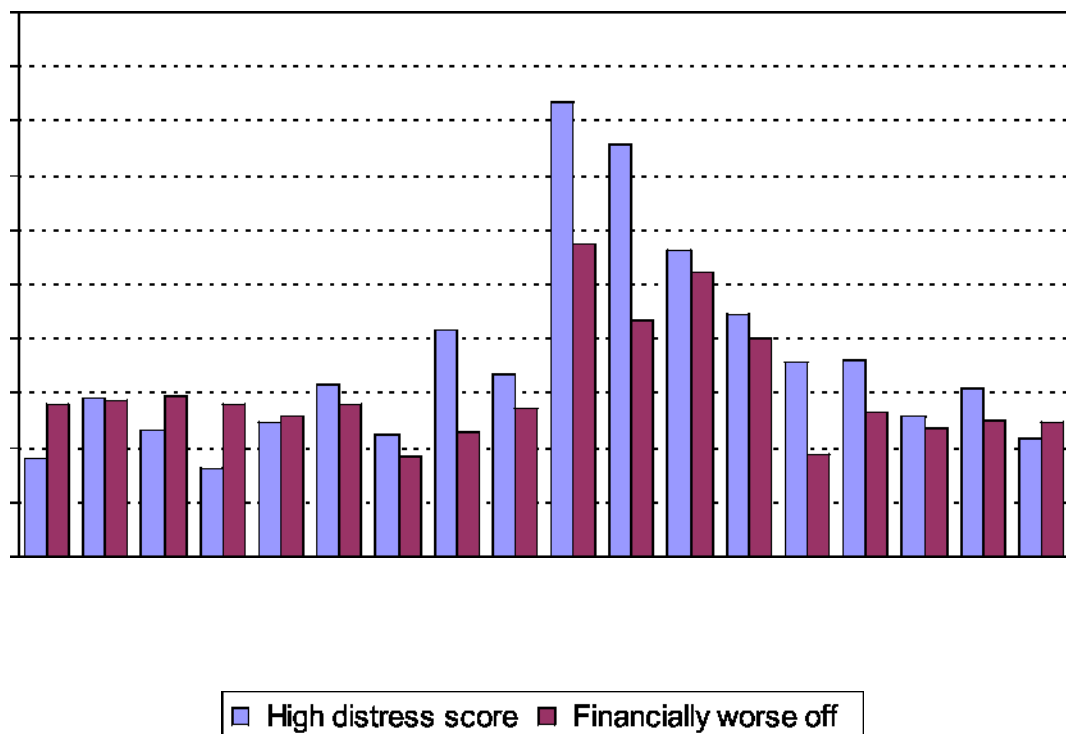


Figure 6.10 Men: high distress score and financially worse off by months before and after bereavement (per cent)

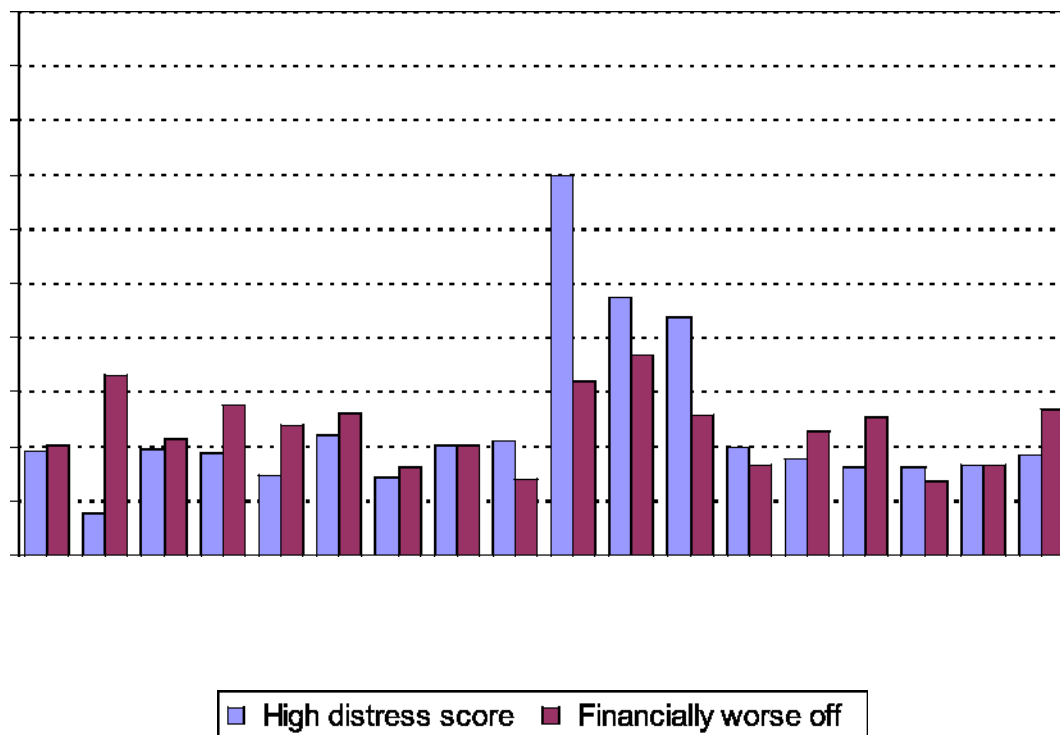


Table 6.3 shows the proportion of women and men reporting high distress scores (four or more GHQ symptoms) at the interview after the death of a partner (A1) according to whether or not they felt their financial situation had worsened in the past year. Thus, 80 per cent of women who felt worse off were distressed compared with 63 per cent of those who felt that things were about the same or better than they had been. The difference was statistically significant on a chi-square test. In contrast, there was no significant difference in men’s distress rates between those who felt financially worse off or not. Further analysis aimed to model this relationship between perceived financial change and psychological distress.

Table 6.3 Proportion of women and men with high distress scores (four or more GHQ symptoms) interviewed after bereavement (A1) by perceived financial change in past year (per cent)

	<i>Worse off financially</i>	<i>Better off/about the same</i>	<i>All</i>	<i>Chi-square test</i>
Women	80	63	71	$X^2=12.9, P<0.0005$
Men	53	49	50	$X^2=0.19, P=0.67$
<i>Unweighted base</i>				
Women	161	168	329	
Men	61	109	170	

Table 6.4 displays the results of logistic regressions to assess the relationship between presenting high distress scores or not (four or more GHQ symptoms or less than four) at the interview following the death of a partner (A1), and whether or not respondents felt worse off financially than a year ago. Three models were estimated:

1. The first model estimates the direct impact of perceived financial change on the prevalence of distress immediately after bereavement (at A1).
2. The second model adds to the first model by taking account of distress levels before the death of a partner (at B1). This model adjusts the impact of perceived financial change on distress rates by recognising that those most at risk of psychological distress after bereavement are likely to have been most distressed before bereavement.
3. The third model then introduces a number of background variables, including age, physical health, family type and social status, that are known to be associated with psychological distress (Goldberg and Williams, 1991). The aim here is to reduce the likelihood that the impact of financial change on distress rates is confounded by other potential explanatory factors. This final model shows whether the impact of financial change on psychological distress is independent of prior health status and these background variables.

The findings are reported in the following table as odds ratios (ORs): these indicate the chances or likelihood of presenting four or more GHQ symptoms after the death of a partner; confidence intervals that do not encompass zero indicate that the estimated odds ratio is unlikely to have occurred by chance and can be judged statistically significant. Analyses were conducted separately for women and men because the determinants of psychological distress are different for women and men. Differences in access to financial resources and the accumulation of pension provision for old age are also gendered and closely associated with the birth of children and women's role as carers or part-time carers in contrast to men's dominance in the role of major breadwinner (Price, 2006). Additionally, women's and men's involvement in, and contribution to, managing couple's household finances

and consumption patterns differ considerably and are likely to influence perceptions of change in their financial circumstances (Pahl, 1989).

Table 6.4 Relationship between high distress score after bereavement and change in financial situation (odds ratios, 95% confidence intervals)

	<i>Model 1</i>		<i>Model 2</i>		<i>Model 3*</i>	
	OR	95% CI	OR	95% CI	OR	95% CI
Women						
Financially worse off after bereavement			2.39	1.47 to 3.89	2.08	1.25 to 3.47
High distress score before bereavement	–	–			2.65	1.49 to 4.71
					2.67	1.43 to 4.99
Men						
Financially worse off after bereavement			1.15	0.61 to 2.18	1.15	0.60 to 2.22
High distress score before bereavement	–	–			2.31	1.05 to 5.09
					3.06	1.25 to 7.53

* Adjusted for age, physical health problems, educational level, family type, social class and house tenure.

The findings show that women who felt financially worse off were twice as likely (odds ratio >2.0) to be distressed as those who did not feel worse off after the death of their partner. This was the case even after taking into account the potential influence of other factors including pre-bereavement distress, which is strongly associated with distress after the death (OR >2.6). Controlling for psychological distress before bereavement and other potential confounders only slightly reduces the effect of feeling worse off financially on distress levels following bereavement (from an OR to 2.39 to 2.07). Further analysis showed that feeling financially worse off was associated with onset of distress in women; that is, with *new* cases of raised levels of psychological distress following the death of a partner. The impact of adverse financial change on recurrent distress in women just failed to reach conventional levels of statistical significance.³⁶

Feeling worse off financially also increased the likelihood of men feeling distressed after their partner died. In their case however, the impact was small and not statistically significant (model 3: P=0.49). Adverse financial change did not increase risk of onset or recurrent distress in men (P=0.44 and P=0.53 respectively).

³⁶ For onset of distress in women, OR= 2.00 (95% CI 1.11 to 3.61, P=0.02); for recurrent distress, OR= 2.36 (95% CI 0.86 to 6.49, P=0.10).

There was no statistically significant interaction between prior distress and perceived financial change. This indicates that feeling distressed before bereavement *and* perceived financial loss following the death of a partner did not combine to increase distress rates after bereavement over and above their individual impact on post-bereavement distress. The interaction term was therefore dropped from all the models evaluated here.

It could be argued that high distress levels are making people feel negative about many aspects of their lives including their finances: this would weaken the argument that financial distress exacerbates psychological distress. A more likely explanation might be that feelings of distress and financial disadvantage following bereavement are mutually causal (or both are subject to the same causal factors).

To investigate further, the models were rerun to assess the association between distress rates before bereavement (that is at B1) and perceived financial change in the previous 12 months. In these models, prior distress was measured at B2. No statistically significant association was found between people's assessments of adverse financial change and psychological distress after adjusting for prior health and other background variables. These findings indicate that risk of distress is not invariably increased by adverse financial change, even in a population that might be experiencing financial difficulties associated with end-of-life care.³⁷

The models were also rerun to assess the association between distress levels and perceived financial change at the second interview after bereavement (at A2), with prior distress measured at A1. No statistically significant association was found between men's assessments of financial change and psychological distress after adjusting for prior health and other background variables. By comparison, a worsening financial situation between the first and second interview after the death of a partner increased the likelihood of psychological distress in women. However, the impact of financial change on risk of distress in women between the two interviews after bereavement (between A1 and A2) was less than that observed immediately following bereavement (that is between interviews conducted at B1 and A1 shown in Table 6.4).³⁸ The attenuating effect of worsening finances on women's distress rates was shown further by the absence of any significant effect of feeling worse off following bereavement (that is at A1) on psychological distress reported a year later at A2 ($P=0.30$). These findings indicate that the negative impact on women's

37. Wildman (2003) also reports no significant effect of perceived financial change on women's psychological well-being (as measured by GHQ severity scores) in a general population sample once the negative effect on emotional health of being widowed was taken into account.

38. The odds ratio for the impact on women's distress levels of feeling worse off financially at A2 is 1.86 (95 per cent confidence intervals 1.03 to 3.36, $P=0.04$), which is somewhat less robust than the observed association at A1 (OR= 2.07, 95% CI 1.19 to 3.59, $P=0.01$ from Table 6.4).

psychological health of worsening financial circumstances in the immediate aftermath of the death diminished over time.

Thus an association between perceived financial change and psychological distress is most clearly observed in women immediately following the death of a partner when bereavement responses and financial difficulties were most acute. Adverse financial change is associated with above average rates of distress in women for up to two years following the death of a partner, but the impact diminishes over time as distress rates returned to pre-bereavement levels and finances stabilised. No significant impact of perceived financial change on men's rates of distress was observed either before or after bereavement.

**Articles in peer reviewed journals, related to work conducted in the study of
'Financial implications of death of a partner'**

Corden, A. and Hirst, M (2008) Implementing a mixed methods approach to explore the financial implications of death of a life partner, *Journal of Mixed Methods Research*, 2, 3, 208-220.

Corden, A. and Hirst, M. (2013a) Economic components of grief, *Death Studies*, 37, 8, 725-749.

Corden, A. and Hirst, M. (2013b) Financial constituents of family bereavement, *Family Science*, 4, 1, 59-65.

Submitted article 1

Implementing a mixed methods approach to explore the financial implications of death of a life partner. Corden, A. and Hirst, M. (2008) published in *Journal of Mixed Methods Research*, 2, 3, 208-220.

Implementing a Mixed Methods Approach to Explore the Financial Implications of Death of a Life Partner

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This article describes the development of a mixed methods approach in a study of the financial implications of the death of a partner. The authors seek to integrate analysis and interpretation of quantitative data from the British Household Panel Survey with qualitative, in-depth interviews with recently bereaved people. A key aim is to build a team that is constantly sharing ideas and information from the two components to inform the combined methodology. The article shows how we are trying to mix methods and integrate ways of working, giving details of the practicalities and issues arising thus far. We further reflect on how integrated team working may lead to more inclusive and consensual ways of knowing and influence integrated outputs.

Keywords: bereavement; financial impact; qualitative study; panel data; Britain

This article discusses the authors' approach in using mixed methods in a study of financial implications of the death of a life partner. It argues that qualitative and quantitative data are both needed for understanding the impact of bereavement on people's financial well-being and for policy relevance. We describe how we are working to integrate both components into research processes and outputs.

The Social Policy Research Unit at the University of York, England, is developing a stream of research focusing on the financial consequences of bereavement. This work began with a study of the financial implications for parents of the death of a child, conducted for the children's hospice movement (Corden, Sainsbury, & Sloper, 2001). This exploratory study included two separate series of interviews and group discussions, with parents and professionals, and a postal survey to all children's hospices. Encouraged to develop this field of inquiry, the authors obtained funding in 2006 for a larger scale inquiry into the financial implications of death of a life partner (Corden & Hirst, 2005), which is the focus of this article. Since the earlier study, greater attention is being paid by the U.K. social policy research community to the philosophical and methodological issues attached to using mixed methods. In our current study, we are trying to achieve a model

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of greater integration of qualitative and quantitative elements, at all stages in the research process. This article discusses progress thus far and some of the challenges arising.

The first part of the article describes the topics for inquiry, and why these are important issues for social policy. The second part discusses the influences on our proposal to use mixed methods in the investigation, and this leads to description of the eventual design of our study. The article goes on to describe how we are trying to integrate methods and ways of working, giving some details of the practicalities and issues arising. In the final part we look to what lies ahead in writing up and dissemination and reflect on how integrated working may influence integrated outputs.

Financial Issues for People Whose Partner Dies

Much is known about the impact of bereavement in terms of health and psychological well-being and the role of services to support people through their grief and loss. Less attention has been paid to economic consequences although death of a family member can have substantial and sometimes adverse impacts. When a partner dies, financial arrangements built up over the years unravel, and their resolution is subject to laws governing inheritance, pensions and benefits, insurance, and taxation and influenced also by ongoing obligations and family expectations. The impact for individuals depends on age, gender, social class, marital status, sexuality, culturally held beliefs and practices, and employment status. Some must meet funeral expenses, manage bequeathed debts and assets, establish rights to property, and adjust their budgeting regime. Policy response is complicated by the diversity of types of partnership and family. Understanding financial outcomes for people whose partner dies requires taking into account increasing life expectancy, trends in marital dissolution and cohabitation, emergence of new family forms and same-sex partnerships, expansion of home ownership, and changes in pensions provision.

We find bereaved people in Britain to be a group at particular risk of poverty and problem debt (Kemp, Bradshaw, Dorman, Finch, & Mayhew, 2004). Death of a partner is known to be a trigger for claiming income support (means tested social assistance; Shaw, Walker, Ashworth, Jenkins, & Middleton, 1996) and is identified as a reason for homelessness (Anderson, Kemp, & Quilgars, 1993; Crane & Warnes, 2001). A period spent caring for a disabled or ill family member can have adverse effects on income and employment long after the person dies (Chesson & Todd, 1996; Jenkinson, 2003).

How people feel about financial and economic outcomes following death of their partner may also be contributing strands in their responses to bereavement (Byrne & Raphael, 1994; Drakeford, 1998; Norris & Murrell, 1990). Financial pressure and economic uncertainty may be independent risk factors for depression or distress in those whose partner has died. Reduced income may limit social participation, exacerbating the sense of isolation and loss (Office of the Deputy Prime Minister, 2005).

Opposite-sex cohabitants, unregistered same-sex couples, and their dependent children are particularly vulnerable when partnerships end in death because they are excluded from legislation protecting property rights, financial responsibilities of couples, and entitlement to certain welfare benefits (Wong, 2005). However, legal arrangements governing such matters are expected to change following the U.K. Law Commission's (2007) proposals

on cohabitation and the financial consequences of relationship breakdown and form part of the changing backcloth to the research.

Much of the research directed toward financial implications of death of a partner thus far has focused on the consequences of widowhood, in particular, older widowed people who are most often women. We have reviewed elsewhere findings from studies of transition to widowhood and its association with poverty and problems in money management (Corden & Hirst, 2005). Much of this work comes from the United States and Australia although there is a growing stream of U.K. research on the impact of demographic events, including widowhood, on income mobility and poverty dynamics (Smith & Middleton, 2007). As far as was known, no previous published research for the United Kingdom has provided an analysis of the financial consequence of death of a partner that includes people under state pension age.

Although the number of couples where one partner dies is not precisely known, official mortality statistics provide a useful starting point. They show that more than 215,000 deceased persons were recorded as "married" by civil registration authorities in England, Scotland, and Wales during 2004 (General Register Office for Scotland, 2005; Office for National Statistics [ONS], 2006). The actual figure could fall either side of that number because marital status is an ambiguous category, and official definitions have yet to reflect the diversity of family forms. Separated, unmarried cohabitation, same-sex partnerships, and living apart together are not recognized in the registration process. With these caveats in mind, we reckon that between 200,000 and 230,000 people in Britain currently experience the death of a partner each year. Two thirds are women and one in five is under state retirement age. Population projections point to an increasing number of bereaved partners as the baby boomer generation reaches older age groups. This can be anticipated from the number of people aged 65 and older living as a couple that is projected to rise from under 5 million in 2001 to more than 8 million in 2031, dramatically increasing the number at risk of financial difficulties following death of a partner (ONS, 2005).

These ballpark figures point to the scope and relevance of our research. If we find for example that 5% of respondents reported serious financial difficulties following death of a partner, that could amount to between 10,000 and 11,500 newly bereaved partners every year who might benefit from support to cope with their difficulties and practical advice and information on how best to manage their financial resources.

This was the background to our decision to conduct a study that looked widely at the economic and financial circumstances of bereaved partners across all age groups. We go on to explain our belief that adopting a mixed methods approach would provide rigorous and systematic findings to contribute to knowledge in this area.

Choosing Mixed Methods

The aims of our 2-year study were to investigate how people's financial circumstances and economic well-being change when a partner dies, why some bereaved partners experience financial difficulties, whether these are transitory or long-lasting, and what their effects were on other bereavement outcomes including health, access to services, and social inclusion.

We sought answers to the following questions: What are the financial circumstances and needs of bereaved partners, and how do these influence the experience of loss? What are the extent, nature, and timing of financial problems, and how do these affect expenditure patterns, living standards, and access to services? Who is most at risk of financial difficulty? What personal and contextual factors jeopardize or protect individuals' economic well-being and security? What is the role of earnings, benefits, life insurance, tax arrangements, occupational pensions, assets and wealth, and family support? What is the impact of financial planning before bereavement and financial advice after bereavement? How might all this affect future cohorts whose experiences are being shaped by changing social norms, household and family structures, living arrangements, and family law?

The information sought was thus both circumstantial and experiential and was situated both at the level of the individual and within the general population. This suggested both qualitative and quantitative components to the study. One approach might have been to separate our research questions into those for which we would seek quantitative answers and those that we would address qualitatively. However, it seemed to us that each of our questions should be addressed using both approaches. To illustrate this, consider the question "Who is most at risk of financial difficulty?" Statistical analysis would show which people were likely to experience greatest change in sources and levels of household income following bereavement, and how this was associated with reported feelings of financial insecurity. Qualitative inquiry would show how individuals' capacity for managing income and their perceived obligations or expectations for the future influenced the lived experience of financial difficulty, insecurity, and perceived risk. In this way, we would understand better the circumstances and contexts of bereavement that help explain variations in economic outcomes by age, gender, and other sociodemographic variables.

In addition, the focus on change pointed to the need for a longitudinal element, encompassing periods leading up to and following death of a life partner. Qualitative methods would provide information about processes, expectations, meaning, strategies, needs, outcomes, agency, and family dynamics within the personal and sensitive domain of bereavement. Quantitative methods would provide a national and historical context prevalence, population, and "risk" estimates and describe patterns of association at the population level. A longitudinal perspective would throw light on the timing and duration of influences and outcomes, and how changes in circumstances had taken place.

As the two lead researchers, we were committed to a mix of qualitative and quantitative approaches and were aware of developments in thinking about mixed methods (Tashakkori & Teddlie, 2003b) since our earlier study on parental bereavement. We considered how we might work together and what design our study might take. We have worked alongside in the same social policy research unit for more than 20 years. Although giving priority to research that is methodologically rigorous, the unit advocates no exclusive preference for either qualitative or quantitative approaches, but encourages whatever methods (including research reviews, policy analysis, and cross-country comparisons) are appropriate and ethically sound for the questions in hand and proposed participants. We know each other well, both in terms of our particular and different realms of expertise and in terms of personal interests and commitments. Anne Corden (A. C.) has generally conducted qualitative research and has a special interest in qualitative methodology. Michael Hirst (M. H.) has

considerable experience of quantitative research methods, including the design of large-scale surveys and advanced statistical analysis of complex data sets. Both have previously worked on research projects using different methods and have some experience and understanding of the basic constructs and designs associated with each other's methodological orientation and their practical application. In relation to the topic of inquiry, we have both worked over the years in policy areas addressing poverty and living standards, services for families, welfare and regulatory systems, employment programs, and disability. A.C. has previous research experience in the area of bereavement, and M.H.'s recent research has focused on the dynamics of family caregiving and the health, employment, financial, and social outcomes for carers.

In terms of our "epistemological compatibility," neither of us considers ourselves within a "paradigm purist" camp (Padgett, 1998). Rather, we share the views of writers such as Bryman (1988, 2001), Hammersley (1992), and Brannen (2005) that some of the sharp distinctions claimed between postpositivist and interpretivist paradigms begin to break down on close scrutiny. Our own approach is to take a more pragmatic line (Greene, Benjamin, & Goodyear, 2001) and in this respect find ourselves alongside most of the mixed methods researchers interviewed by Bryman (2007). We give equal value to each other's research techniques and expertise and the different kinds of knowledge that we produce. We recognize that different methods are better suited to providing different kinds of information, and understand how this happens. We believe it can be useful to bring together the qualitative and quantitative methods in which we have expertise in order to find answers to inform policy.

The Research Design

As explained above, our interest in changes in financial and economic circumstances associated with death of a partner led us to favor a research design with longitudinal elements. Accordingly, in both the qualitative and quantitative components we aimed to investigate the financial consequences of bereavement prospectively, following couples until one partner died and beyond. In this way, issues identified early on could be observed over time, and respondents' circumstances and experiences before and after their partner's death might be compared directly without the difficulties of inferring transition and change from cross-sectional data and retrospective recall.

This is not easy to do using qualitative methods, owing to the timescales and resources required to follow couples in the general population, seeking qualitative data until and after one partner died. There is, however, greater possibility of achieving a qualitative longitudinal perspective among groups in the population where death is anticipated, with some indication of the time parameters of the trajectory. There is such a situation when one partner is receiving palliative or terminal care, and both service users and service providers are acknowledging the approach of the end of life. Initially, we aimed to include in the qualitative study group some people whose partner was receiving palliative care, with follow-up interviews after the death. A pilot exercise raised ethical and practical concerns, however, and the eventual aim was a series of 50 interviews with people whose partner

had died during the previous 2 years. People of different ages and circumstances were recruited with the help of 10 national and local services in contact with bereaved people.

In semistructured, tape-recorded interviews, topics explored include personal and financial circumstances, experiences of financial and economic change in relation to the partner's death, dealing with practical and administrative issues and money management, financial concerns or problems, and whether and how such matters are related to grief. Data from transcripts are analyzed systematically and transparently, using Framework (Ritchie & Lewis, 2003) for extraction, management, and thematic analysis and to build descriptions and search for explanations.

In contrast, the quantitative component relies on secondary analysis of longitudinal data sets produced by the British Household Panel Survey (BHPS). Each year, the BHPS follows approximately 10,000 adults aged 16 and older in a nationally representative sample of more than 5,000 private households (Taylor, 2006). Pooling data across 14 interview waves, covering 1991 to 2004, provided a baseline sample of more than 750 couples where one partner dies. The study design encompasses data from three BHPS interviews before and three interviews after bereavement. Cross-sectional and longitudinal statistical techniques are used to chart changes in people's circumstances across this time interval and to monitor the individual development of key outcomes, including levels and sources of income, household spending, and subjective assessments of financial well-being.

In large measure, the mixed methods design we adopted was dictated by the topics under investigation. The financial consequences of the death of a partner are personal and sensitive issues, best explored in a small-scale qualitative study through in-depth, face-to-face interviews. Government ministers, policy makers, and practitioners appreciate well-crafted accounts that describe and explain the realities of people's lives; help understand their preferences, motivations, expectations, and needs; "get to the heart" of their experiences within family and social contexts; and unpick the complexity of the factors involved. Policy development, service planning, and resource allocation are also informed by estimates of how many people are involved or face financial difficulties, who is most "at risk" in terms of measures of income or indicators such as debt, how big the "risk" is, and how long difficulties last. These issues are best explored through quantitative research but it was not practicable to recruit and follow a sample of couples large enough for long enough to facilitate longitudinal analysis before and after bereavement. In these circumstances, secondary analysis of existing data sets provides the most cost-effective option.

Existing data sets, however, often limit the scope and usefulness of secondary analysis and may have implications for mixing methods. Although the BHPS records deaths of panel members, this is done primarily to monitor sample attrition and evaluate representativeness. The survey itself was not designed to study bereavement outcomes: For example, people whose partner died in institutional care are underrepresented and new panel entrants who cohabited with but did not formally marry or have a child with an original sample member who subsequently died are not followed up. Moreover, observed changes in financial circumstances cannot always be attributed to the death of a partner and not all financial matters that might be affected by bereavement are covered in the survey.

The design of the qualitative study was influenced by these limitations and would in part help address them by asking people directly about the circumstances and consequences of bereavement. In other respects, the design of the quantitative survey might be tested against

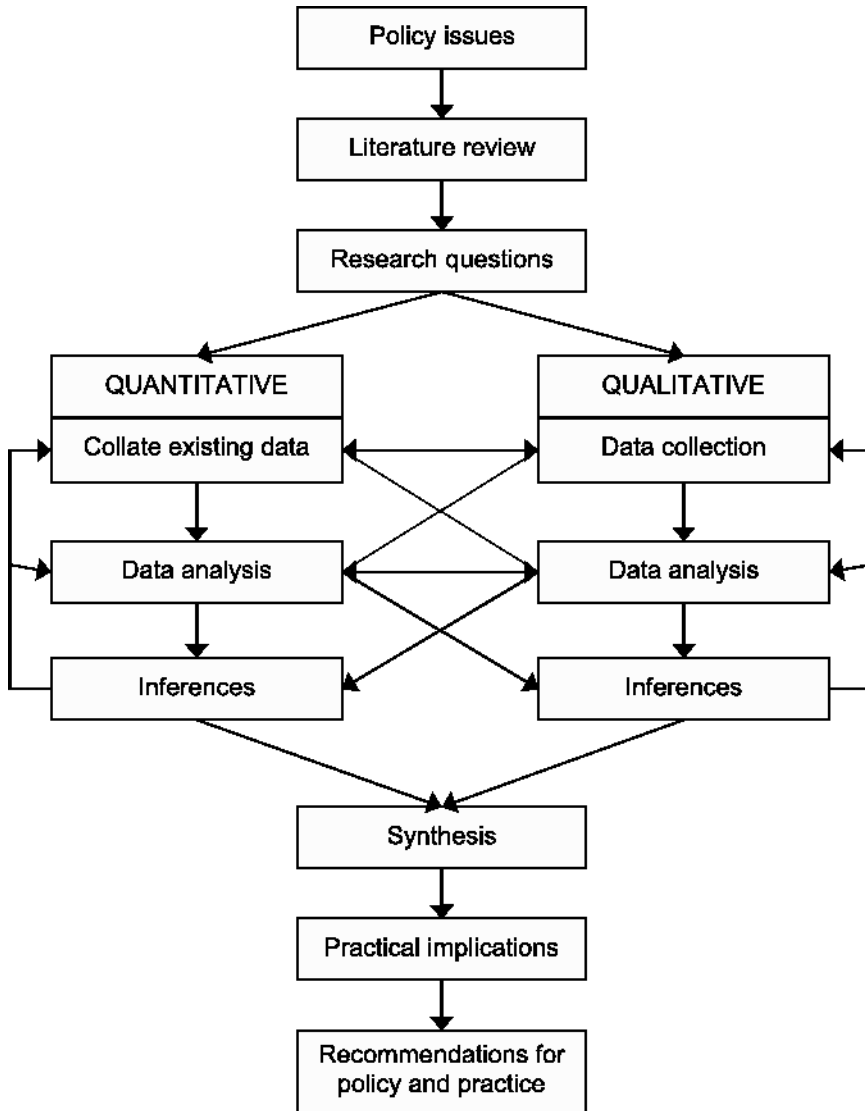
the findings of the qualitative study. For example, the annual interview round of the BHPS can provide fairly precise accounts of the timing and duration of bereavement consequences by comparing dates of death and dates of interviews. However, a strictly chronological framework may misrepresent the experience of bereavement. There is considerable variation in trajectories of bereavement consequences that is unrelated to measures of calendar time (Archer, 1999). The circumstances and place of death, the quality and stability of the relationship, the family context, social environment, and personal resources of bereaved partners can each influence the course of bereavement consequences in different ways. Key transitions and turning points in the experiences of bereavement are likely to provide more useful markers than the mere passage of time: The qualitative study would help identify such markers.

Working in an Integrated Way

Our initial thinking was that our proposed approach to using mixed methods fitted some of the criteria of the concurrent triangulation strategy described by Creswell (2003) in which different methods are used to confirm, cross-validate, or corroborate findings. We anticipated giving equal priority to the two methods and integrating findings during the interpretation phase. However, we were also anticipating using the kind of sequential strategies described by Creswell and saw our approach as evolutionary, with integration of qualitative and quantitative components in the design and implementation stages as well as in our interpretation of findings and writing up. We hoped to use qualitative findings both to assist in explaining and interpreting quantitative results, but also to direct the statistical analysis into new directions while it was being undertaken. We hoped to use early quantitative findings to inform the sampling for interviews and develop topic guides. Thus we aimed to build up a qualitative study group as the work progressed, to include groups and topics identified by statistical analysis as being particularly interesting or not otherwise represented. We expected the topic guide used in the early interviews to develop and unfold to both explore and explain, as the study went forward, influenced by the ongoing statistical analyses. We expected findings that emerged from qualitative interviews to inform the sequence and direction of further quantitative analyses.

Our sampling is not integrated to the extent that anyone taking part could have contributed to both qualitative and quantitative components. This is precluded by confidentiality restrictions to protect the integrity of the BHPS sample. We are combining secondary analysis of a systematic sample drawn from a clustered probability design with purposive sampling to achieve diversity and comparability, albeit in a later population cohort, for qualitative inquiry. The purposive sampling also includes sequential techniques, in that the qualitative study group builds up gradually, extending to people likely to have circumstances or experiences that become of interest as the investigation proceeds. This sampling strategy does not fit neatly into the typology of mixed methods sampling strategies proposed by Teddlie and Yu (2007). However, it does, we believe, meet their general guidelines for good practice (Teddlie & Yu, 2007, p. 97). It stems from the research questions. It is feasible and efficient, and meets ethical requirements. We will, we believe, be able to hold to the assumptions of both the probability and purposive sampling techniques being

Figure 1
Integrating Methods: A Study of the Financial
Implications of Death of a Life Partner



used, and generate databases appropriate to answering the research questions, making inferences that are credible and valid, allowing transference and generalization of some of the conclusions to other people and contexts.

At this stage in our thinking, the integration of qualitative and quantitative methods toward which we are aiming might be represented by a concept map (see Figure 1) developed from the ideas of Tashakkori and Teddlie (2003b, Figure 26.11, p. 690).

In the general literature about mixed methods research we have found rather less discussion of the details of organization and implementation of integrated working than, for example, aspects of design and sampling. So in what follows we focus on practicalities and aim to provide a flavor of what is happening and how we are working.

From the outset, the proposal was jointly written by the two authors, who worked together to share the writing of all the main sections, including aims and objectives, except the detailed, technical description of the statistical and qualitative methods. Here, each author wrote that component in which they were separately expert. In a process of discussion, shared reading, and joint editing, each author ensured that they understood the other's approach and gave it equal value. The project is jointly managed by the two authors, who share overall responsibility. M.H. manages the production of statistical findings; A.C. takes main responsibility for managing the qualitative study. The third member of the research team is Kath Nice, who was initially recruited to help conduct qualitative interviews. She has less time input into the project than us, but brings new questions and a perspective independent of the study's original conception. As a younger researcher, Kath's involvement in a mixed methods project is also useful experience.

The full team meets regularly, at least once every 2 or 3 weeks, to review progress, discuss current and emerging issues and interpretation, and agree to specific plans for the next stage. This ensures tight management and full utilization of the expertise of the team. Notes are made from each meeting by each member of the team in turn. The team has also created a common bibliographic resource, and the two authors both aim toward familiarity with all the material therein.

There is shared involvement in the design of the qualitative study and the development of research instruments. These include project information sheets, research team information sheets, and topic guides for interviews. The original models used for the first six interviews are evolving in response to the different contexts of the subgroups recruited, fieldwork experience, and early findings emerging from both kinds of data. M.H. has gained new understanding of how negotiations can develop with organizations that help with recruitment for qualitative work, and the gathering of qualitative data from individuals, which has led to his taking part in the process. There is also shared involvement in the design of the statistical analyses, for example choosing which subgroups, topics, or associations to pursue in detail and how these could inform the next round of fieldwork. A.C. has gained new understanding of the recording of marital status in large-scale surveys and its implications for statistical analysis. This, in turn, has led to her qualitative exploration of practice and procedure by local Registry office staff, who manage the process of death registration and help generate national population data on which the project draws.

There is strong commitment to sharing all progress reports and preliminary findings as the analysis proceeds. This is facilitated largely by e-mail correspondence and attachments, which are then discussed in team meetings; suggestions and interventions are made in both directions with the aim of beginning the process of integrating findings. Making this work requires discipline to continuous high-quality notation and documentation as well as commitment to immediate reading and engaging with colleagues' interim outputs such as memos and notes. By extracting data from the qualitative interviews onto Framework charts for analysis immediately after transcription, all members of the team can see how issues are emerging and evidence is building. Similarly, preliminary findings from

each stage in the quantitative analysis are described and summarized in charts and tables for team review and comment. There is commitment to joint production of all formal outputs. The formal outputs thus far reflect the early stages of the project: conference papers, posters, and newsletters. In later stages of the research, joint production of the main findings will be a much more challenging task.

There is ongoing documentation of our thinking, the process of data collection, issues emerging, and comments and queries from outside the research team in a shared project record book. One side of the double page spread is used for notes from the quantitative author, the other side for notes from the qualitative members. Notes are made on a day-to-day basis, rotating the book continuously around team members, with cross-referencing to more detailed information held electronically or in hard files. We use simple techniques of drawing arrows and boxes to indicate visually the process of integrated working and how information and understanding is transferred and shared between the qualitative and quantitative perspectives (i.e., crossing or straddling the book spine). The arrows also serve to reinforce and discipline our commitment to integration: When the arrows get scarce we have to ask ourselves what is happening! Our “Blue Book” is unsophisticated; the only technology involved is a pen, but it is proving a valuable technique and resource.

The project is supported by an advisory group of people with particular relevant experience and knowledge. The group was built to include representation of the public, voluntary, and academic sectors and includes people who understand qualitative and quantitative approaches, and some have personal experience in both. The advisory group met at an early stage in the project to discuss the mixed methods design and issues emerging. All members of the research team contributed to the presentation and discussion at the meeting and the record. Some members of the advisory group have been further consulted individually, for expert opinion and advice. So far, this has covered ethical issues, family and household formation, and money management and transfers within different family contexts. A later meeting with the advisory group will concentrate on integrating key findings around policy implications.

The research project also has a funded component for provision of psychological and emotional support for the three team members. The model has developed from an exploratory, innovative therapeutic support group incorporated in the earlier study of financial impact of a child’s death for parents (Corden, Sainsbury, Sloper, & Ward, 2005). The same group therapist from an independent counseling and therapy center is involved, and the group meets regularly throughout the study. The initial aim of this group was to support researchers engaged in a sensitive area of study that might have implications for their emotional health. Thus far, experience is that it is effective in this way. In addition, however, we believe the therapeutic group has become part of the model of integrated working at which we are aiming. The support group has fostered team relationships, facilitated shared understanding of individual responses to bereavement, and helped integrate perspectives at a deeper level than is possible in team meetings that are largely concerned with managing the research process. We have yet to decide how best to represent within Figure 1 the integration of the advisory group contribution and the therapeutic support component.

A common aim underlying the ways of working outlined above was to build a team that is constantly sharing ideas and information from the qualitative and quantitative components to inform the combined methodology. We view the research team as a social process, built

on relationships of communication and interaction. Arguably, integrated team working, respecting different approaches and perspectives, is necessary for integrating research processes around data collection, analysis, interpretation, and outputs. One implication is that mixing methods in a study dominated by a particular research method, tradition, or theoretical orientation or driven by unequal research partners, disciplines, or funding might be difficult to achieve.

What Lies Ahead

Thus far, we feel confident that we are putting into operation our commitment to mixing methods. This way of working is resource intensive and imposes a different kind of discipline for the two authors, in comparison with the ways of working with which they are more familiar. There is a need for constant iteration, at both the verbal and the documentary level. We have to make time to explain things to each other that a colleague from our own qualitative or quantitative backgrounds would take for granted or understand very quickly. We have to feel brave enough to share with each other very early thoughts, and be prepared to share each other's mistakes and wrong directions as well as to share ownership of interesting findings. Both authors have worked previously on a number of projects and evaluations using both qualitative and quantitative methods but have never attempted this level of integration and shared scholarship.

There is not an absolute synchronicity in this kind of close-knit working. There are anticipated short periods, say 1 or 2 weeks, when A.C. gets on with qualitative interviews while M.H. works at statistical analysis. We discuss in advance and agree what we will do during this separate work, and when we have done it we discuss what has happened and plan the next stages together. Unanticipated or imposed delays have happened on both sides—it has taken longer than expected to recruit people to take part in qualitative interviews, and the quantitative analysis has been affected by delays in the release of data, including replacement of faulty data sets. There are also imposed breaks in synchronicity when there are pressing demands from other parts of our overall work in the research unit. Bryman (2007) discusses the possibility that the qualitative and quantitative components of a mixed methods study may get out of phase with each other. So far we have found that although timelines do get out of phase over a period of weeks, these effects tend to even out and have not yet presented a serious problem. But it is hard to think what perfect synchronicity would look like in advance and easier to formulate in retrospect.

We have moved a considerable way from the concurrent triangulation strategy described by Creswell (2003) that informed our original thinking. To some extent we are using different methods to confirm, cross-validate, or corroborate findings. As an example, statistical analysis shows that income loss after death of a partner is greatest in financial terms for younger women with children, and the interviews provide corroborative detailed information about changes in income sources that lead to such income reduction. Qualitative evidence of the diversity and complexity of financial difficulties following death of a partner helps explain statistical findings using a generalized measure of "financial distress" at the population level.

But findings go further than corroboration or validation, on either side. Each approach reveals issues that are understood better with exploration in different ways. The qualitative interviews showed some complex financial transactions between bereaved partners and their adult children, sometimes related to new patterns of housing costs, the late onset of young adults' financial independence, and emotional attachment to continuing the gifting patterns of the deceased parent. Family obligations and expectations are not covered in the large-scale survey but once discovered qualitatively have prompted exploration of the limited quantitative data on money transfers between households. Both components are contributing to a fuller account than would otherwise have been possible of how expenditure patterns change following the death of a partner. We believe that mixing the data has led to more inclusive and consensual ways of knowing about such complex financial implications. This analytical approach perhaps fits the strategy described by Mason (2006) for using an integrative logic when mixing methods and linking different kinds of data.

Such a statement, of course, may be challenging for those who prefer the purist paradigms. Experience of implementing our working practices and methods, however, leads us to believe that we are achieving a level of integration in which not just findings and interpretation of our data are being woven together but our personal capacities for understanding are being deepened and developed by the rigors of working together on all aspects of the research.

How well we can forge an overall account of our findings, and indeed what this means in terms of integrating and representing results, remains to be seen. At the moment, knowledge about mixed methods research is developing around people describing what they are doing and sharing their experiences. Toward the end of our project we shall reflect further on the processes involved. There will be much to discuss as to whether the approach was inherently appropriate and effective for the context, and the adequacy of our design and development. As "jobbing" researchers, our interest focuses on whether and how far the approach described here might be applied in other contexts. By definition, mixed methods research comprises several components that may contribute both independently and interdependently of each other. As a consequence, evaluating mixed methods designs poses a considerable challenge. However, unless the evaluation of mixed methods identifies processes and mechanisms that work, it may fail to provide useful information for wider application.

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ECONOMIC COMPONENTS OF GRIEF

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ECONOMIC COMPONENTS OF GRIEF

Abstract

This paper investigates the nature, context and impact of economic stressors associated with loss, drawing on a mixed methods study of changes in financial circumstances and economic roles following death of a life partner. Findings show how economic changes, and the practicalities of dealing with such transitions, shaped individual responses to the death. Perceived decline in financial well-being was associated with increased risk of poor psychological health following bereavement. The findings underline the theoretical importance of financial risk factors for anticipating the duration, pattern and timing of bereavement outcomes. A challenge for service providers and professionals is how to bring understanding of economic components within emotional and practical support for people preparing for death and those who are bereaved.

Key words: Bereavement; Financial change; Economic role; Grief; Qualitative study; Panel data; Britain

Introduction

Links between financial difficulties and negative health effects may be expected in societies where money provides not only the means for everyday living and wider participation but shapes perceptions of self-worth, status and achievement (Marmot, 2010). Such associations are commonly found when redundancy, business closure, long-term sickness, relationship breakdown or other change of circumstances leads to indebtedness, income losses, depleted savings, rising costs or unexpected outgoings (e.g. Bartley, 1994; Drentea & Lavrakas, 2000; Ferrie, et al., 1995; Pleasence et al., 2004). Conversely, there is evidence of health gains following advice about money problems, budgeting and debt management (Abbott & Hobby, 2000; O'Neil et al., 2006).

Interpretation of associations between changes in financial well-being and health are not straightforward however. Financial stressors may lead to or result from poor health, or both, and financial difficulties may be experienced as several interconnected events, or changes accumulating in no particular order (Balmer et al., 2005; Nettleton & Burrows, 1998).

Financial difficulties are generally associated with stress-related symptoms such as anxiety, insomnia and depression rather than physical health problems, although prolonged emotional distress may increase susceptibility to infectious diseases and functional decline through lowered immunity (Kiecolt-Glaser et al., 2002). Moreover, events and changes in circumstances experienced as disruptive may be associated with psychological distress, irrespective of any financial difficulties that arise. Important questions in such situations include: how much, for whom and in what ways do financial stressors contribute to changes in psychological well-being?

This paper investigates experience of financial change and adjustment in economic roles that follow the death of a partner, and how such transitions affect grief. Much of the previous research on people's experience of bereavement focuses on their emotional responses, and evaluation of therapeutic interventions to alleviate complicated or prolonged grief (Neimeyer, 2010; Schut, 2010). Parkes (1996) suggests that constituent parts of grieving, such as fear, anger, guilt and reconstruction of identity, can all be affected by people's perceptions of financial

responsibility and economic well-being. Gallagher (2004) uses the term 'financial pain' to cover the totality of needs arising from economic transitions and hardship experienced by dying and bereaved people, including changes in income, housing and employment as well as changes to status or role.

Models of bereavement have emerged that include changes in material well-being as independent risk factors for psychological distress (Stroebe et al., 2006). However, little is known about the influence of financial pressures and economic uncertainties on the experience of bereavement: this provided the context for the findings reported here. In the next section, we introduce theoretical concepts and ideas to understand the experience of stressors associated with bereavement and how these influence the grieving process.

Coping with bereavement

Grief, as a universal psychological and emotional response among human beings, requires scientific explanation. From a synthesis of material from evolutionary psychology, ethology and experimental psychology, Archer (1999) finds grief to be a natural reaction to losses of many kinds across all cultures. He argues that grief has evolved from primitive reactions around the development of 'attachment' to significant other people, overlaid by complex human mental processes. The grief experienced in bereavement is influenced by circumstances of the death and the social environment afterwards. Individuals try to cope with the distress and despair in different ways and with different abilities and outcomes.

Various theoretical frameworks aid understanding of the meaning of coping in experience of bereavement (Machin, 2008; Parkes, 1996; Walter, 1996; Worden, 1991). Different models provide different perspectives and different kinds of understanding (Parkes, 1998). We located our exploration of economic issues alongside the 'dual process model' of coping with bereavement described by Stroebe and Schut (1999). This is a theoretical biopsychosocial model, originally developed to understand coping with the death of a partner, but potentially applicable to other kinds of bereavement and loss. The basic model is depicted in Figure 1.

[Figure 1 about here]

Components of this model include stressors and cognitive strategies involved in dealing with them. There are two categories of stressor and each requires coping effort. 'Loss-oriented stressors' focus around the loss experience itself: typically the unique relationship or bond with the person who died. They are associated with a range of emotional experiences from, for example, relief about the end of suffering to, for example, anger at being left alone. The other kinds of stressors in the dual process model are so-called 'restoration-oriented stressors' which focus on what needs to be dealt with and how it is done. These are explained as secondary consequences of the loss which create additional sources of stress, such as avoiding loneliness or taking on new roles. Again, there is a range of emotional responses to coping with what needs to be done from, for example, fear of driving the car alone to, for example, satisfaction with practical funeral arrangements. Note that restoration-oriented stressors are not in themselves outcomes. Achieving the tasks or roles may eventually lead to perceived positive outcomes, but in terms of the model the term restoration-oriented stressor means the emotional and psychological process involved.

In this model, the process of coping with bereavement is one of 'oscillation', a dynamic alternation between dealing with loss-oriented stressors and restoration-oriented stressors through cognitive processes of confrontation, avoidance and distraction. Such oscillation is embedded in everyday activities but does not take up all the time, with sequence, pattern and timing that are different for individuals. Oscillation is necessary for optimal outcome, possibly through habituation. Stroebe and Schut (1999) argued that the model provides a framework for understanding gender and cultural differences in grieving and coping processes, and for identifying people at risk of severe negative bereavement reactions, to whom support might be targeted (Stroebe et al., 2006). Importantly for our study, Stroebe and Schut recognised the significance of financial and economic variables within the stressors and risk factors associated with bereavement, and pointed to need for empirical research in this area.

At the level of the individual, qualitative exploration helps us to understand how people in diverse circumstances experience financial changes and economic

transitions as restoration-oriented or loss-oriented stressors following death of a partner. At the aggregate level, associations between emotional distress and responses to financial and economic change are best explored quantitatively, to test for difference between people who do and do not report financial disruption.

Our study was not designed to test the dual process model or evaluate factors that might influence psychological outcomes. However, that model provided a theoretical framework for understanding the psychological impact of financial disruption in a study that investigated the financial implications of the death of a partner. In the next section, we describe our study design including recruitment of participants, research instruments and analytical techniques. We then go on to present findings from one strand of this study: exploration of the economic components of grief. A final section discusses the findings in relation to bereavement support and good practice.

Design and methods

The authors' overall study investigated financial transitions and adjustments following the death of a life partner, using a mix of qualitative and quantitative methods. Full details of the study design, including ethical approval, are reported elsewhere (Corden et al., 2008).

The qualitative component comprised in-depth interviews with 44 people. The researchers worked with 10 national and local organisations likely to be in touch with bereaved families, which sent information about the research to people whose partner had died in the previous two years. We ensured a wide spread of financial circumstances by recruiting participants in geographical locations with different socio-economic characteristics, guided by preliminary findings from the quantitative component. People interested in taking part then got in touch with the researchers, and audio-recorded interviews were conducted in their home or place of work during 2007 and 2008. People spoke about their experience of economic changes after their partner died and the adjustments they made, the practical management issues involved, and what all this meant for them. Interviews were transcribed and data extracted, managed and thematically analysed using the 'Framework' approach (Ritchie & Lewis, 2003). The study group included 13 men and 31 women representing all age groups and included people who had received bereavement

support as well as those who had declined such help or had not thought of seeking it. Participants lived in various locations in England and southern Scotland, and included people whose partnership had not been formally registered as well as those who had been married. Five men and 10 women had dependent children. Among the older participants, 15 people were bereaved when they were over state pension age at that time (women 60 years, men 65 years).

The quantitative component drew on secondary analysis of the British Household Panel Survey (BHPS), a general-purpose survey of a nationally representative sample of over 5,000 private households in the UK (Taylor et al., 2006). By pooling data across 14 annual interview waves, 1991 to 2004, we identified a baseline study sample of 756 couples where partners had shared an address continuously for at least six months during the year before separation by death. Data were drawn from up to six interviews, three before (B1, B2 and B3) and three after the death (A1, A2 and A3). Partners' deaths occurred around six months (median) after the B3 interviews and six months before the A1 interviews (range: 2 to 10 months).

Two outcomes reported by the partners who lived on are examined in this paper: psychological well-being and perceived financial change. Psychological well-being was assessed using the 12 item General Health Questionnaire (GHQ), a widely used measure of undifferentiated or generalised distress (Goldberg & Williams, 1991). It asks respondents about their recent experience of symptoms of anxiety and depression, social dysfunction, and loss of confidence and self-esteem. Symptoms are not attributed to the experience of loss although many of those described in the GHQ are part of a complex syndrome of emotional reactions to bereavement (Stroebe et al., 2007).

Validity studies indicate that people who report four or more GHQ symptoms are likely to receive a diagnosis of psychiatric illness in an independent clinical assessment (Goldberg et al., 1997). This threshold was used to identify respondents with 'high distress' scores and to monitor changes over time. Onset of distress was identified in respondents with no more than three symptoms who presented high distress scores at the next BHPS interview. Recurrent or persistent distress, which may impair personal and social functioning, refers to respondents who reported four

or more symptoms at two or more successive interviews. The GHQ is shown to be a reliable instrument for measuring change in psychological well-being at yearly intervals (Pevalin, 2000).

In both the qualitative and quantitative components, we used people's own assessments of financial change because the extent to which their circumstances were experienced as stressful was probably determined more by processes of cognitive appraisal than by the objective situation. In the BHPS, respondents' reactions to financial change were assessed by a single question: 'Would you say that you yourself are better off or worse off financially than you were a year ago?' with the response 'about the same' also offered. This question was asked of all respondents and was not specifically linked to bereavement or any other context. For this analysis, the categories 'better off' and 'about the same' were combined to compare the psychological well-being of people who did or did not feel their financial situation had worsened.

At the interview immediately before the death (B3), 655 people completed the GHQ and answered the survey question about financial change (women 422, men 233). Individual weights, derived by BHPS research staff, were applied to the sample to adjust the distribution of responses to variables associated with design effects, non-response and attrition (Taylor et al., 2006). We evaluated the representativeness of the baseline study sample against national census data and official mortality statistics on partnership and separation by death, and assessed the impact of losses to follow-up. We also assessed the sensitivity of longitudinal findings to sample losses by repeating analyses across interview sequences of varying length. These assessments produced no firm evidence that selecting a sample from the BHPS would compromise the generalisability of the findings or alter the conclusions drawn here (Corden et al., 2008).

The likelihood of psychological distress was estimated as odds ratios (ORs) with their 95% confidence intervals (CIs) using logistic regression analysis, taking account of potential confounding factors identified by Goldberg & Williams (1991). Generalised estimating equations were used in longitudinal modelling. Women typically outnumber men two to one in samples of bereaved partners. Key statistical findings

are therefore presented separately for women and men because the relationships between household and economic roles, financial position and psychological well-being are gendered across the life course.

Results

In what follows, we present qualitative findings using the framework of the dual process model described above, followed by quantitative findings.

Restoration-oriented stressors

Our qualitative interviews provided considerable illustrative material which fits the concept of restoration-oriented stressors resulting from 'doing new things'. Feelings of financial insecurity were common in the days and weeks after a partner died. Even when people believed they would eventually have new sources of income from pensions and benefits there was often fear about how this would be achieved. Anxiety about financial security escalated when it proved hard to deal with administrative processes or there were unexpected delays. Uncertainties often remained for several months, and extended for some people into the first or second year after the death.

People's perceived need to inform quickly many different financial and regulatory organisations, and make new contacts and arrangements was often related to fear of penalties, which were real possibilities. Dealing with various government departments and at the same time with utility companies, solicitors, banks and building societies, and pensions and insurance companies seemed a huge burden to some people, even when things went smoothly. People described feelings of despair about perceived inadequacy in trying to understand unfamiliar income maintenance systems, and some remembered how angry they had felt to be left alone by their partner to deal with seemingly endless paperwork and telephone communications, and the burden of administrative and economic responsibility.

Those who met delays, frustrations, wrong advice and lack of privacy at administrative offices often remembered deep feelings of anger and distress, and how this had intensified emotional distress. Some remembered how hurt they felt when staff were abrupt or lacked skills in talking to people whose partner had just

died. For some, this made coping harder at an emotional level, which in turn could lead to errors or prolong administrative process, with negative financial outcome. People who remembered being dealt with by kind, administrative staff who had skills in dealing with people facing bereavement said how helpful this was at an emotional level.

Making appropriate funeral arrangements was important to everybody, but some people recognised in retrospect that organising a funeral turned into 'a *treadmill*' of things that had to be done, obstructing their grief. Having to deal with unwelcome family interventions about funerals, such as disagreements about cost, was not wanted at a time of such grief. Being an executor of a partner's will brought some people new anxieties about their capacity to deal properly with the matter. For others who felt generally comfortable with paperwork and administrative matters, focusing on tasks in dealing with an estate acted as a distraction from grief.

Stroebe and Schut recognise 'taking on new roles and identities' as restoration-oriented stressors. Parents in our study spoke of feelings of a heavy new weight of financial responsibility for their children, especially parents of very young children and children with special needs whose dependency was likely to extend into adulthood. Our interviews showed further how hurtful and unwelcome were some of the new identities imposed by categorisations within regulatory systems. Women who found themselves cast as 'lone parents' within benefits and tax credits systems sometimes did not want to be part of this grouping. For them, 'lone parents' were divorced, separated or single people, and the children of women in this group had 'absent fathers'. Anger and hurt at this association persisted, both for themselves and on behalf of their children whose fathers had been a loving presence. Women who had not been married were sometimes sad that they were not entitled, formally, to call themselves 'widows', a group name which, they thought, acknowledged their partnership and might bring some dignity and respect. Discovering that they were not entitled to sign forms to register death, because they were not formally 'next-of-kin', had been deeply hurtful.

Our interviews provided many examples of new economic roles for the bereaved person within family and domestic life: greater responsibilities for child care,

household management, shopping and cooking, money management and driving. Taking on these new roles had often been stressful, with anxieties, frustrations and disappointments. In general, the associated stress lessened, or was experienced less frequently, as people got used to what they had to do or found other ways of dealing with things. Those in their second or third year after their partner died sometimes described some long-term positive outcomes of having new roles thrust upon them. There was some satisfaction among men who had not cooked before but now enjoyed making meals for themselves; and some satisfaction among women in confidence gained in having to deal with government agencies, or having learned how to manage car ownership. Parents still often had times when they felt inadequate and emotionally exhausted by efforts to replace their partner's role in practical home-making. Trying to mend a broken wheel on a push-chair, which their partner would have done in a few minutes, was described as '*having ended my day*'.

We found, in our interviews, financial and economic experiences which fitted all the exemplary groups of restoration-oriented stressors suggested in the dual process model. We also identified another kind of stressor which does not fit neatly into those groupings, which we call 'the meaning of money'. We saw how, in day-to-day living, 'money' was often not a value-free term. In some circumstances, social and cultural influences led to moral judgments, values and emotional attachments to different monies related, for example, to the source of the money and how it might be used. Some monies received through a partner's death had constructs and meanings hard to deal with in coping with bereavement. Some parents constructed their widowed parent's allowance (which depended on their partner's previous national insurance contributions) as an outcome of their partner's efforts for their children's benefit. Discovering that such money counted as taxable income and would end on remarriage, led to anger among some when it seemed that their partner's efforts for the children were being thwarted or discounted. Other parents thought of widowed parent's allowance as a form of replacement of a partner's earnings, and found themselves dealing with strong negative feelings when the amount of the allowance compared very unfavourably with earnings from full-time or well-paid part-time work.

Some monies received after the death had positive connotations. For example, generous occupational pensions, for some people, had positive associations with

their partner in relation to commitment, long service, skills and expertise, or hard work. Small occupational pensions were, generally, not perceived to reflect negatively on partner's efforts, such as poor provisioning, but were associated more with external factors such as job opportunities, inflation, and financial markets or, for young people, having made as yet relatively few contributions. However, there were some people who found payments from a partner's pension arrangements or life insurance hard to deal with emotionally. Such people said they had not wanted money; they wanted their partner, and the payments seemed to emphasise their loss. Some people whose partner died suddenly, for example in road crashes, said the life insurance pay-out had only negative associations with unnecessary loss and death, and caused them great stress. One person said they had '*tied it up*' as soon as possible in a long-term investment which they tried not to think about, because it was still too painful.

Money received through civil court proceedings as compensation for criminal injuries could also be hard to deal with emotionally. Interviewed nearly three years after a partner's death, one person said the criminal injuries compensation had always been a very sensitive matter. Drawing income from it was unacceptable; it was invested so it would be available if ever needed, but thinking about it could be avoided. For other people, absence of compensation could also be a stressor. One person described deep and persistent anger that no financial compensation was paid after a fatal road crash, and saw this as a demonstration of society's indifference.

Loss-oriented stressors

Loss orientation is to do with processing the grief of loss of the relationship, tie or bond with the person who has died. In our qualitative interviews there was evidence that part of the uniqueness of the partner who died were characteristics and constructs reflecting the 'economic person'. The words and phrases people used gave insights into ties and bonds that had to break that were bound up with constructions of their partner's economic beliefs, roles and behaviours, with long-lasting emotional resonance.

Much of what had been lost in the 'economic person' was related to the paid work they had done. People talked proudly of partners who had made what seemed

worthwhile contributions through their work, both financially to their families, and in a more general sense. Young women who spoke of their partners as *'always working hard for us'* were dwelling on their loss of a committed family breadwinner, ready to work long hours for his family. Older women spoke about partners who had *'always been a steady worker'*, reflecting on characteristics that were valued long past retirement age. Self-employed partners, and partners who had a number of jobs were spoken of as *'always good at business'*, *'ready to try things'* or having *'lots of ideas'*. People whose partners had kept working as long as possible through treatment and terminal illness were proud of such determination and courage. For some people, memories of a partner's negative experiences of unemployment, redundancy or business failure were also aspects of the shared life that was over and part of the lost relationship.

Other aspects of the 'economic person' which had been lost were to do with the personal characteristics which had contributed generally to the couple's economic well-being. Their partner's practical skills and economic capacities and activities that lay behind roles and responsibilities taken on in the partnership were part of the uniqueness of the individual they had lost. People spoke of partners as *'always very careful with the money'*; *'making sure we would have enough'*; *'able to deal with the tax people'*; *'loving his car'*; *'always generous to his friends'*; *'knowing all about gardening'*; *'quick to see a bargain'*; *'a wonderful cook'* and *'seeing to anything needed on the house'*.

Of course, not all the contributions to the partnership from the 'economic person' were perceived positively. Some people lost partners who had been unable to maintain earnings; partners who made decisions about business deals or loans which had negative outcomes; who found it hard to control spending and used up family resources, or who let unpaid bills accumulate. For some couples, there had been conflict about money matters. Our research was not designed to explore how people generally processed the loss of a partner's characteristics that were perceived negatively and this might be a useful line of enquiry for the dual process model.

Our findings also led us to consider how bereaved people process 'surprises' about their partner. Some people told us that aspects of a partner's economic

characteristics and behaviour, discovered after death, had been a surprise. The way they spoke about such surprises suggested that they were significant loss-oriented stressors. Some discoveries had been unwelcome, for example finding that a partner had secretly built up large debts. For others, discoveries deepened the partner's perceived value, for example realisation of a partner's previously unknown generosity in financial gift-giving. Yet others said they remained puzzled, and still turned things over in their minds without resolution; for example, how had a significant amount of personal savings been put away by a partner in a couple who had lived for many years on a joint low income?

Process of oscillation

Our interview material yielded evidence of oscillation between loss-oriented and restoration-oriented stressors in that people themselves said they remembered feelings going backwards and forwards, depending on context and what else was happening for them at the time that matters arose. Some feelings were attached to the person lost; some were attached to what now had to be done. People remembered this particularly in relation to dealing with paperwork and correspondence soon after their partner died. The same people who spoke about dealing with letters and administration as having been a distraction from their grief also said that finding a letter on the mat from a partner's life insurance company brought '*overwhelming pain*' as they thought about the circumstances of death. People who yearned for the partner who had made careful plans and generous provision for their own financial well-being in bereavement found themselves also angry and frustrated that they now had to deal on their own with all the administrative process involved.

In the same way, some people described '*going backwards and forwards*' in relation to family and household roles. Parents dwelt on what they had lost in the amount of thought and effort partners had put into running the home and enhancing children's lives, then talked later about feeling overwhelmed by inadequacy in trying to take on some of the roles and fill some of the gaps.

Some restoration-oriented stressors went away with the passage of time, within structural and administrative systems. Funerals happened and people dealt with the

bills. Matters to do with pensions and benefits were often resolved. Coping also involved gradual reduction in the experience of stress through habituation, for example going alone to school meetings gradually became easier. It also appeared that the outcomes of dealing with restoration-oriented stressors brought, for some, positive feelings of relief: mortgages were paid off; life insurance pay-outs eased financial situations. But some stressors remained for a long time: the constant anxiety of financial uncertainty; long wrangles with insurance companies and mortgage lenders; planning for sole financial responsibility for a young family; continued awareness of a large compensation payment which would have to be dealt with emotionally at some stage. In the terminology of the dual process model, the persistence of such long-term financial and economic stressors might act to restrain the process of oscillation, holding back coping.

Our final suggestion from the qualitative findings is to ask whether it might be useful to consider 'multiple post-bereavement losses' of material resources and financial security, within the dual process model. Previous research suggests that coping with bereavement is particularly hard for people who have experienced multiple losses preceding the death (Stroebe et al., 2007). For some people we spoke to, financial problems led to a number of major negative outcomes and further losses after the death. For some, a partner's death did lead to poverty; having to sell a family home; having to give up a job; bankruptcy; or having to withdraw all personal savings. People sometimes talked about what happened as experiencing '*an additional loss*'. It might be useful, in further research, to explore whether multiple or major post-bereavement economic losses increase risk of complicated or prolonged grief.

In the next section, we draw on quantitative data to investigate risk to emotional health of decline in financial circumstances following the death of a life partner.

Financial decline and psychological distress

The financial and economic changes identified in our qualitative study as loss-oriented or restoration-oriented stressors might contribute to the level of financial distress experienced by individuals and influence, in turn, their emotional well-being. We were unable to investigate such links quantitatively because we lacked specific measures to examine individual differences in people's bereavement experiences

and their appraisals of meaning. However, we might expect financial stressors to underpin a broad association between people's assessments of their financial situation and their emotional health. Our findings show the extent to which feeling worse off financially was associated with the likelihood of bereaved people reporting four or more GHQ symptoms of distress, and whether such an association might be linked with the death of a partner.

Figure 2 charts the prevalence of high distress scores and perceived financial decline in the months before and after a partner's death. Both trajectories broadly coincide (cross-correlation function=0.62, standard error 0.24) although their concurrence largely reflects what happened around the death. Distress rates peaked immediately after the death, drawing attention to the intensity of grief experienced by some people. The proportion feeling worse off also increased, consistent with some people facing difficulties coping with financial stressors following bereavement. Across three interviews before the death, one in four people reported financial decline, a proportion found more or less year-on-year in the general population (Taylor et al., 2009, p. 16). Soon after the death, that proportion doubled and then gradually declined to pre-bereavement levels. Among those interviewed within 18 months of their partner's death, 41% said they felt worse off, representing an increase of 15 percentage points on pre-bereavement rates. If that percentage uplift were attributable to financial decline associated with the death of a partner, we estimate from official mortality statistics that 30,000 newly bereaved partners each year would be at risk of negative health effects because of their experience of financial disruption (Hirst & Corden, 2010).

[Figure 2 about here]

Feeling financially worse off was associated with increased likelihood of psychological distress at the first interview after the death. Altogether, 73% of people who said they were worse off presented high distress scores compared with 58% of those who felt their financial circumstances had improved or stayed the same ($t=3.4$, $p<0.001$). The extent to which people reported recurring or persistent distress, that is four or more GHQ symptoms before *and* after bereavement, also varied according to perceived financial decline (85% compared with 75%) although there was insufficient

power (44%) with the available sample of recurrent cases to detect a difference at the 5% significance level ($t=1.5$, $p=0.14$). By comparison, a worsening financial situation, or factors associated with financial decline, influenced more firmly the extent to which people reported onset of distress (66% compared with 52%, $t=2.7$, $p<0.01$). This was a matter of interest because almost seven out of ten people recorded high distress scores after the death when previously they had reported no more than three GHQ symptoms.

Further investigation showed that the influence of perceived financial decline on psychological distress was gendered. According to all three models in Table 1, women who felt financially worse off were twice as likely to be distressed as those who did not report worsening finances after their partner died. In contrast, perceived financial decline had no statistical influence on the extent to which men reported four or more GHQ symptoms. Model 3 shows that gender differences in the effect of perceived financial decline on psychological distress held even after taking into account the influence of background factors associated with distress and controlling for distress reported before the death. However, there was no statistical interaction between prior distress and perceived financial change to influence distress rates following bereavement over and above their individual impact.

Findings not shown here indicate that feeling worse off after a partner's death was associated with onset of distress in women; that is, with women reporting four or more GHQ symptoms when previously, before the death, lower levels of distress had been recorded (OR=2.06, 95% CI 1.12 to 3.77). Perceived financial decline was also associated with women's reports of recurring or persistent distress between interviews before and after bereavement; however, it cannot be concluded, based on the small sub-sample, that such an association would be found in the population (OR=2.27, 95% CI 0.80 to 6.49).

[Table 1 about here]

An association between perceived financial decline and onset of distress might be indicative of the impact of financial stressors identified in our qualitative interviews. However, it could be argued that grief was making people feel negative about many

aspects of their lives including their financial situation: this would dilute the inference that feeling worse off had led to increased psychological distress. An alternative interpretation might be that feelings of distress and perceived financial decline following bereavement were mutually causal and both may be influenced by other factors such as financial preparedness and the circumstances of the death.

To investigate further, we examined the association between distress rates before bereavement (that is at B3) and perceived financial change in the previous 12 months. No statistically significant association was found between women's or men's assessments of financial change and psychological distress after adjusting for prior health (at B2) and other background variables. These findings suggest that rates of distress are not invariably increased by perceived financial decline, even in a population that might be experiencing financial difficulties associated with end-of-life care.

We also investigated the association between distress levels and perceived financial change at the second interview after bereavement (A2), with prior distress measured at A1. There was no statistically significant link between men's assessments of financial decline and psychological distress after adjusting for prior health and other background variables. In contrast, a worsening financial situation between the first and second interview after the death was associated with increased likelihood of distress in women. However, the impact of perceived financial decline between the two interviews after bereavement on the likelihood of distress in women was less than that observed immediately following the death (OR=1.81, 95% CI 1.00 to 3.28; cp. Table 1). The diminishing effect of worsening finances on women's distress rates was shown further by the absence of any significant effect of feeling worse off following bereavement (at A1) on psychological distress reported a year later ($p=0.30$).

Longitudinal analysis confirmed these findings and, although there were further losses from the study sample, typical trajectories can be suggested. Table 2 shows that the likelihood of distress increased significantly following partners' deaths, more so for women than men and for those whose financial situation had worsened. The link between financial decline and distress subsequently weakened but lasted longer

for women than for men (Figure 3). Longitudinal findings also indicate raised distress rates in women at the last interview before the death (B3), which draws attention to the strain of caring about a partner towards the end of life.

[Table 2 and Figure 3 about here]

These findings indicate that the negative impact on women's psychological health of experiencing financial decline was most acute immediately after the death. Attenuation of such an effect might indicate adaptation to changed financial circumstances or resolution of the financial disruption triggered by the death, or both. A turning point can be detected between 14 and 18 months after the death. Up to that point, most of the women reporting high distress scores said their financial situation had worsened, and most of those who felt financially worse off reported high distress scores. Beyond 18 months, the statistical link between perceived financial decline and women's emotional health had weakened: little more than a third of those presenting high distress scores said their financial situation had continued to worsen, and most of those who felt worse off reported no more than three GHQ symptoms. No comparable trajectory was observed among men and, despite raised distress rates immediately following bereavement, under half of those presenting high distress scores felt their financial situation had worsened, and those who felt worse off generally reported fewer than four GHQ symptoms.

Discussion

Our investigation of the financial implications of death of a partner brings new perspectives for understanding what happens in coping with bereavement.

Throughout all stages of the study, we were aware of the emotional components in people's accounts of their financial and economic circumstances. Qualitative findings show how experience of economic and financial changes, and having to deal with such transitions and what has been lost economically, shaped individual responses to the death of a life partner and were part of coping with bereavement. Quantitative findings show that people who experienced financial decline following their partner's death were at greater risk of poor psychological health following the bereavement, women more so and for longer than men.

Our approach was exploratory and we recognise the limitations. Although the quantitative component demonstrates the value of secondary analysis for bereavement research, drawing a convenience sample from a general-purpose household survey limits inferences and their practical application. Successive BHPS interviews were not conducted at predetermined intervals after the death of a panel member; bereavement-specific measures of health and financial well-being were not included in the survey; and information was lacking on the quality of personal relationships, the circumstances of a death and other factors that might moderate or mediate the effect of financial decline on psychological distress. We aimed to provide provisional insights into a complex topic that warrants investigation in a purposively-designed study based on primary data. Comparative research including countries with different income streams, regulatory systems, and cultural held beliefs and practices, would test further the links between economic changes and emotional responses following bereavement.

Although our findings require evaluation, we believe that the broad patterns observed, and the correspondence of views expressed, are sufficiently strong to suggest implications for current policy and practice. Findings alert health service managers and professionals to the potential significance of financial and economic factors in health trajectories following bereavement. For bereavement support services, findings suggest that development of skills and expertise among counsellors in recognising emotional and psychological responses to economic change, and supporting people to deal with these, may be as important as helping people access financial information and practical assistance in regulatory systems.

For professionals in regulatory and administrative systems, findings reinforce what is known from other research. Good practice in dealing with bereaved people encompasses language used in standard letters; privacy afforded in offices and the manner in which people are spoken to. Being dealt with courteously, and experiencing kindness, thoughtfulness, understanding and timeliness can have positive emotional impact which does not impede grief, and is likely to smooth and expedite administrative process.

Much of the importance of our study lies in the basis provided for theory building. Combining insights from the qualitative and quantitative portions of the study should inform the design of more in-depth behavioural research to clarify the causal relationships between economic and emotional experiences in modelling grief. We found evidence of economic components that fitted all the restoration-oriented stressors identified by Stroebe and Schut; we also identified a particular kind of restoration-oriented stressor, additional to the groupings described by those authors, which we call 'the meaning of money'. We also found evidence suggesting that people's ties and bonds to the person who has died include constructs of the 'economic person', which form part of the other domain of the coping model, the primary or loss-oriented stressors. It may follow that financial and economic factors play a significant role in oscillation between restoration-oriented and loss-oriented domains. Our findings also point to new lines of enquiry in modelling the coping process – how do people deal with loss of those constructs of their partner that were perceived negatively during their life together, and how do they deal with 'surprises' about a partner's actions and decisions? How significant are financial and economic stressors in accounting for the gendered vulnerability in health trajectories following bereavement, and the different coping strategies preferred by women and men (Stroebe et al., 2001)? Our contribution to the theoretical dual process model may in turn lead to solid conclusions that would be useful in setting policy and developing services, and provide additional insights and perspectives for those who offer bereavement support and counselling.

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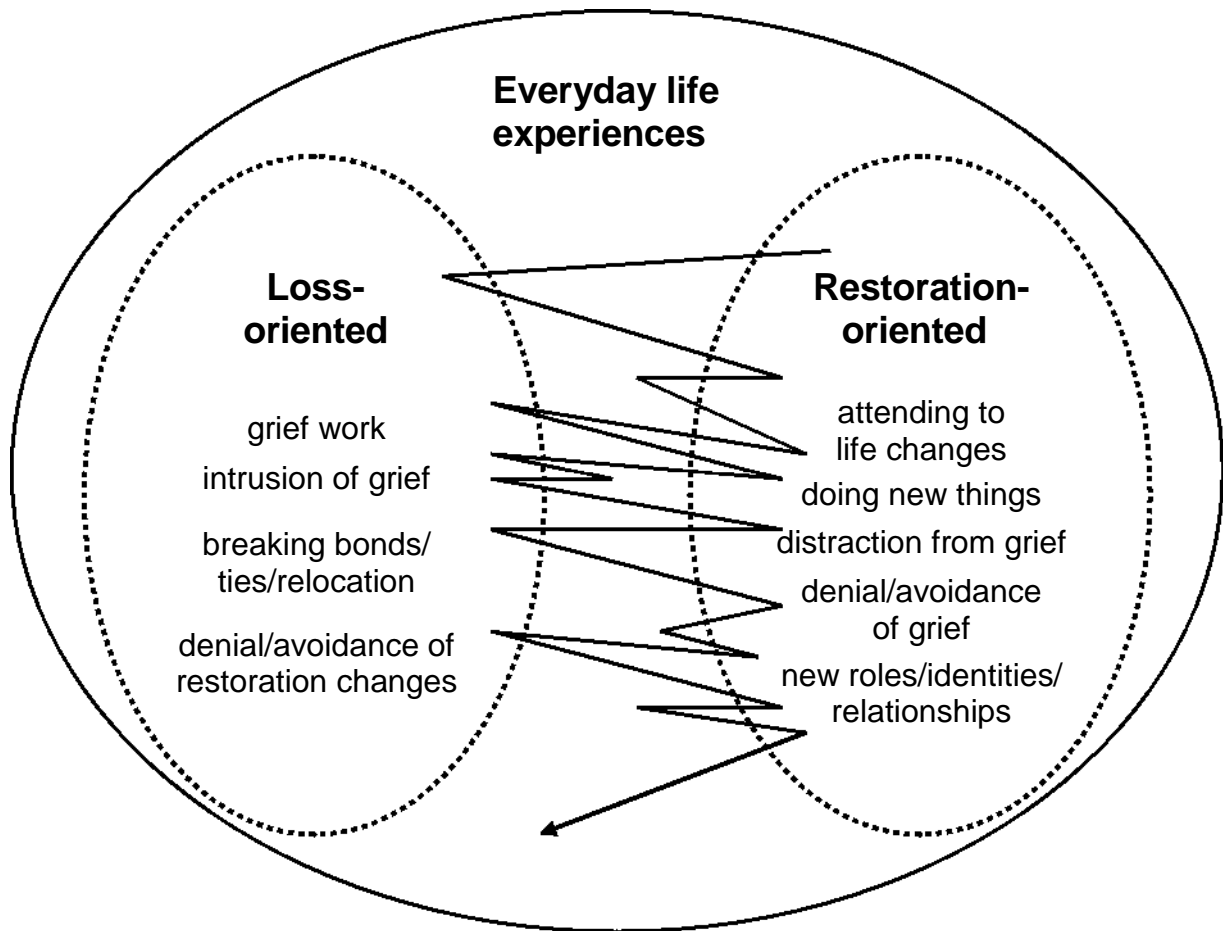
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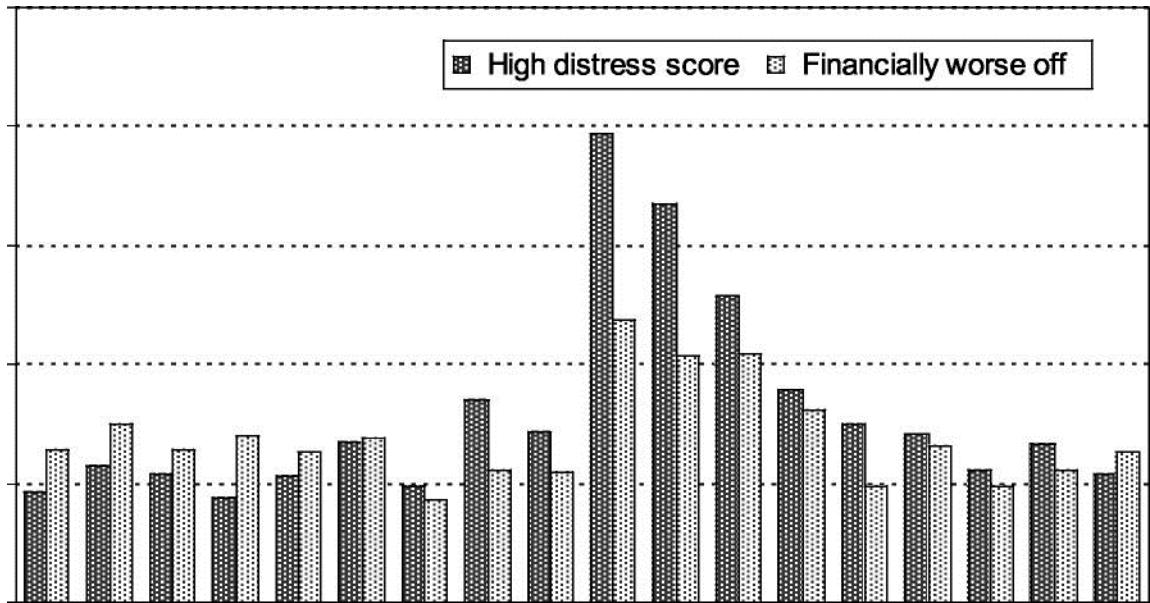
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FIGURE 1 The dual process model of coping with bereavement



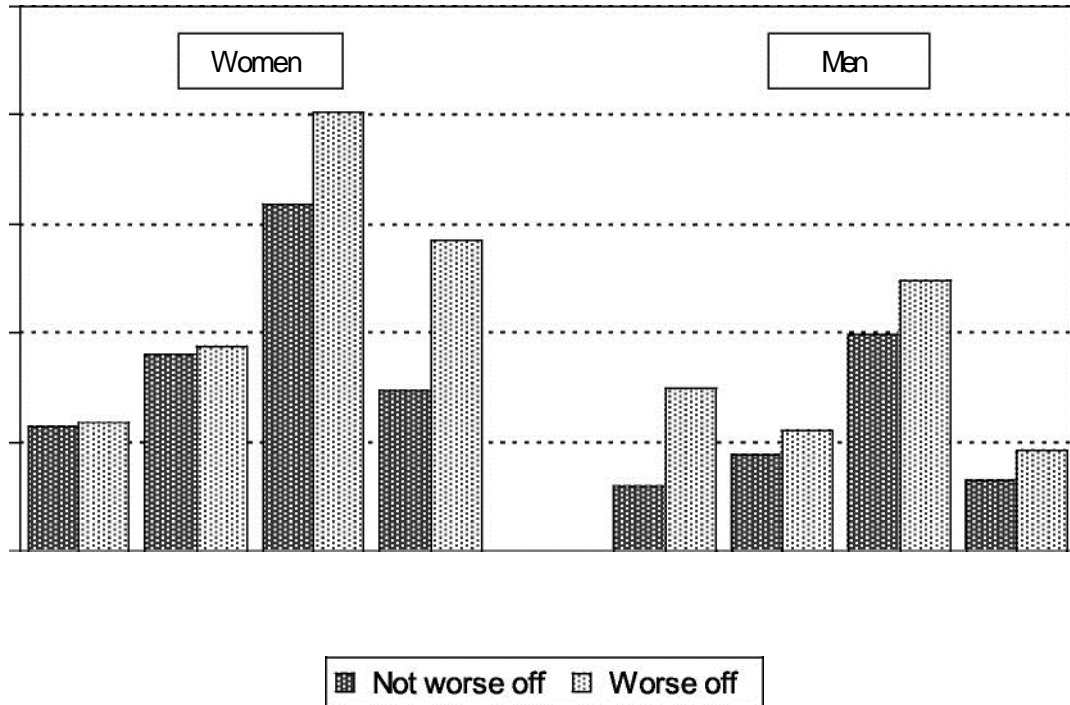
Source: Stroebe & Schut (1999, Figure 1).

FIGURE 2 Respondents reporting four or more GHQ symptoms and feeling financially worse off by months before and after death of a partner (per cent)



Source: BHPS cross-sectional study samples (B1 to A3); minimum unweighted base: 96 (at 34 months).

FIGURE 3 Respondents reporting four or more GHQ symptoms by gender and perceived financial decline before and after death of a partner (per cent)



Source: BHPS longitudinal study sample (B2 to A2); unweighted sample: 319, women 211, men 108.

TABLE 1 Logistic regression analysis of psychological distress in women and men at first interview after death of a partner by perceived financial decline and other factors (odds ratios, 95% confidence intervals)

	Model 1 ^a		Model 2 ^b		Model 3 ^c	
	OR	95% CI	OR	95% CI	OR	95% CI
<i>Women</i>						
Financially worse off than a year ago	2.39	1.47 to 3.89	2.12	1.25 to 3.58	2.13	1.20 to 3.78
Months since the death	–	–	0.83	0.75 to 0.91	0.83	0.74 to 0.92
High distress score before the death (B3)	–	–	3.03	1.67 to 5.48	3.09	1.62 to 5.88
<i>Men</i>						
Financially worse off than a year ago	1.15	0.61 to 2.18	1.12	0.57 to 2.19	1.22	0.54 to 2.80
Months since the death	–	–	0.85	0.76 to 0.95	0.83	0.73 to 0.95
High distress score before the death (B3)	–	–	2.69	1.19 to 6.08	3.80	1.47 to 9.79
<i>Unweighted sample</i>						
<i>Women</i>	329		309		285	
<i>Men</i>	170		164		159	

-
- a Overall effect of perceived financial decline on psychological distress.
 - b Model 1 controlling for prior distress and number of months since the death.
 - c Model 2 adjusted for age, physical health problems, educational level, family type, social class, and house tenure at A1 interview, and calendar year of A1 interview.

Source: BHPS longitudinal study sample (B3 to A1).

TABLE 2 Longitudinal logistic regression analysis of psychological distress at interviews before and after death of a partner by gender and perceived financial decline (odds ratios, 95% confidence intervals)^a

	OR ^b	95% CI	OR ^c	95% CI
<i>Interview sequence</i>				
Last but one interview before the death (B2)	–	–	1.00	– 1.25 to
Last interview before the death (B3)	1.00	– 2.71 to	1.74	2.43 4.39 to
First interview after the death (A1)	3.72	5.10	6.45	9.47
Second interview after the death (A2)	0.96	0.71 to 1.29	1.61	1.14 to 2.29
<i>Gender</i>				
Men	1.00	– 1.96 to	1.00	– 1.80 to
Women	2.86	4.16	2.69	4.01
<i>Financial situation</i>				
Not worse off	1.00	– 1.12 to	1.00	– 1.30 to
Worse off	1.51	2.05	1.73	2.31
		0.13 to		0.07 to
<i>Intercept</i>	0.18	0.27	0.11	0.17

a Reference category for each variable shown as OR=1.0; interaction terms not statistically significant ($p>0.05$).

b Longitudinal interview sequence B3 to A2.

c Longitudinal interview sequence B2 to A2.

Source: BHPS longitudinal study sample (unweighted sample: B3 to A2 401, women 267, men 134; B2 to A2 319, women 211, men 108).

Submitted article 3

Financial constituents of family bereavement. Corden, A. and Hirst, M. (2013b)
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Financial constituents of family bereavement

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Abstract

The authors examine economic and financial transitions following family bereavement, drawing largely on their qualitative and quantitative study in the UK context. They consider the implications for family members of changed income streams, and immediate expenses such as funeral costs and bills, and debts outstanding from a period of costly family care. Managing adjustments in household budgeting may have impact on quality of family life and relationships. Economic practicalities often mean new roles and responsibilities within the family which influence emotional and psychological experiences and consequences of bereavement. The authors conclude by considering ways forward in developing economic support for bereaved families and the role of financial institutions, government and bereavement services.

Financial constituents of family bereavement

Introduction

Death of a family member can have substantial financial and economic impacts, yet their implications have received less attention than the emotional and psychological experience of bereavement. This chapter draws on the authors' research, and other work, to show how important are economic changes which follow a death. From an exploratory study of financial implications of death of a child (Corden, Sainsbury, & Sloper, 2001) the authors went on to investigate financial changes and adjustment to new economic roles following death of a partner (Corden, Hirst, & Nice, 2008). A mixed methods design integrated statistical analysis of longitudinal data drawn from the British Household Panel Survey (BHPS) with qualitative interviews with 44 people whose partner had died recently, in a purposive study group which included people in all age groups and a range of personal and economic circumstances (Corden & Hirst, 2008).

This chapter is divided into three main sections: the first part examines changes in levels and sources of income following death of a family member. In the second part, the implications for household budgeting are considered and the third part looks at changes in economic roles and responsibilities within the family. Throughout, there runs a thread of understanding that economic and financial practicalities have emotional meaning. This understanding leads to questions about how families can be supported to deal with financial changes. There is a need for debate about how far these are private matters, issues for government intervention, or areas of relevance for family support services.

The chapter focuses on the situation in the UK, but wherever possible the authors mention findings from other countries. Circumstances in non-industrialized and culturally diverse countries will be very different, reflecting different economic structures, different mortality patterns and different societal norms of family roles and responsibilities. It is also important to note that much of the UK economic data available for analysis is based on the 'household'. 'Family' is a much wider concept, often linking households across generations and geographical locations. However, economic data that encompass all significant family members beyond the bereaved household is hard to find.

Changes in income and income sources

In the UK, the components of income which are lost when a household member dies are associated with that person's economic activities and family status. Death of a person of working age may mean loss of earnings of the sole, family breadwinner. Death of a child means loss of child-related state benefits and tax credits including, where claimed, the child's disability benefits. Death of a person of retirement age or over means loss of income from their state and private pensions, and investments.

What these losses mean for the household depends on circumstances immediately before the death, but also reflects generational patterns of association between social, economic and demographic factors that influence opportunities and decisions over the life course (Price, 2006). Outcomes for widowed women and men in the UK, most of whom are over state pension age, depend heavily on gendered patterns of work and family life. Current cohorts of elderly women had few opportunities through paid employment to build up pension entitlements in their own right, while private pension schemes were mostly open to men in managerial and professional occupations. Thus male pensioners reported less than ten per cent decline in household private pension income following their partner's death, compared with over 40 per cent decline among women pensioners (Corden et al., 2008). Almost a quarter of the income decline reported by women pensioners was attributable to loss of their partners' private pension, mostly from occupational schemes. There are also gendered patterns in loss of a partner's state benefits. A fifth of household income lost by women under pension age, and a quarter of men's, was attributable to previous social assistance transfers. These included loss of a partner's relatively generous benefits for injury and impairment at work or towards additional costs of disability, affecting over a third of younger women and men whose partners died; the financial consequences may be felt many years after the death (Disney, Grundy, & Johnson, 1997; Johnson, Stears, & Webb, 1998).

Most people whose partner dies have lower incomes relative to household spending than they had as a couple. Exceptions include male pensioners with private pensions and people, generally in younger age groups, whose earnings may increase following a partner's death. For example, some people who had reduced their own paid work, or stopped working altogether to care for family members, may re-engage with the world of work after their partner's death, to protect and increase household income. Our qualitative interviews showed that people grieving loss of their partner often needed time to think about doing paid work again (Corden et al., 2008). Some were too old, some in poor health, and some felt they needed to retrain or get new qualifications. Some young parents whose partner died unexpectedly now had sole responsibility for young children and maintaining homes, requiring them to reduce working hours, or search for a more suitable job. Our analysis showed that under pension age income from paid work declined by half after the death, accounting for around 90 per cent of lost household income in this age group. UK research shows how there may be longer-term effects on earnings capacity and employment trajectories, associated with emotional responses to bereavement, and practicalities and opportunities in changed roles (Oldfield, Adams, & Gunstone, 2012).

In a UK family whose child dies following illness or disability, reduced household incomes through loss of state benefits and tax credits related to that child may also be substantial, including the child's disability benefits and, in some families, a state allowance paid to the parent as 'carer' (Corden et al., 2001). Phased reductions in these benefits may ease financial transitions for a few months, but these income streams soon end. Their loss may

have profound effects on household budgeting and a family's quality of life because income from state disability benefits, rather than 'earmarked' for the specific needs of the adult or child recipient, is usually dispersed within household spending, to meet regular bills, run a car, and enable couples and families with children to take part in activities together (Corden et al., 2001; Corden, Sainsbury, Irvine, & Clarke, 2010).

New income streams for the family after the death can mitigate financial decline. State bereavement benefits in the UK, including lump sums and weekly payments, help replace a partner's earnings and provide additional support for some families with dependent children, but there is low awareness and eligibility criteria are not well understood (Oldfield et al., 2012). Eligibility depends on age, marital status and National Insurance contributions of the person who has died. In younger age groups, the person who died may not have had time to build a contributions record, which may have been interrupted by periods of unemployment. Most recipients of UK bereavement benefits are women who were married to their partner. Proposed reforms aim to simplify eligibility, increase entitlements and widen coverage to include people across working age and those not formally married to their partner (Department for Work and Pensions, 2012). These reforms should go some way to strengthen the economic situation of younger families in which a parent dies, especially where parents had not formally registered their partnership. Such families are growing in number (Haskey, 2001) yet there is little awareness of their economic vulnerability, partly due to a mistaken belief that 'common law marriage' has formal status equivalent to marriage or registered civil partnership (Barlow, Burgoyne, Clery, & Smithson, 2008). In many UK regulatory systems, that is not the case and discovering this soon after a partner dies can be a great shock (Corden et al., 2008).

Survivors' benefits from partners' private and occupational pensions may help balance income loss following their death but receipt reflects UK gendered patterns of labor market engagement, job status and lifetime earnings. In our BHPS study group, half of the bereaved women reported receiving a survivor's benefit, compared with one in ten men, and our interviews confirmed the value to people of survivors' pensions. Income loss was also mitigated by increased uptake of disability benefits which may be related to poor health and being unable to sustain or return to work after a partner dies. Another influence might be advice received during new benefit assessments as an 'individual' rather than as a 'couple'. Increased uptake may also indicate that in families providing end-of-life care, it is only when caregiving ends that there is proper recognition of the caregivers' own health care needs (Rogers, Chapple, & Halliwell, 1998).

What can be said about the overall pattern of financial gains and losses following family bereavement? The UK picture for people over state pension age whose partner dies is not reassuring. Death of a partner increases income inequalities between older men and women, and between men with and without occupational pensions. Women's incomes

relative to household spending generally drop, men's increase, and perceived financial decline following the death is associated with poor psychological adjustment, for women more so and for longer than men (Corden & Hirst, in press). Income levels gradually rise as new sources come on stream, but older women face increased risk of poverty for two to three years, as also found in US studies (Holden, Burkhauser, & Feaster, 1988; Hurd & Wise, 1989). Factors that protect people in the UK from substantial income drop following death of a partner are their own earnings (especially bereaved men), social assistance and, for older people, their own private pension or survivor's benefit from their partner's pension. Lump sums payments from a pension, life insurance or legacy, can be substantial but benefit relatively few people.

It is harder to present an overall picture of income change for families whose child dies, or children whose parent dies. In our exploratory study, reduction in household income due to loss of the child's benefits (and, for some families, carers' benefits), and problems for parents in sustaining or achieving earned income were important contributors to financial problems. Younger parents, including those who had not been married or in civil partnerships, and families who lost the sole breadwinner, whose partner died unexpectedly, faced particular problems. Economic disruption compounded the emotional shock of death in the family, and there was impact on quality of life, and strain on parental relationships.

Implications of financial change for the wider 'family', rather than the 'household', are more speculative. It seems likely that grandparents, grieving the death of a grandchild and observing the parents' financial distress, will reassess their role in providing inter-generational support. Money transfers may follow, or new behaviors such as child care provision may occur, making it easier for bereaved parents to sustain paid work. In families where an older person has died, financial transfers from adult children or younger relatives may come on stream, to keep an elderly parent (or relative) out of poverty. Such family responses and their effects are areas for further inquiry, especially in the current economic climate of 'austerity'.

Changes in expenditure and household budgeting

Death of a family member generally means changes in household spending. Our research showed that financial demands perceived as particularly urgent following death of a partner included paying for the funeral, meeting housing costs and dealing with debts. Longer-term budgeting adjustments covered buying food, paying utility bills, maintaining a home, transport arrangements and, for some families, spending on children.

Paying funeral expenses was not an issue for families who felt financially secure, confident that bills would be covered from an estate or life insurance, or when employers took financial responsibility. For many others, funerals were an immediate financial concern, generating anxieties and practical difficulties at a time of grief. Annual surveys of UK funeral

costs show how increases in non-discretionary costs (burial and cremation fees; funeral directors' fees) have outstripped inflation (Sun Life Direct, 2012), leading to financial problems for families on low incomes when they have to arrange a funeral (Corden et al., 2001, 2008; Woodthorpe, 2012). Publicly funded funeral payments available to some of the poorest in UK society rarely cover costs (Woodthorpe, Tyrrell, & Cox, 2011). Borrowing from relatives, taking out commercial loans, negotiating installment plans with funeral directors, applying for public or charitable funding may help solve an immediate difficulty. However, there is evidence of long-lasting negative impact for family members in feelings of humiliation and inadequacy (Corden et al., 2001) and family tensions (Gentry, Kennedy, Paul, & Hill, 1995b). Although the number of UK funerals for which no relative or friend takes responsibility is small, it is increasing. It may be that families are increasingly unable or unwilling to bear the cost and decide to leave responsibility 'for disposal' to public authorities (Local Government Association, 2011). Comparisons of the affordability of funerals across capitalist, democratic nations reflect different cultures, politics and local practice with families in the US and UK particularly at risk of going into debt to pay for a funeral (Woodthorpe et al., 2011). McManus and Schafer with Donovan (2009) have also reported family poverty associated with funeral arrangements in New Zealand.

One of the most pressing financial issues reported by bereaved partners was 'how safe' was their home (Corden et al., 2008). A previously shared home usually had deep emotional significance, and offered some security and stability for grieving children. Sorting out mortgage agreements that included critical illness protection sometimes meant lengthy and difficult negotiations. Being without mortgage protection and knowing they could not meet liabilities from reduced incomes was a deep blow for some who had to deal with an unexpected death.

Among people renting homes, concerns centered on security of tenure in their changed circumstances, especially if there was now no need for sheltered or adapted accommodation. But even with secure tenancy, there were immediate anxieties among some low income families that administrative delay in adjusting state housing benefits would lead to rent arrears. Some families experienced lengthy delays and financial difficulties, with emotional strain until things were settled. Our BHPS analysis showed that uncertainties over housing were generally resolved, with a pattern of residential stability during the two-three years following a partner's death. Some families were able to use pension and insurance payouts, or legacies, to clear outstanding mortgages, thus reducing housing costs in the longer term, and bringing some security. There is evidence, however, that in other circumstances, loss of a spouse or partner can trigger behaviors that lead to a housing crisis. A recent Canadian study shows how death of a spouse, and inadequate support and resources to deal with grief, became a downward spiral for some men, that led to homelessness (Jones, Shier, & Graham, 2012).

Our research showed that dealing with a partner's outstanding loans or debt (other than mortgages) was a pressing problem mainly for people in their 40s and younger. Although people in this age group in UK are used to using credit cards, commercial loans and store cards for day-to-day budgeting, some were shocked to discover the extent of a partner's debt. Problems establishing liability, and dealing with unsympathetic or exploitative creditors increased emotional distress, as also found in US studies (Gentry et al., 1995b). However, we found that loan repayments and hire purchase agreements were gradually reduced during the next two to three years, and outstanding debts were seen as less burdensome over time.

When a family has been providing care at home for a sick or elderly relative, heavy bills may follow soon after the death, reflecting increased spending during the last months of life. Keeping homes warm; heavy laundry loads; running lighting day and night, and medical equipment; frequent telephone calls to medical personnel, service providers and relatives, and buying convenience foods when time is short can run up big bills and bank overdrafts. Parents of children with life-limiting illness sometimes spent heavily on family holidays, and specialist toys and equipment, putting off 'until afterwards' thought about how to pay bills (Corden et al., 2001). Costs of care and disability mean that some UK families' savings are depleted by the time of death (Oldfield et al., 2012). Families caring for a young adult with cancer describe the financial struggle while their child was alive (Grinyer, 2002). For some of these young people, trying to 'take control' of their lives as long as possible involved heavy expenditure on alternative medicines and huge telephone bills. Parents understood how this helped to keep their child positive and motivated, but feared debt. The financial tensions had a negative impact on family relationships, and long-term financial impact after the child died.

In the US, end-of-life care often includes paying for hospital and medical treatments, and deaths preceded by a long period of chronic illness can have severe financial implications for families, even for those who are insured. Himmelstein, Thorne, Warren and Woolhandler (2009) estimate that illness or medical bills contributed to 62 per cent of personal bankruptcies in 2007. In other circumstances of death, huge costs can arise. Thirty-six UK families bereaved by homicide described (in addition to funeral costs) loss of earnings, legal costs, costs related to criminal investigations and trial, domestic and household costs, and counseling which totaled £113,000 on average (Casey, 2011).

Beyond immediate financial demands come longer-term changes in household budgeting. In UK, fuel costs are an underlying source of concern, especially for people on reduced incomes with limited scope for altering heating systems. After a partner died, the number of people in fuel poverty (spending over one-tenth of disposable income on fuel) almost trebled, encompassing one in three households; many struggled for two years or more to manage

these costs (Corden et al., 2008). Being cold at home or heating only one room can have major impact on health and quality of life.

There is more scope for adjusting food spending, and some people explained how they found relief from grieving in preparing food. But buying and cooking for one, rather than a couple, was hard for those with limited access to cheaper food choices. Some people lost interest in food, while others spent more on comfort eating. Parents whose child died said it was not easy to get back to plainer meals when other children had got used to the expensive desserts, drinks and continuous ice cream that had tempted the very ill child. US authors too have noted over-consumption associated with grief (Gentry, Kennedy, Paul, & Hill, 1995a).

Budgeting problems are often linked with changes in re-assignment of domestic tasks, as we see in the next section.

Changes in economic role and responsibilities

Death in a family means changes in some roles and responsibilities among those remaining (Carr et al., 2000). People previously part of a couple face life as a single person; parents must now bring up children alone. Death of a child rocks dynamics between parents, siblings and the wider family. Adult children must go on without the parent who, for some, provided support and security or, for others, had required time and resources from themselves to meet care needs.

In addition to the financial impact of lost income of the person who died was the emotional impact of loss of that person's 'economic personhood'. In our interviews, young bereaved women talked proudly of partners '*always working hard for us*'. Older women spoke of partners who had '*always been a steady worker*', reflecting characteristics valued long after retirement. People whose partner went on working through illness and treatment were proud of such determination and courage. Self-employed partners were described as '*good at business*' or '*ready to try things*' – characteristics now part of what was lost. Some people spoke of a partner's negative employment experiences, when it was hard for their partner to find or keep work, or the disappointment of business failure. All these constructs and memories reflected aspects of a shared life now over and were experienced as part of coping with loss and bereavement (Corden & Hirst, in press).

Loss of earnings of the person who died may change relationships to paid work among surviving family members, and decisions may have implications beyond rational economic choices and opportunities. Going back to work quickly may be helpful but some will need more time and find it hard to sustain jobs. Our BHPS analysis showed that although most people under pension age were employed before and after their partner's death, there was a noticeable decline in the proportion of men in paid work following bereavement, whereas the proportion of women dipped only slightly. Within this overall pattern was a wide variety

of opportunities, choices and pressures. In a Northern Ireland study of parents whose children died by suicide, employers gave parents choice about when to return to work (Gibson, Gallagher, & Jenkins, 2010). However, few UK employers have formal 'bereavement leave' policies or provision, and an early return to work is often expected, with financial penalties or loss of annual leave for those who take longer. Self-employed people may lose contracts and customer bases while they grieve (Oldfield et al., 2012).

Bento (1994) describes how modern workplaces and work roles 'disenfranchise grief', with economic costs to business and financial risk to working people. The emotional shock of an unexpected death can disrupt work routines, and there may be little support in the workplace. Loss of concentration and productivity, taking time off and eventually leaving a job is known to be a trajectory among parents whose child dies (Harper, 2010). When a child dies after a long illness or disability, parents who have not worked for many years may struggle to find and keep a job. Even highly motivated men, who registered for work soon after their child's funeral and expected to be the family breadwinner again, did not get work quickly (Corden et al., 2001). A study of parents readjusting to the workplace following death of a child by suicide showed gender differences in motivation and behavior, likely to have long-term impact on their working lives and earnings (Gibson et al., 2010). Some bereaved parents needed to pursue different kinds of work, for example, when work involving children was too distressing (Harper, 2010). In a review of families bereaved by homicide of a child, partner or parent, one in four of those taking part said they stopped working permanently (Casey, 2011).

Work-related changes following death of a family member may include joining groups categorized in society as 'breadwinners', 'providers', 'students' or 'carers', or those identified as 'retired', 'unemployed', 'benefit claimants', or 'long-term sick'. Individuals attach their own judgments to such categories, and their response to them is part of the process of coping with bereavement.

Administrative requirements following the death produce similar perspectives on people's response to new roles and responsibilities. UK financial and regulatory systems require that a person whose partner dies must pass information quickly to many organizations – government departments, utility companies, solicitors, banks, building societies, insurance companies, and for some people police and courts. Adult children may have similar responsibilities when an elderly parent dies.

Dealing with administrative work can help some people avoid the intensity of grief for a while, or bring focus for activity into empty evenings (Corden et al., 2008). But people less confident with paperwork and fearful of penalties for mistakes, spoke of extra burdens imposed by '*endless form-filling and telephone calls*'. There were feelings of anger and inadequacy in being left to deal with such responsibilities, especially when the partner who

died was *'the one who always dealt with things'*. Perceptions of staff rudeness or lack of feeling, and wrong advice, delays and frustrations intensified distress, whereas helpful and respectful responses strengthened people, made things easier, and could reinforce positive constructs of the person who had died, for example as a *'valued customer'*. Among US widows, prior experience of managing money, discussing future arrangements before a husband's death, and advice following bereavement also helped alleviate financial difficulties (O'Bryant, 1991; O'Bryant & Morgan, 1989).

While some immediate administrative pressures lessened, other changes in family roles and responsibilities took longer. Our research showed that bereaved partners often faced new household tasks, or gaps in home management had to be filled by relatives, friends, or support services. Practical problems and their financial implications were widespread. We found that when a partner died, one in five women no longer had access to a car for private use, compared with fewer than five per cent of men. For many older people, getting to shops, medical or hospital appointments, church and social events now meant relying on other people or paying taxi fares. Widowers often have to learn to shop and cook, or deal with laundry, while elderly widows often have to learn to deal with maintaining the home and garden (Gentry et al., 1995a).

In our interviews, much of the *'economic personhood'* lost was constructed positively – the *'wonderful cook'*, the *'one who loved gardening'*, the one who *'always saw to the car'*. People spoke of their partner's financial generosity, or careful money management. But some lost partners who had found it hard to control spending, used up family resources or let debts accumulate, and for some couples there had been conflict over money matters. A range of negative economic constructs, memories, regrets and shocks also affected grieving and coping with bereavement. Some partners had to deal with the shock of discovering their economic vulnerability on being left with several children from a long relationship without formal registration or marriage, or where no Will had been made.

Finally, we consider the significance of money itself. Monies are not merely currency. They have resonance and meaning for family members, attached to source and derivation, processes of control and allocation, and perceptions of how they can be used, which may all be separate from actual monetary value. Our study showed how some of these meanings contributed to how people felt about their financial situation and sometimes influenced behavior. Even small survivors' benefits from partners' occupational pensions, of limited financial value, were spoken of positively, representing a partner's careful economic provision, their previous skilled trade or long service. Payment for a funeral by a partner's previous employer and work colleagues, demonstrating the respect accorded to the former employee, was experienced by the family as deeply supportive. In contrast, compensation payments paid to people whose partners died as a result of violence or drunken driving,

were sometimes too painful to contemplate, and had been put away with no expectation of use for several years.

Developing economic support for bereaved families

Economic vulnerabilities experienced by dying and bereaved people in UK are becoming more widespread. The number of deaths in Britain is projected to rise by almost half during this century as the 'baby boomer' generations reach older age groups (Office for National Statistics, 2009a, 2009b). Death of a spouse or partner is predominantly experienced by older people and is happening much later in the life course than in previous generations, reflecting increases in life expectancy and the closing gender gap in mortality improvements (Hirst & Corden, 2010). Trends in ageing and mortality may mean more couples reaching older age with diminished capabilities to manage the financial transitions and adjustments that follow death of a partner. At the same time, older people's financial resources are increasingly a complex mix of income streams and housing wealth. How far younger family members will be able or ready to offer economic support is unknown.

UK households and 'families' too are changing rapidly, with growing numbers of divorced or separated couples, cohabiting couples and unregistered partnerships as well as growing numbers of former partners and children of former partnerships (Beaujouan & Bhrolcháin, 2011). Deaths in younger age groups are often sudden and unexpected yet UK couples without a legal partnership, or Will, and children of those relationships, currently lack protection for their property rights and financial well-being when separated by death (Law Commission, 2007).

Alongside demographic changes in the UK has come an environment of economic cutbacks, reductions in public services and policy intent to limit social assistance. There is increased political emphasis on personal responsibility and rhetoric of 'welfare as dependency'. Frequent spells of under-employment and unemployment, and cutbacks in employers' pension provision mean that future UK cohorts may have less opportunity to build up family savings, life insurance and personal pensions. Policy emphasis on enabling as many people as possible who want to die at home (Department of Health, 2008) will require more families taking on caring roles, and thus more people experiencing bereavement after a period of interrupted employment histories and depleted savings.

UK government policies and planning for economic and social welfare, including employment, taxation, social security, financial capability, and health and social care will shape financial experiences of family bereavement for most people alive now. But there is an important role for family support services in engaging with policy makers: providing evidence, taking part in consultations, and making representations to keep economic implications of death, dying and bereavement high on national and local policy agendas. Encouraging people to take responsibility for the financial impact of death in the family

depends on enabling awareness, understanding and opportunity. Bereavement awareness and support in the workplace can help bereaved people maintain links with employment. Provision of financial support for family carers, through social assistance or insurance products, can help carers protect their savings and cushion the economic impact for their families.

Timely and helpful financial advice not only eases economic transitions, but also has strong positive influence on emotional experiences. There is a role here for regulatory and administrative staff who deal with bereaved people: in banks, insurance companies, housing departments, benefit and tax offices. The practical help offered by community and voluntary services – handyman services, gardening and pet care, providing transport, simple administrative tasks, ‘cooking groups’ and social events – will continue to fill gaps in public services, personal capabilities and family provision. Importantly, there is need for palliative care, counseling and bereavement services to recognize that experience of financial change and economic impact in the family is a component of grief, integral to dealing with bereavement (Corden, Hirst, & Nice, 2010). Enabling people to talk about these matters and the feelings attached, to explore the emotional aspects of economic outcomes, is as important for family well-being as signposting people to financial advice services.

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9

Bereavement and the Workplace

Anne Corden

Introduction

Loss, grief and trauma are challenging issues for modern workplaces, and all are touched in some way by death and bereavement. Thompson (2009) suggested a basic typology of organisations as a framework for helping to understand issues that can arise. First, he grouped together organisations where death is the primary focus of the work, such as hospices and funeral directors, where we might expect some specialist training and development of ways of working (see Bartlett and Riches, 2007). Other groups of workplaces, Thompson suggested, were those where death is a central focus, such as emergency services, and those in which death continually appears, such as health and social care settings. Here, we might expect awareness and at least some provision of support and training (see Papadatou, 2001). All other organisations, Thompson suggested, were affected periodically because they rely on people, and death and bereavement are natural parts of people's lives. This chapter is written mainly within the perspective of this latter group – the offices, factories, construction sites, retail outlets, services and small businesses that make up the range of general modern workplaces.

As context for the chapter, we can consider the number of people affected. McGuiness (2009) suggested that, generally, around 10 per cent of an organisation's workforce each year is likely to experience a significant bereavement. In the US, Sunoo and Sunoo (2002) used estimates from the American Hospice Foundation to suggest that half of those people affected by a significant bereavement in previous years were in the workforce during their grieving period.

The introductory chapter to this collection discussed the projected rapid increase in the number of deaths in UK. One implication is the

likelihood of there being also more people significantly affected by death of a family member or friend. We do not know, however, how increasing longevity in the UK, the rising age for state retirement pension and factors such as the increasing diversity of family forms and ethnic background, will affect the numbers of people who are in the workforce when they experience the loss and grief of a significant death, or take on responsibilities for making funeral arrangements. Future patterns of family care for elderly and sick relatives may also be influential – more people may seek to re-engage with the labour market or try paid work for the first time after the death of the person for whom they provided care at home. Much attention has been paid to supporting carers in employment (Carers UK, 2013), but the same is not true for employment issues when caring ends.

General workplaces eventually must deal with situations when employees or employers themselves die. Most people in Britain die after retirement, but 19 per cent of men and nearly 12 per cent of women who died in 2013 were in the 16–64 age group (ONS, 2014) and some of these people would have been employees. Such deaths may not be unexpected, for example after serious illness, but some people die suddenly and sometimes in the workplace itself, or when travelling to or from work. Staff have to deal with the trauma of sudden death, and may be affected additionally by investigation of accident or injury.

In these opening paragraphs we begin to see the broad range of policy issues that arise in consideration of bereavement and the workplace. There are issues around resolution of grief and the health and workplace wellbeing of bereaved employees and their colleagues. For employers, issues extend to the broad financial costs and business impact of managing bereavement, including management of employees' absence from and return to work, and maintenance of business productivity. Training the managers and supervisors who must deal directly with bereaved employees, or make recruitment decisions, is the business of human resources professionals, who may also become involved in providing emotional support and counselling. At government level issues arise as to whether and how circumstances of bereavement are covered in employment legislation, in-work social security provision and employment support programmes.

With so many policy strands, it is surprising that only very recently has attention been paid to bereavement and the workplace. A literature review of evidence from UK and other countries on bereavement and bereavement care covering the period 1990–2005 (Wimpenny et al.,

2007) made little reference to the workplace. This chapter thus explores further and brings together what is currently known about bereavement and the workplace. It raises questions as to where responsibility lies for managing and supporting bereaved workers, and points to gaps in our knowledge that remain to be filled.

Grief at work

Disenfranchised grief

Much of the literature and research about the experience and resolution of grief and loss in relation to death comes from perspectives from Western societies. A number of well-known theories of experience of grief and the process of bereavement are described in detail elsewhere (see Stroebe and Schut, 1999). The most recent theories suggest that social and interpersonal aspects are closely tied into the emotional and psychological experience of the individual grieving person.

In the workplace context, ideas about *disenfranchised grief* have been useful. Doka (1989) introduced this psychological concept as being grief for a loss not socially sanctioned or openly acknowledged. Bento (1994) went on to describe how the normal process of grief resolution could be impeded when grief was considered inappropriate as a result of societal or organisational norms and, sometimes, through self-imposed thoughts. Bento suggested that norms of workplace organisation can lead to expectations of behaviour oriented towards values such as permanence, high morale and productivity. These are all challenged by death and bereavement, which bring reminders of impermanence, loss and unpredictability. Negative feelings and emotions related to death are thus likely to be discouraged and discounted, and may even be punished. Policies which set out what is considered appropriate behaviour, for example in amounts of time allowed away from work, may not fit a person's needs. Choosing to accept the organisational norm may impede resolution of their grief.

Bento considered that grief can have an enormous effect on the business environment, and was surprised at how little attention this had received. He offered a theoretical psycho-social model of the role-making process in the interplay of grief and work, and how expectations and assumptions of managers and peers are sent to, received and responded to by the bereaved person. Using this framework and asking 'who is grieving?', 'why?' and 'what is the situation?' can help to throw light on what may happen in workplaces. For example, we see that business leaders are often expected to go on as if nothing has

happened; that there may be less workplace support and for shorter time when a death is attributed less value, such as perinatal death, or when there is stigma attached, such as AIDS-related deaths, suicides and preventable accidents (see Valentine and Bauld, Chapter 7 for a discussion of marginalised deaths and stigma).

Eyetssemitan (1998) used the term *stifled grief* to describe any recognised grief denied its full course, and held the workplace as a good example of exhibition of such grief. Responses to his questionnaires, distributed outside a variety of workplaces in Illinois, showed that the time bereaved employees were allowed off work, on the basis of family relationships, did not always match the strength of emotional attachments to the person who died, for example for a close friend. Eyetssemitan believed such lack of understanding and false assumptions about relationships and emotional attachments may promote stifled grief and possibly lead to depression. Attig (2004) went on to develop the concept even further to include the disenfranchisement of constructive aspects of grieving, such as resilience, hope and the scope for memory and legacy.

These concepts and frameworks are useful not only in understanding what happens in the workplace. They suggest many directions for further enquiry and have practical implications by suggesting ways in which workplaces can avoid stifling grief, provide opportunities for people to learn about the process and experience of grief, and enable people to resolve grief in normal, non-pathological ways. In turn, workplaces can learn how to benefit from personal growth among personnel, avoid compromising mental health of employees and reduce the business costs of prolonging grief (Hazen, 2009).

The lived experience

Evidence of the lived experience of bereavement and the workplace comes largely from small-scale qualitative studies in the UK and English-speaking countries. Some of this research was conducted with people in very particular circumstances, for example parents grieving the death of a child and people bereaved by homicide. It is hard to find research specifically focussed on workplace experience of people whose parent died, although such circumstances are likely to be among more common experiences of bereavement among working people (see Eyetssemitan, 1998). From the evidence overall, themes that emerge are: taking time off; managing the experience of grief; and longer term financial and employment implications.

Taking time off

There is wide variation in experience of negotiating time off work immediately following a death, and to arrange and attend a funeral. People in the UK variously take formal paid or unpaid leave; count their days off as annual leave; negotiate discretionary 'compassionate leave' or take 'sick leave' (GP involvement here is discussed in the next part of the chapter). Oldfield et al. (2012) studied the role of bereavement benefits for people whose married partner died. They found that people in permanent full-time jobs, without an extended period of preceding illness, had typically taken off a few weeks or months, often with full pay or at least partial pay. For such people, less likely to be women, the financial impact could be minimal. People in part-time, casual, contract or self-employment felt greater financial impact and it was not unusual to have periods without any earnings. Claiming Statutory Sick Pay was one option taken (which would have involved formal categorisation as having a specific physical or mental illness or disability). Elsewhere, McGuinness (2009) found that some employees in Ireland take time off sick to deal with bereavement, regardless of company policy.

In the US, the Bureau of Labour Statistics (2007) showed that around seven in ten workers had access to paid funeral leave, but this was more likely for workers in white collar occupations, fulltime workers, those in unionised and higher paid organisations, and larger metropolitan firms.

In the UK taking 'compassionate leave' usually involves a personal request to a manager or employer. Hall et al. (2013) explored experiences of employees in the North East of England who had taken 'compassionate leave' related to bereavement within the past five years. They found that the financial impact of taking time off could be very important, and some people who could not afford unpaid time off work took sick leave instead. Experience of negotiating compassionate leave at such a difficult time was variable. People valued sensitive and skilled line managers, and feeling understood and supported at this time. Explaining the closeness of the relationship with the person who had died, however, was a negative experience for some who felt judgements about them were being made.

When death is particularly traumatic people may need to be away from work for long periods. In a UK study of households affected by homicide (Casey, 2011) 70 per cent of household members who were employed when the death occurred stopped working, sometimes for up to a year. Most said their employer had been understanding about this. After a more usual family death people are often expected to return to work after a few days. This may cause hurt and practical problems, for

example if it does not fit with religious mourning rituals (for example, see ACAS, 2014).

Managing the experience of grief

Everybody's experience of grief is different and there is a wide range of employment circumstances. As we would therefore expect, some people find aspects of their work to be supportive and restorative after a significant death (Hall et al., 2013), while others find the workplace brings further negative experiences and feelings which can compound their loss and impede resolution of grief (Hazen, 2009).

Bereaved people can bring to work signs of grief that are normal physical, emotional and social responses, including fatigue, loss of concentration, feelings of anger and guilt, tearfulness, memory lapses and depression. Additional stressors for some include having to make funeral arrangements or deal with administrative requirements related to death, which can make heavy demands on time, energy and financial resources (Corden et al., 2008). Some now face major changes in household roles and responsibilities (Corden and Hirst, 2013). What people hope for at work is some understanding from managers and colleagues, but conflicts and tensions can arise.

A common experience is of colleagues not knowing what to do when a person is upset or talks endlessly about the experience. When colleagues do not mention the death, the bereaved person can become withdrawn and be angry that nobody cares (Barski-Carrow, 2000) but fear of other people getting upset themselves can add further strain. For example, parents in Northern Ireland returning to work after a child's suicide found it hard to deal with other people's embarrassment and avoidance (Gibson et al., 2010). People often find colleagues' everyday language or throwaway phrases used in ordinary conversation to be deeply upsetting.

Another common experience is that the effects of grief at work can last longer than expected by managers and colleagues. For example, it can take time to resume previous levels of concentration (Hall et al., 2013). In a small study of bereaved UK civil service employees (Russell, 1998) nearly half said it took up to six months to become fully effective. Issues arose as to how this was dealt with in annual reports on their performance.

Long-term implications

The death of a loved one is a natural and inevitable experience, and most people go on to resolve their grief and deal with re-arrangements

in their lives, and we have seen how what happens in the workplace can both support and impede this process.

Many people go back to their job after a relatively short time and set about resuming their activities. However, some experience major changes in responsibilities, attitudes and life directions including employment trajectories. Some people find that loss of energy and motivation makes it just too hard to go back to work. A usual occupation which brings constant reminders of the person who died or the circumstances of death may seem intolerable, for example for health service workers or bereaved parents who were school teachers. A small Australian study of primary carers of people who died showed how feelings of disengagement from usual occupations often extended long into bereavement, and it could be hard to continue or re-engage in employment (Keesing et al., 2011). Some people who initially return to work may subsequently leave. Self-employed people can lose contracts and customers during bereavement (Oldfield et al., 2012) and some may have to give up business altogether.

New responsibilities for some people mean that previous jobs are no longer feasible, for example if people can no longer work the required hours (Oldfield et al., 2012). Parents whose partner dies may find themselves unable to combine their job with sole responsibility for their children, and some choose to prioritise children's needs and stop their paid work (Casey, 2011; Corden et al., 2008). There can be subsequent costs for employers if they lose valued, skilled employees, and some try to be flexible and suggest different ways of working. Others cannot or do not make adjustments and require people to leave (Oldfield et al., 2012). Loss or reduction of earned income may have both immediate and long-term economic implications for bereaved households. For some this means changes in lifestyle and a drop in living standards (Corden and Hirst, 2013). Recent reports on users of charitable food banks in UK show the direct financial impact of loss of income due to being unable to work in the aftermath of bereavement (Perry et al., 2014).

An eventual change in career may have positive long-term implications, however, when this helps people resolve grief. For instance, new attitudes may steer people towards work perceived as more meaningful. Some parents have integrated memories of their dead child into their lives by moving into work reflecting their experience of death, such as caring or social work (Hazen, 2008). There may be great benefits for the new workplace when joined by people committed and motivated in this way.

The organisational context

Workplace experience of the individual bereaved person is framed within the legislative background and employers' practice. This part of the chapter looks at each of these and the influence of religious beliefs and cultural norms. We focus mainly on the UK, with some material from other countries to show similarities and differences in approach.

Legislative background

In the UK the Employment Rights Act 1996 gives a limited right to have 'reasonable' time off work to deal with an emergency, such as a bereavement involving a dependent. 'Reasonable' is not defined however, and the employer does not have to pay for the employee taking time off. The Equality Act 2010 may also be relevant in some situations, for example requiring employers to avoid religious discrimination and make reasonable adjustments for employees affected by disability (ACAS, 2014). Employers have a general duty of care to employees.

Depending on their contract of employment, an employee may have rights specifically related to bereavement, for example entitlement to paid or unpaid time off. In unionised workplaces negotiation of collective agreements has been influential. Examination of 200 bereavement provisions in a database of collective agreements from employers of all sizes (LRD, 2011) showed that most of both the public and private sector organisations provided for paid leave – most commonly for five days. More generous agreements, such as for ten days' paid leave, were more common in the public sector. Many agreements made different provision depending on the relationship to the person who had died. Some acknowledged travel requirements. Agreements for 'compassionate leave' commonly cited a number of days to which more might be added at the discretion of a line manager.

Unless specified otherwise in their contract, UK employees taking time off work because they are 'sick' need to provide medical evidence to their employer only after seven days off. Such evidence is provided by a medical practitioner in a process regulated under social security legislation. The underlying medical condition must be specified and 'bereavement' is not recognised as such. Some GPs acknowledge that they write 'compassionate' sick notes for people not clinically ill but needing time to deal with a short-term personal problem (DWP, 2011). In a large scale postal survey of GPs in 2012, 77.4 per cent of respondents agreed that they felt obliged to give sickness certificates for reasons not strictly medical (Hann and Sibbold, 2013). There is concern about general high levels

of sickness absence in the UK (Black and Frost, 2011). Taking time off work following a death by claiming 'sickness' not only inflates the costs of sickness absence, but creates identity as 'ill', which may be unhelpful in the longer term.

The author's preliminary comparative exploration of employee rights showed that European countries which have some legislation entitling some employees to paid leave include France, Germany and Italy. In Sweden the Compassionate Leave (Family Reasons) Act 1998 grants legal right to leave in connection with a death, but not a right specifically to paid leave. What happens to individual workers across European countries often appears to depend, as in the UK, on employers' own provisions, agreements with trade union confederations, or negotiations between individual employees and managers. Moreover, the European Commission sees problems in any attempt to standardise bereavement policies at EU level because of different cultural, religious and social traditions (Cosh, 2014).

The US federal legislation makes no specific provision for bereavement leave (Levine, 2008) but the Family Medical Leave Act 1993 allows employees up to 12 weeks unpaid leave for family matters. Under the US Fair Labor Standards Act (1938) bereavement leave is a matter of employee-employer negotiation. Various employer surveys in US described by Sunoo and Solomon (1996) showed varying proportions with formal policies for paid bereavement leave following death of immediate family members. Maitland and Rhoades (2007) looked at employment contracts across US Higher Education facilities and found most included clauses for bereavement leave usually covering less than one week, and typically taken from sick or personal leave. Taking 'sick leave' has been controversial, however, and the Office of Personnel Management (OPM), whose regulations cover federal agencies and employees, has long been concerned with standardisation of use of sick leave provided for family care and bereavement (OPM, 2006).

In Canada a mix of federal and provincial legislation governs family-related leave from work. The Canada Labour Code provides for bereavement leave for all employees in industries under federal jurisdiction, such as banking and transportation. There is a right to paid leave of a maximum of three days following the day of death of somebody in the immediate family for people continuously employed for three consecutive months. Those who do not meet the employment criterion are entitled to leave without pay. 'Immediate family' is interpreted fairly generously to include a spouse or common law partner, the employee's parents and their partners, children and step-children, grandchildren,

siblings, grandparents, parents of a partner, and any relative residing permanently with the employee. Employees not covered by the Labour Code fall under provincial provision, which is variable.

Further afield, the New Zealand Holidays Act 2003 allows up to three days paid leave for a close family death and one day for other people, taking into account the association, responsibility for ceremonies and cultural traditions. Entitlement depends on length of employment (MBIE, 2014). Australian workplace legislation allows up to two days compassionate leave. Again, issues arise related to different cultures, faiths and mourning rituals (O'Connor et al., 2010), discussed further below.

Finally, in the UK a further strand of responsibility for bereavement and employment issues lies within social security policy covering contributory bereavement benefits and income-related financial support. The last part of the chapter discusses current reform of these benefits.

Employers' practice

Employers' first responsibility is to their business, within the relevant regulatory frameworks (Sunoo and Sunoo, 2002). Workplace absenteeism is a major burden for private and public sector organisations and it may be hard to manage employees' need for time away from work, especially when unexpected. Supporting grieving staff requires time and resources. But if management of grief is not addressed business costs can increase due to: lower productivity; reduction in staff wellbeing, cohesion and morale; increased stress-related absenteeism; accidents at work; loss of business reputation and, in some situations, loss of valued employees and costs of recruitment to fill gaps. In the US, Sunoo and Sunoo (2002) suggested that increased costs for employers may also spread to more compensation claims and increased employer-based health insurance and medical expenses. James and Friedman (2003) even attempted to quantify costs and attach a dollar value, making broad-brush estimates using a wide range of indicators and statistics.

The economic case for good practice in having a supportive workplace seems clear and there is likely also to be a moral imperative. Employers wonder how far they must go in acknowledging loss and encouraging resolution of grief while maintaining good business sense (Maxim and Mackavey, 2005). What happens in practice in the UK reflects a mix of responses to employment and social security legislation, individual company employment contracts and discretionary decision-making by line managers, human resource personnel or employers. This includes practice in allowing 'compassionate leave'.

There is limited evidence as to how employers and line managers make discretionary decisions about allowing time off or managing reduced productivity. There may be tensions between, on the one hand, aiming towards transparency and consistency in applying principles and, on the other, maintaining flexibility and employee confidentiality (Hall et al., 2013). Case studies conducted in financial companies in Scotland in 2000–2001 (Bond and McCracken, 2005) showed various impacts on such decisions including organisational policies, extent of devolution of personnel issues, operational constraints, reason for request and an employee's previous commitment, in addition to the experience and competence of managers. It can be hard for managers to get an appropriate balance between dealing with practicalities, listening and supporting, and dealing with their own emotions (Charles-Edwards, 2001).

Issues may be particularly problematic for small and medium-sized businesses. A 'family atmosphere' can be supportive, but small enterprises may meet significant problems in managing absence and health issues. Many have limited access to human resource provision and operate in relative isolation. They may have few opportunities to be aware of support or up-to-date training. Wilson et al. (2012) found that supporting workers affected by bereavement was a particularly significant aspect of managing cancer in small businesses, as employers struggled to provide support for bereaved carers and were uncertain how to handle people grieving over the long term. Moreover, being a 'proxy counsellor' could take up significant time.

Cultural norms

Structural and organisational frameworks are shaped by cultural norms. Full discussion about influences of cultural and religious sensitivities attached to death on our law, business practice and workplace behaviour is beyond the scope of this chapter. Some examples, however, provide a flavour of what might be learned from deeper study.

In Israel there is particularly interesting labour law related to bereavement based on a mix of legislation, agreements of social partners and religion. In effect, Jewish employees are entitled to seven days paid leave following the death of a first degree relative, reflecting the traditional Jewish Shiva, a seven-day mourning period, which first degree relatives must observe. Muslims and Christian employees have different legal entitlements, which have developed in response to advocacy organisations. Additional rights for some state employees have begun to break the strong connections between policy and religion (Holler, 2015).

A strong influence of religion and culture is also seen in countries where concepts of bereavement traditionally put more emphasis on proper treatment of family members than on the psychology of grief. In Japan, where predominant religions are Shinto and Buddhism, funerals and subsequent mourning rituals at proscribed times are considered important, and many companies and organisations grant paid leave of varying length, depending on relationships to the person who dies. Government offices recognise a bereavement period of ten days for a person grieving a spouse, seven and five days when a parent or child has died, and shorter times for relatives in the extended family (Okamura, 2015). It has been hard to find comparative information from predominantly Muslim countries.

Looking to the UK, Jalland (2013) sees the decline in religious beliefs and increased professionalisation of death by medics and funeral directors, with reduction in the roles of family members, as influencing current cultural norms of bereavement and mourning in England. Jalland discusses the profound impact of two world wars, when 'privatised' grieving was strongly encouraged, along with stoic acceptance and getting on with life and work. There was no need for the civilian workforce to take time off work to arrange funerals for services personnel who died and were buried abroad. There are neither prescribed time norms nor duties for bereaved people within Christian religion. Indeed, Pratt (1981) suggested that time norms that govern work processes in industrialised societies have been applied to bereavement situations. Pratt holds that, as a result, bereavement leave has been incorporated into company benefits packages; companies have asserted control by pricing, measuring and limiting leave, monitoring compliance and excluding mourning activity from the workplace.

From the 1970s, in Western societies, increased interest in grieving among sociologists and psychiatrists brought re-consideration of social experiences of death. Development of human resources provision and interest in 'workplace well-being' have encouraged more attention to bereavement in the workplace. High profile events can also be influential. The major loss of life in the US in terrorist activities in 2001 and Hurricane Katrina in 2005 brought employers' bereavement policies into focus (Hazen, 2009; Sunoo and Sunoo, 2002). Employers were made aware of cultural differences and diversity of need around death, disposal and mourning, and the impact on managing workplace absence. Much was learned about training needs for employers and managers: how collectivised rituals might be important, and how 'rebuilding' companies together could be restorative (Hazen, 2008).

A way forward

Developments in policy

Some guidance around bereavement and the workplace has been available to UK employers and bereavement support organisations (for example, McGuiness, 2007; EFB, 2010) but only recently has there been a focus within national policy and debate. This has been driven largely by campaigns for change in legislation about paid leave and the impact of some of the coalition government's welfare reforms, as now discussed.

Two legislative proposals were made at the end of 2013. Following campaigning by a bereaved mother, a private members' bill was brought to the House of Commons supporting the principle of parental bereavement leave. A second reading was withdrawn after the prime minister made clear that the government would not support it. The Department for Business, Innovation and Skills described the proposals as not feasible, with problems perceived in setting appropriate standards and definitions and in covering all possible family relationships. In the House of Lords the issue was pursued by a Labour peer who tabled an amendment to the Children and Families Bill to give parents a right to take two weeks' paid leave when a child died, but this was not successful either.

Trade unions and voluntary organisations (see NCPC, 2014) joined calls for workers to have a statutory right to time off in bereavement and there was increased public and media attention. The end of 2014 saw publication of guidance in managing bereavement in the workplace from ACAS, the UK-wide independent, publicly funded organisation aimed at improving organisations and working lives through better employment relations. Developed in partnership with Cruse Bereavement Care, the UK's largest bereavement charity, the guidance (ACAS, 2014) sets out the legal framework and discusses good practice in dealing with bereavement. It offers employers a checklist for building a bereavement policy and addresses issues such as leave, return to work, employee support, health and safety, and culture and diversity. The checklist draws on the work of McGuiness (2007) who, within the Irish Hospice Foundation, is one of few people who have maintained commitment to debate in this area over several years. Recently he co-authored a guide for employers on response to suicide in the workplace (Austin and McGuiness, 2012).

Whether there is further campaigning for statutory bereavement leave in UK remains to be seen. Strong arguments can be made on grounds of humanity, consistency, fair dealing and security for employees. Benefits

for employers might include time saved from otherwise discretionary decision-making, reduction in 'sickness leave', general benefits from staff morale and cohesion, and competitiveness in recruitment. Disadvantages for employees might include less scope for consideration of individual circumstances. Entitlement criteria based on 'relationships' might be sensitive, and hard for employers to manage. Depending on how paid leave was funded, financial costs might fall to employers or the public purse. Given the high proportion in the UK of part-time, casual, temporary, zero-hours and agency-based jobs, entitlement criteria based on contracts or length of employment would be likely to exclude many workers at greater risk of poor employment conditions, and it would be hard to include self-employed people within a scheme for statutory bereavement leave.

Although there is currently no policy intention for statutory bereavement leave, bereavement benefits for surviving partners have been included in welfare reform. The focus in UK income maintenance policy is now very much towards enabling as many people as possible to do paid work. Recent reform of bereavement benefits (DWP, 2012) shifts the purpose of these benefits away from long-term financial support towards shorter-term provision and encouragement to achieve financial independence, wherever possible through paid work. Acknowledging that some bereaved people may need extra time and support to re-enter the labour market, they are granted some easement from the conditionality rules applied to out-of-work benefits. This is a change in conceptualisation by the state of labour market participation of bereaved people, and we wait to see what impacts there may be on organisational and employer practice.

Looking to the future

Other developments around bereavement and the workplace are likely to include additional roles for human resources professionals (Sunoo and Solomon, 1996). Human resource personnel can help employers manage both practicalities and psychological issues, for example in designing and assessing policies around leave and flexible return and running awareness workshops, as well as giving direct support to individual employees, identifying need and making referrals for counselling or financial advice.

There will be continued scope for third sector organisations which, in both the UK and US, have been at the forefront in identifying issues associated with bereavement and the workplace, collecting data, designing and publishing 'good practice' guidance, and providing information

and help for employers and employees. A coalition of UK third sector organisations (NCPC, 2014) identified better bereavement support at work as one of the six steps crucial for addressing bereavement as a major public policy issue. Cruse Bereavement Care is now offering training and consultancy to businesses and organisations who want to improve practice in understanding, communicating and managing bereavement. It remains to be seen whether some third sector organisations and charities will be able to maintain activities in a challenging economic environment.

There have also been suggestions of possible developments in a role for the 'workplace chaplain' (Gilbert, 2007), a role that has become commonplace in military services, health and education, and occupations at sea. Gilbert suggests that the workplace chaplain offers compassion and safety in talking about fears and losses in a structure outside employees' other support systems. A chaplain knows about different religious beliefs and practices, and with no agenda of their own might have an important role to play in supporting bereaved people in some modern business and industry environments. Some of the large shopping malls in the UK now have a chaplain in attendance.

Conclusion: a call for action

The renewed interest in the UK in bereavement and the workplace, from a relatively low base of knowledge and research, means that there is now considerable scope for further work in this area. We need systematic investigation of employers' policies and practices in the UK, exploration of their awareness of the new ACAS guidelines, and their response. We need greater understanding of the way in which economic costs of bereavement are shared across employers, employees and government organisations. This would enable some modelling of options for policy developments to show what kind of businesses and which groups of employees would be affected by change. Understanding 'the business case' for a well-designed bereavement policy is likely to be a strong influence on employer behaviour. A full comparative review of developments in employment law, employers' practice and employees' experience might provide useful lessons and pointers for UK businesses and organisations.

In the UK social security arena we need to understand the extent to which 'sickness absence' is inflated by time taken away from work in relation to bereavement and the implications of adopting an identity as 'sick or disabled'. What happens to bereaved people within the new

employment programmes and the new income maintenance schemes must be explored. We need to know more about the experiences of bereavement among managers and employers, who feature less than employees in general discussions about bereavement and the workplace, and we need information about the impact of bereavement among self-employed people.

UK workplaces, along with others in the Western world (Gilbert, 2007), are changing and challenging environments. There is more self-employment, outsourcing, temporary and casual work, less union influence on working conditions, and greater cultural diversity. Many workers in the UK also face low pay and reductions in benefits and pensions, and there is greater societal pressure on everybody of working age to be within the paid workforce in some way. With numbers of deaths in UK rapidly increasing we can expect more people in work, or wanting to enter the workplace, who must resolve the grief attached to death of a family member or close friend and adjust to changed lives. Employers and business in general incur the costs related to lack of understanding and poor practice. There is need for new debate about ways in which responsibilities may be shared, and policies around bereavement and the workplace demand attention at all levels.

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The Meaning of Funeral Poverty: an exploratory study

Anne Corden and Michael Hirst

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The research reported here was funded by Marie Curie, a national charity providing care and support for people living with a terminal illness and their families. The organisation is also engaged in bereavement support and has considerable experience in talking to families about funerals. Representatives of Marie Curie have been actively involved in current debates around policy and practice in funeral provision and funeral costs. Their interest in finding new ways of supporting people, and helping to increase understanding and awareness of issues at the end of life, led the organisation to fund **this small exploratory study of the meaning of 'funeral poverty'**.

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The authors

The study was conducted at the Social Policy Research Unit at the University of York where the authors of the report, Anne Corden and Michael Hirst, are Honorary Fellows. Anne Corden specialises in qualitative research, and her work has been mainly in areas of social security, employment, disability, and administration and delivery of services and benefits. Anne has a long stream of research on economic implications of death and bereavement. **Michael Hirst's research interests have** focused on health, employment, financial and social costs of disability, caring and bereavement, and the delivery of services and benefits to disabled people and carers.

Summary

A study commissioned by Marie Curie and conducted at the Social Policy Research Unit, University of York, explored the concept of **'funeral poverty'** and the potential value and feasibility of seeking an agreed definition of meaning.

'Funeral poverty' is a relatively recent construct emerging within growing awareness of problems in paying for funerals. The term has quickly become widely used but there is no definition of **'funeral poverty'** or general agreement of meaning. This study initiated enquiry into how the term was being used, which elements were important, and what would be advantages and disadvantages of an agreed definition.

Qualitative enquiry was appropriate for this small, exploratory study. Personal invitations to attend a workshop were sent to a range of people with relevant knowledge and expertise. Nineteen people took part in a day workshop, and one person, unable to get to a workshop, contributed views in a face-to-face interview. Participants came from the funeral industry, financial services, organisations supporting bereaved people, policy makers from Scottish government, university researchers, people engaged in campaigning around **'funeral poverty'**, and staff in local authority and health trusts with experience of providing public health funerals.

Two researchers moderated plenary and small group discussions which were digitally recorded. In systematic qualitative analysis the researchers extracted and analysed data according to emerging themes and key issues. A draft report was returned to workshop participants, of whom seven made suggestions for textual adjustments, all of which were taken into account in the final report.

The outcome of these discussions was general acknowledgement that the complexity of issues contributing to the concept of **'funeral poverty'** made it hard to agree a single definition or reach a single quantified measure. There was agreement, however, that the key constituents of **'funeral poverty'**, as this term is currently understood and used are:

- **People's expectations of a 'funeral', and what the person who takes responsibility wants to provide, and why.**
- **People's inability to pay the costs.**
- The economic impact of lack of affordability, in particular problematic indebtedness.
- Negative psychological and emotional constituents, including the impact on grief and experience of bereavement.

Rather than trying to achieve a single measure of **'funeral poverty'**, there was agreement that it would be useful and possible to seek more robust and complete data about each of these constituents of **'funeral poverty'**. Most participants expected to continue to use the term, perceiving its potential value in raising public awareness,

stimulating discussion and debate, and seeking policy response. A minority view was that the construct was socially divisive. Bereaved people do not themselves use the term **'funeral poverty'** and one challenge is finding language that enables people facing problems paying for funerals to speak for themselves in the policy discourse.

This small exploratory study pointed to gaps in current knowledge, with need for further research into:

- Societal expectations of a **'funeral'**, **across the population** including minority cultural and faith groups.
- Experience of people making funeral arrangements – what influences what they do and how they pay the costs.
- Experience of indebtedness resulting from funeral costs, including impact on living standards, whether and how problems are resolved and the timescales involved.
- Self-provisioning through prepayment funeral plans, life insurance and new ways of saving towards funeral costs, as well as the availability of realisable assets **from the deceased person's estate**.

Findings underlined the general need for greater readiness in society to think and talk about death and dying, including the economic implications. Increased awareness of financial and economic transitions that may follow a death, including paying for a funeral, helps build resilience and preparedness and avoid shocks. There is a role here for hospice and palliative care workers who are in touch with dying people and their families, in opening discussion and providing signposts to information and practical advice.

In the weeks following this study there was renewed policy focus on **'funeral poverty'**, with parliamentary debate, a report on bereavement benefit reform from the Social Security Advisory Committee, review of advice on funeral planning and the best use of funeral payments for the Scottish government, and launch of inquiry on **'funeral poverty'** and bereavement benefits by the Work and Pensions Committee. There would seem to be new and important opportunities now for finding ways to enable people to arrange a funeral without experiencing severe economic implications and psychological distress of being unable to pay.

Chapter 1 Introduction

This report presents findings from a small exploratory study of the meaning of '**funeral poverty**'. **The study was commissioned by Marie Curie and conducted by the Social Policy Research Unit at the University of York in July 2015.** This chapter explains the background to the study (1.1) and the research aims (1.2). The investigation was conducted by means of two workshops with selected participants who were interested in moving towards some agreement about the meaning of '**funeral poverty**'. The second part of the chapter explains how the workshops were convened and conducted, including digital recording of discussions (1.3) and the chapter goes on to describe the analytic approach (1.4).

Chapter Two considers potential advantages in having agreement about meaning, as well as some concerns, and looks at the scope for reaching agreement, a definition or quantified measure. Chapter Three describes the issues that participants considered most important in understanding the meaning of '**funeral poverty**'. Chapter Four explains how far agreement was reached about the key constituents of '**funeral poverty**', and makes suggestions about how some of these might be measured. The report ends with pointers to gaps in current knowledge where further research would be useful, and suggestions for extending and developing some current activities. A postscript describes developments in the policy context in the weeks after this study. There follow full references to the publications cited in the report and the programme for the workshop discussion.

1.1 Background

Problems in paying for funerals

Meeting funeral expenses is a topic of increasing interest in UK. Within the majority population it is traditional for family members or friends to take responsibility for making funeral arrangements. A few people look ahead and make their own advance financial provision, for example in prepaid funeral plans or insurance policies, and some elderly people hope that monies left in their estate will cover costs. The general picture, however, is that in contemporary society people find it hard to think and talk about death and dying. Analysis of the English Longitudinal Study of Ageing showed that two thirds of people over the age of 50 years did not have any policy to cover their funeral expenses when they died (Which?, 2015). Meeting the expenses thus typically falls to a surviving partner, parent, adult child, sibling or others in the wider family. People experiencing the immediate grief and shock of a significant death often find themselves making arrangements for funerals with little understanding of the financial implications and, in the current economic climate, with limited resources to pay big bills. Analysis of the Family Resources Survey showed that in 2013, 35 per cent of households had no savings at all and 55 per cent had under £3,000 – less than the typical cost of a funeral (ILC, 2015).

Funerals are expensive; costs have risen rapidly and are expected to increase. **Tracking surveys show that burial and cremation fees, and funeral directors' fees** have risen annually at a greater rate than price inflation and earnings in recent years (Royal London, 2015). Spending on discretionary elements such as flowers, **limousines and catering for a family gathering may allow 'consumers' some degree of** financial control. Traditionally, however, such elements are perceived as important, and expenses may be heavy. Recent research found the average cost of a cremation in the UK in 2015 to be £3,294 and a burial £4,110 but there are regional differences in the costs of funerals, especially so for burials (Royal London, 2015). The most expensive locations for a funeral were found to be in and around London, while the least expensive locations were in parts of Scotland and Northern Ireland.

The various kinds of prepayment schemes for people who can afford instalments can reduce the eventual bills for relatives (and enable a person to plan their own funeral in advance of death). Available data indicate an increasing number of funeral plans sold each year and over 60,000 were used for a funeral in 2014.¹ However, such products are not without problems, for example provision made through the plan may not, in the event, cover the full costs (ILC, 2015). Whole of Life or Over-50s insurance can also help, but a problem here is that failure to keep up payments usually leads to cancellation of the plan.

The evidence is that large numbers of people arranging a funeral for a relative or friend experience problems in paying, with financial and emotional impact for themselves, and economic implications for public policy. There were 59,000 applications to the state Social Fund for a Funeral Payment, means tested social assistance for the very poorest people in society, in the period 2013/14 (DWP, 2015). Citizens Advice Scotland reported a 27 per cent increase across Scotland in the number of clients seeking help regarding funerals in 2013/14 compared with the previous year (CAS, 2014). Acute financial crises associated with bereavement, including funeral costs, can trigger use of food banks and emergency food aid (Perry et al., 2014). Funeral directors face increasing levels of unpaid debt (Royal London, 2015).

The Social Fund Funeral Payment is designed to cover necessary burial or cremation fees and documentation, and restricted travel expenses, but the amount available to cover **funeral directors' fees, religious costs**, flowers and other transport costs has been capped at £700 since 2003. There are stringent eligibility criteria, based on assumptions about family relationships and responsibilities, and financial resources. Applicants must commit themselves to costs before submitting a claim, and if monies are subsequently found in the estate these are recovered as repayment towards the grant. For the year 2013/14 the average amount granted was £1,347 but nearly one half of applications were refused (DWP, 2015). If the amount awarded does not cover

1. <http://www.funeralplanningauthority.co.uk/statistics.html> [accessed 17 December 2015].

the funeral expenses, an application may be made for a budgeting loan, but few data are available about this.

Legal responsibility for disposing of a body lies with the state, under public health legislation (LGA, 2010, 2011). So when no relative or friend steps up to make funeral arrangements for a person who has died, this is dealt with by the local authority or (except in Scotland) the NHS. Stigma is attached to such public health funerals; numbers are small but are thought to be gradually increasing, and there is evidence that funeral costs now deter some families from taking responsibility for arranging a funeral (QSA, 2015).

Funeral poverty – an emerging concept

Within growing awareness of problems paying for funerals has emerged a concept of '**funeral poverty**'. **The term seems to be a relatively recent construct, probably** emerging around five years ago as part of a focus on problems with the Social Fund Funeral Payment. Anti-poverty projects run by Quaker Social Action (QSA) showed the distress in paying for a funeral experienced by some people on low incomes, and the **project 'Down to Earth'** was set up specifically to advise and support such people (QSA, 2015). From this work developed the Funeral Poverty Alliance in 2014, coordinated by Quaker Social Action, and the Fair Funerals campaign to tackle some of the perceived underlying causes of '**funeral poverty**'. Parallel interests in Scotland led to the formation of the Scottish Working Group on Funeral Poverty.

Alongside and informing such campaigning work was the work conducted by Sun Life and, more recently, Royal London. The Sun Life annual reports on funeral costs led to a partnership with the University of Bath for further research into various aspects of the cost of dying. The term '**funeral poverty**' was mentioned in the report from the 2012 survey (Sun Life, 2012) and the concept was developed further from the 2013 survey, with a suggestion for measurement by projection from survey responses (Sun Life, 2013). There is further discussion of 'funeral poverty' in subsequent funeral costs reports (Sun Life, 2014; Royal London 2014) and the university publication (Woodthorpe et al., 2014).

The term 'funeral poverty' resonates and it has quickly become widely used. Contributing to government policy debate there were two round tables on the topic in 2012 and 2013, and the matter was brought up by Mrs Emma Lewell-Buck when presenting a Private Members' Bill on Funeral Services to the House of Commons: ... *there are measures that could make a difference to funeral poverty right now* (Hansard, Commons, 9 December 2014, col. 782).

'Funeral poverty' is a focus in campaigning, lobbying and service provision: *So in 2013 we recruited the UK's first funeral poverty campaigner to run a targeted campaign in coalition aimed at tackling the causes of funeral poverty* (Quaker Social Action, Briefing 24 April 2014).

People who are on benefits and/or living in areas of high deprivation are at an increased risk of funeral poverty (McBride and Purcell, 2014, p. 16).

The concept has framed research in the business world: ... *we calculate nationwide funeral poverty to be over £131m this year* (Sun Life, 2013, p. 10), and is used in commentary within the funeral industry: *Funeral poverty is a major challenge facing an increasing number of people* (CEO, National Association of Funeral Directors, letter to The Guardian, 23 April 2013).

Bereavement support services have issued calls for **'funeral poverty'** to be addressed, to ease the burden of financial pressures on bereaved people (CBC, 2014).

The concept attracts media attention: *A rise in the number of people facing funeral poverty, alongside an increase in the number of paupers' funerals, where the local authority has to foot the bill, have led to calls to the government to "face up to death"* (Tracy McVeigh, The Guardian, 1 December 2012).

Need for exploration

The concept of 'funeral poverty' is thus used in a number of contexts encompassing poverty and financial hardship, indebtedness, welfare reform, use of food banks, constraints on and challenges for the funeral industry, the experience of grief, and provision of bereavement services and support. Within these various contexts are **different perspectives and emphases. But there is no definition of 'funeral poverty'** or general agreement on what it means. Recognition that the concept has apparently been useful in helping to increase awareness and understanding led a representative of Marie Curie to question whether there would be advantages in having some general agreement about its meaning.

Marie Curie is a national charity offering care and support to people with a terminal illness and their families. The organisation is already engaged in bereavement support and has wide experience in talking to families about funerals. Their interest in finding new ways of supporting people has led senior personnel to join national and local networks which focus on funeral practice and provision, including **'funeral poverty'**. **Within such networks, Marie Curie's suggestion that it would be useful to explore the meaning of 'funeral poverty' and the possibility of reaching some general agreement met widespread interest and support.** The Social Policy Research Unit proposed this small-scale study as a first step.

The number of deaths in the UK, currently around 547,000 annually, is projected to increase throughout the present century (ONS, 2013) and there is expectation that funeral costs will also rise. We can expect more people to meet problems in paying for funerals, and the economic climate of austerity and welfare cuts is such that it seems unlikely that there will be substantial increases in the amount of state support

available. For many years there have existed defined and quantified measures of 'poverty' and 'fuel poverty' and, although these are controversial, they have increased awareness and understanding, strengthened debate, and brought rigour to research. Finding a single, **quantified measure of 'funeral poverty'** is likely to be hard but there seems potential for reaching agreement on key measurable constituents.

1.2 Aims of the study

The aims of this small study were exploration of the concept and use of 'funeral poverty' and the potential value and feasibility of seeking an agreed definition of meaning; and to make progress in this direction. The objectives were to seek answers to the following questions:

- **How is the concept of 'funeral poverty' being used and understood?**
- Who is using it, and for what purposes?
- What elements are most important, for what purpose?
- What would be the advantages and disadvantages of seeking an agreed definition?
- How might this be done?

On the basis of answers to these questions and the ensuing discussion, a further objective was to make practical progress towards an agreed, useful definition.

1.3 The approach adopted and research methods

This small, exploratory study was suited to qualitative consultation with a range of people with relevant knowledge and expertise. A list of 70 individuals was compiled, on the basis of personal knowledge and recommendations, with representatives from:

- The Funeral Poverty Alliance and the Scottish Funeral Poverty Working Group.
- The funeral industry; cemetery managers.
- Commercial and financial organisations active in this area (insurance; loan companies).
- Citizens advice centres; debt advice agencies.
- Central government policy makers and benefit administrators.
- Scottish government policy makers.
- Bereavement support organisations; hospices.
- NHS hospitals and local authorities.
- Universities and research centres active in this area.
- Campaigning and advocacy organisations addressing poverty, ageing, caregiving, and end of life care.

Those invited included individuals and representatives of organisations across England, Scotland and Wales.² People were invited to attend a day workshop, with choice of two dates and two locations, London and York. With the invitation letters went an information sheet giving details about the purpose of the study, the goals of the workshop, the plans for the day, and how discussions would be analysed and disseminated.

There was quick response from around half of those invited, either accepting the invitation or explaining that they were unable to attend but would like to receive findings. A reminder letter to people who had not replied led to a few more responses. The research team made practical arrangements with 25 people who gave firm acceptances to attend either workshop. In the event, six people were unable to come, so discussions took place with nineteen different people. The same two representatives from Marie Curie came to both workshops.

The researchers also conducted a face-to-face interview with one person considered a key informant but unable to come to a workshop. Others who had expressed interest but been unable to take part in workshops were invited to send their views to the research team during the period of analysis, and two such contributions were considered.

Overall, there was representation from the funeral industry; financial services; organisations supporting bereaved people across Britain; organisations providing advice and information; policy makers from the Scottish government; university researchers; people engaged directly in **campaigning and lobbying around 'funeral poverty' and staff in local authorities and health trusts with experience of provision of public health funerals**. The size of each group was ideal in providing scope for full engagement of all participants, and rich and detailed discussion. It would have been good to have representation from central government but people who intended to come found themselves unable on the day. Similarly, people working in Wales who had hoped to take part were unable to get to the workshops. There was strong representation from Scotland.

Workshop programme

The workshops were conducted in the same way on both occasions, with the researchers guiding a programme of plenary discussions and interactions in small groups (see Appendix 1). In an introductory plenary session participants explained **their involvement with 'funeral poverty' and how they used the term. They had been**

2. The researchers made various enquiries in Northern Ireland as to key people and organisations to invite from this part of the UK. The response in all cases was that although there were many **problems in paying for funerals in Northern Ireland, the term 'funeral poverty' was not used as** such. People expressed interest, but said they would be unable to contribute to discussion of a concept that was not being used. Instead, they would look forward to seeing findings from the research in Britain.

asked in advance to bring with them a one sentence summary of their understanding of **'funeral poverty'**, and these were shared and discussed. In the second plenary session, participants explored perceived advantages in having agreement about the **meaning of 'funeral poverty' and perceived concerns or problems**. The researcher guided people to think about the key current and potential users of the term, audiences and readerships. After a break for lunch, participants worked together in small groups to consider the most important constituents of an agreed meaning, and their views were brought together in a final plenary discussion. The group considered how each key constituent might be identified or measured, what data might be used, what resources might be necessary, and who might take responsibility.

All the plenary discussions were digitally recorded, with permission.

At the end of the day the researchers explained the timetable for analysis of findings, which would take account of their receipt of the draft report so that they had opportunity to suggest corrections or adjustments before a final version was passed to Marie Curie.

1.4 Analysis

Both researchers listened to all the recordings, and read the notes they had made during the discussions. They discussed emerging themes and key issues, and then constructed data display systems to enable systematic qualitative analysis. The data extraction method was generally based on the Framework system (Ritchie and Lewis, 2003) in which the researchers listened carefully to each recording, extracting the data onto spreadsheets managed on computer, and subsequently printed out for interrogation. Data from the morning sessions were attributed to individual speakers, so that the balance of views could be studied. Data from the face-to-face interview were dealt with in the same way and extracted onto the spreadsheets. The researchers worked together closely at this stage, with one then taking initial responsibility for writing a first draft of the report.

The draft was returned to participants for comments.

Chapter 2 General considerations

Everybody who came to a workshop was interested in the possibility of reaching some agreement about the meaning of funeral poverty. This chapter describes advantages perceived in having general agreement and, at the same time, some concerns expressed (2.1). As a broad spectrum of understanding of the meaning of the term funeral poverty became clear, this raised questions as to whether and how far there was scope for reaching or moving towards agreement (2.2). Some participants hoped that a firm definition might emerge from the discussions, with possibility of quantitative measures (2.3).

2.1 Perceived advantages and concerns

Participants agreed that, currently, funeral poverty was a concept that meant different things to different people, with the result that policy debate often focused on single issues such as the Social Fund, costs of funerals or funeral debt, rather than encompassing the breadth of policy areas involved. In turn, this led to limitations on public awareness and education. Agreement about meaning would provide a helpful starting point for policy debate, raising public understanding, making clear arguments for addressing problems and finding solutions, and informing research on trends and contributory factors in order to suggest interventions and evaluate outcomes. There was a view that greater clarity in meaning would stimulate discussion about where responsibility lies, including what is or might be the role of state funding. There is currently an opportunity in Scotland for a completely new system of financial support for funerals, and the meaning of funeral poverty and policy response is of key interest here.

Value in having the term funeral poverty as a campaigning tool or ‘flag’ to bring awareness and galvanise action was generally recognised, and having a short phrase to use was important in putting funeral poverty onto strategic agendas and **convening discussions. One suggestion was that the ‘handle’ of funeral poverty** served the social media age, where short phrases are commonly used for communication, and attracting attention and interest. As we see in 2.3 below, participants were somewhat less certain about whether a generally agreed quantitative measure would be helpful.

As well as advantages in agreeing meaning or having a definition, some risks were perceived and some reservations expressed. There were many aspects to funeral poverty and the circumstances of individual people were different and could be complex, with a risk that one definition was unlikely to cover them all. The term was emotive, and emotive terms can be unhelpful for policy makers as they provoke reaction rather than deliberate thought. It was suggested that the print media, in particular, were often drawn towards emotive terms and their search for negative **examples and extreme accounts led to ‘horror stories’, which were not only**

unbalanced but also often stigmatising. The issue of stigma was pursued further. There was some strong feeling that definitions can be divisive, highlighting differences between groups of people, with negative associations for those on one side of the dividing line. Funeral poverty was, some participants suggested, one more example of a socially constructed term used by one group of people to apply to another group of people, marked off as having particular characteristics and attributes. It was noted that people facing difficulties paying for a funeral rarely, if ever, used the term funeral poverty themselves to describe their own circumstances. Indeed, one participant described feeling generally uncomfortable with the term and avoided using it because it could put some people in a negative light. Reservations were also attached to the way that concepts constructed for a specific purpose could sometimes be used inappropriately in other settings with quite different meanings.

It was further suggested that group terms and dividing lines were at risk of becoming '**political footballs**' in discussions of state responsibility and policy action. This was acknowledged, but it was suggested that without such definitions, politicians were free to construct their own categories for their own purposes.

There was general recognition of these risks and concerns, and acknowledgement **that there was no control over the way that 'handles' were used; however, a feeling** prevailed in both workshops that such potential problems were counterbalanced by some of the advantages in strengthening debate and research, and raising public awareness.

2.2 Scope for agreement of meaning

As a means of starting discussions each participant had prepared in advance a one-sentence summary of what funeral poverty meant to them. Sharing these summaries showed how they reflected different contexts in which people worked, and the range of experience and focus of their activities. Participants gained an overview of beliefs and views, and the extent to which there were similarities and differences in opinions and understanding. They were then able to take forward their discussion with some idea of the scope for reaching agreement and the distance that might need to be travelled.

Participants generally said it had been hard to summarise in one sentence their understanding of what funeral poverty means. Some of those who worked alongside others with similar focus and responsibilities had checked with colleagues whether their sentence properly captured views in their organisation. Some people perceived different meanings to different kinds of funeral poverty suggesting, for example, an objective and a more subjective meaning, or a description of what they termed primary and secondary funeral poverty.

Bringing together initial understandings across both workshops showed how broad was the initial spectrum of understanding of the meaning of funeral poverty. The

concept variously included people's expectations, aspirations, and choices in funeral arrangements; affordability of funeral costs and both current and future financial impacts of paying; implications for living standards and indebtedness; and emotional and psychological components. Thus for one person **'funeral poverty is when a family member does not have the means to pay for a funeral'** while others understood funeral poverty as involving **'unmanageable levels of debt'**. A suggestion made by a person working within bereavement support services was that funeral poverty meant circumstances in which **'the debt becomes greater than the grief'**.

Participants were all interested in the definitions and suggestions brought by others in their workshop, and appreciated how the different contexts in which people worked led to different emphases and perspectives.

It appeared to be taken for granted, initially, by nearly all participants in both workshops that funeral poverty described the circumstances of the people who took responsibility for arranging the funeral, typically family members. Only one person, unprompted, said that primary funeral poverty described the circumstances of a person who had died without sufficient funds to pay for their own funeral. This person described potential **'knock-on effects'** for the bereaved family – unsustainable debt or unreasonable compromises about the type of funeral – as secondary funeral poverty. The suggestion that funeral poverty was primarily related to the circumstances of the person who had died was often a challenging idea, but one that attracted interest and led to further discussion about self-provisioning. Some people said this suggestion expanded their ideas about what funeral poverty meant, as described in the following chapter.

Throughout the discussions participants were aware that the aim was to focus on the **'meaning' of funeral poverty – to agree 'what it is' rather than 'what the causes are' or 'what the effects are'**. **It was not hard to agree a range of reasons for and causes of funeral poverty.** Participants had evidence from their own work and reports in the public domain of various contributory factors such as low incomes; high costs of funerals; unexpectedness of big bills; lack of financial resilience; choices made about **funeral arrangements and payments; and people's access to information and advice.** They had evidence, again from their own work and other published findings, of various effects of funeral poverty including problem indebtedness; reduced living standards; financial and emotional distress and impact on grief; unpaid debt carried by the funeral industry; and broadly constant demand for financial support for funerals from the state despite a 30 year decline in the number of deaths.

It seemed likely to be challenging to reach agreement of meaning which did not stretch to include at least some of the causes or effects. There was continued interest, however, in sharpening the concept towards a definition or even a quantified measure.

2.3 Definition and measurement

As shown in 2.1, participants felt that agreement on the meaning of funeral poverty would be useful for raising awareness about some of the financial practicalities associated with death, dying and bereavement. They were also aware of definitions of poverty in other contexts that had led to quantifiable measures of poverty. Measures of child poverty and fuel poverty, for example, had become powerful instruments in working for policies to eradicate poverty. Such measures are now widely used to chart trends in poverty rates, estimate the number of people in poverty, assess the causes and consequences of poverty, and identify particular triggers such as business closure, long-term sickness, and relationship breakdown.

Participants recognised that no single poverty measure is likely to be perfect and that each will have advantages and disadvantages. A particular concern of participants was to avoid measures that focus on the attitudes, choices and behaviour of bereaved individuals which, as noted above, can stigmatise and adversely affect their grieving. Rather, they argued for a definition that takes a rights-based approach to addressing funeral poverty, informing measures that can draw attention to social and structural causes of funeral poverty such as low incomes, access to credit, benefit design and administration.

Participants variously identified ongoing and one-off national surveys including **longitudinal studies, funeral directors' accounts, administrative records of Social Fund payments, money advice services and public health funerals**, as sources of potentially useful information for measuring aspects of funeral poverty. Particular attention was drawn to the regular reports of funeral costs and fees produced by Sun Life (2014) and Royal London (2015). Some participants also considered the possibility of including a module on paying for funerals in the annual VOICES survey **which collects information on bereaved peoples' views on the quality of care provided** to a friend or relative in the last three months of life (ONS, 2015).

A particular challenge identified by participants was how to cover adequately the temporal aspects of funeral poverty, and its emotional context, in particular the point at which funeral poverty is recognised and measured: when making funeral arrangements; at some point soon after the funeral, or much later extending to longer term impacts of debt repayments or reduced living standards. Unlike other aspects of poverty, including fuel poverty and food poverty, funeral poverty relates to large, discrete and often unexpected or unplanned expenditures. Participants recognised that a longitudinal study would be a preferred approach, to build up a movie-like picture of what happens and consider aspects of timing and duration. A longitudinal study would also enable contributory factors to be assessed, including **self-provisioning, and identification of individuals and groups 'at risk' of funeral poverty**.

Some participants thought that assessing risk of funeral poverty could be useful. Risk assessment would draw attention to potential causes and contributory factors which

could inform interventions to improve financial planning and resilience to financial shocks, and reduce the incidence of economic hardship when arranging a funeral. It was further suggested that measuring risk, and trends in risk, would be useful for campaigning organisations and that identifying the population at risk would engage policy makers. Some participants cautioned, however, that findings from studies with a long lead time could be quickly overtaken by changes in the benefits landscape and consumer behaviour, as well as trends in ageing and mortality.

Currently, no data source brings together information on income, assets and savings (including those of the deceased); expenditures on funerals, access to funds and debt management; choice and behaviour; and emotional impacts. The range of information needs led some participants to question whether a single, quantitative measure would be possible or sufficient. It was further suggested that any measure of funeral poverty would have to consider the question of attribution – whose circumstances could be said to reflect funeral poverty – and therefore the scope for estimating numbers and overall costs. Financial difficulties associated with paying for a funeral, and their emotional impacts, may affect different family members and stretch across households with effects on personal relationships as well as the economic implications.

Thus, a portfolio of measures may be required to take into account the various constituents of funeral poverty. Indeed, such an approach might offer greater understanding of the reality and meaning of funeral poverty for bereaved people. It was noted, for example, that policy makers and academics in the UK often use several measures of child poverty, such as those enshrined in the Child Poverty Act 2010, to chart different aspects of a lack of material resources in households with children, including the persistence, severity and experience of low income and deprivation. Parallels were also drawn with the concept of food poverty where there is broad understanding about meaning, but no single measure that takes into account economic access, quantity and quality of food, nutrition, diet and socio-cultural dimensions (Dowler, et al., 2001). Lack of an agreed measure, however, has not hampered campaigners and researchers who draw on a range of data sources and techniques to investigate food insecurity, including food bank use, lived experiences across the life course, population level estimates from census and benefit records, and various household and individual measures of eating habits and frequency of meals.³

2.4 Summary

Among workshop participants there was initially a general consensus that it would be useful to have agreement about the meaning of funeral poverty. Advantages were

3. British Sociological Association Food Study Group and Sheffield Political Economy Research Institute Event. *Food, Poverty and Policy: Evidence Base and Knowledge Gaps*. Interdisciplinary Centre of Social Sciences, University of Sheffield, 30 June 2015.

seen in raising awareness, informing debate and policy response, and finding solutions and interventions to address problems. There may be scope for a definition that enables people to speak for themselves about the difficulties of arranging and paying for a funeral. Potential disadvantages of definitions that might be divisive or cast some people in negative light were acknowledged but, overall, participants were committed to working towards agreement.

The initial broad spectrum of understanding of the meaning of funeral poverty meant **that reaching firm agreement was likely to be hard. The 'causes' and 'effects' of funeral poverty** were so various, and the mix and intensity of these different for all those whose circumstances might be included, that achieving a single definition was a big challenge. In other contexts, definitions of poverty which enable quantified measures have been powerful and valuable. There was some doubt, however, that it would be possible to agree a single quantifiable measure of funeral poverty which incorporated complex temporal, relational and emotional constituents alongside income, expenditure and indebtedness. There was also uncertainty about how useful a single measure would be in practice. Agreement about the meaning of funeral poverty, it was felt, might be achieved without a single definitive measure. Rather, it might be possible to agree and prioritise qualitative constituents to which some metrics could be attached.

Chapter 3 Constituents of funeral poverty

Participants pursued in depth the issues that seemed most important in understanding the meaning of funeral poverty, acknowledging that different perspectives reflected the different contexts **and organisations which framed people's interests**. Starting points for discussion were societal expectations of what comprises a funeral (3.1) and where responsibility lies for paying (3.2). Participants considered the costs of a funeral and how these might contribute to funeral poverty (3.3) and the equally important role of ability to pay (3.4), including consideration of links to indebtedness (3.5). The emotional context of arranging and paying for a funeral and the impact on loss and grief pervaded discussion throughout (3.6).

3.1 What is a funeral?

There was agreement that in the majority population in British society a funeral is an event which combines disposal of the body (by cremation or burial) with commemoration (meeting of family and friends, and sometimes with religious contribution). The practicalities of both disposal and commemoration usually have major emotional context for bereaved people making the arrangements. Sometimes, the dying person thinks ahead to the kind of funeral they would prefer and expresses their views. Workshop participants who talked to dying people said that such preferences were sometimes not acted on after the death by relatives who had different ideas. Assessments of the components that comprise a funeral are subjective and highly variable, and some people who take responsibility for making **arrangements have not attended a funeral previously**. Influences on people's ideas about what constitutes a funeral generally come from family members and friends, and images and accounts including media presentations. One suggestion was that developments in the funeral industry, drawing attention to options and choices, may further influence **people's ideas and expectations**. At the same time, it was agreed that public awareness of the range of choice for making funeral arrangements was fairly low, and people often rely on information and support offered by funeral directors.

Awareness that every family was different, had different expectations and made different choices, led to widespread views that there was need for some qualification of the kind of funeral that could be included if there was to be agreement about the meaning of funeral poverty. Thus, for example, funeral directors were in agreement that being unable to afford a **'meaningful funeral'** was key to their understanding of **funeral poverty**. The term **'meaningful'** was also favoured by representatives of organisations supporting bereaved people, who noted the importance of the emotional but essentially highly personal context of a funeral.

Other people who worked directly with bereaved families preferred qualifying terms such as **'simple funeral'** or **'basic funeral'**. Exploration of these various concepts led

to acknowledgement that terms such as *'simple', 'basic', 'appropriate', 'meaningful' or 'dignified'* meant different things to different people. If used in a definition of funeral poverty, each of these terms might mean something different to those using the term, those responding to the term, including policymakers and, of course, those people making the arrangements. Funeral directors pointed out that it was hard to define a **'simple' or 'basic'** funeral – factors often to be taken into account included the cause or circumstances of death and the timing of events, influencing for example the need for preservation of the body or distances to be travelled.

There was no immediate support for the idea that the scope and content of a public **health funeral might help to define a 'basic funeral'**. People thought that such funerals may not reflect a felt need for public expression of grief, commemoration or memorialisation. It was noted that public health funerals had traditionally been arrangements for circumstances where families or friends of the person who died had not come forward or could not be traced, so comparisons with the circumstances of grieving families were inappropriate. Terms such as a *'simple' or 'basic'* funeral, it was also suggested, do not necessarily avoid stigma or pejorative judgements. One participant described funeral poverty by using language as spoken by families themselves who were unable to afford **'a fitting send-off'**.

Although there was acknowledgement of problems related to incorporating subjective factors in any agreed meaning of funeral poverty, there was reluctance not to try to reach some agreement about the kind of funeral that the term might cover. This was based partly on links with funeral costs – a definition of funeral poverty would not be useful unless there were some cost-related limits circumscribing what people can afford or want, perhaps in line with some general expectations of what was **considered 'reasonable'**. **Equally, considerations of funeral costs only make sense when people's expectations are taken into account. One approach, it was suggested, would be to identify apparently 'unavoidable' components of a funeral to establish baseline costs.** Agreeing such categories may not be straightforward however: there was some disagreement about what is considered essential, and costs of components varied according to regional, religious and other differences.

3.2 Responsibility for funeral arrangements

As noted in Chapter One, legal responsibility for disposing of a dead body lies with the state alone. The majority population in British society, however, perceives moral responsibility in making arrangements for a family member or friend who dies, and for many people there are religious or culturally-held beliefs and practices shaping their decisions. Expectations and memories of the funeral may have profound influence on **people's experience of bereavement and the process of grieving. Part of the practicalities in fulfilling obligations and expectations is meeting funeral costs.**

Participants had direct experience of widespread assumptions among low income families and people who had not arranged a funeral before, that the state makes a

considerable contribution towards the cost of a funeral. Also fairly widespread are expectations that a person who dies in old age will have made some provision towards the cost of their funeral, or will leave some savings or assets that may be used for this purpose. Discovering that such assumptions are unfounded can be a great shock to people.

Several participants, including people with long experience in funeral services provision, said they were noticing some changes in **people's** feelings about taking responsibility. Their experience was that people in middle age and older, arranging a funeral for their parent or close relative who dies at the end of a long life, mostly still feel moral and financial responsibility, sometimes with expectation of financial assistance from the state, or being able to rely on some savings left by the person who died. They fear stigma attached to being unable to meet expectations of their wider families or communities, or having recourse to a so-called '**pauper's funeral**'. Discovering that savings had been run down due to costs related to disability or chronic ill health, and the limited availability of financial assistance from the state, brings emotional distress and practical problems.

However, participants said they were increasingly aware of some people with a lesser sense of responsibility, especially if family disruption or reconstitution has led to greater emotional or geographical separation from the person who died. Indeed, funeral directors and people arranging public health funerals now see people who feel considerable anger about the task falling to them, which is intensified by a perception that they may be inheriting a debt for which they do not feel responsible. People arranging public health funerals reported increasing numbers of people who say they cannot take or **do not want responsibility for their relative's funeral**. Perceived problems in meeting the costs and unwillingness to risk taking on a burden of debt remain the major contributory factors here but it was felt that, increasingly, there was some loosening of feelings of moral and social responsibility.

Participants were interested in changes in assumptions about meeting funeral costs since the time of the Beveridge report, published in 1942, when there was greater emphasis on self-provisioning. Only a few participants at the workshops had initially **suggested that the meaning of funeral poverty was related to the deceased's** failure to make provision for their own funeral. In subsequent discussion, there was agreement that personal saving towards their own funeral was now often hard for people to think about and, for some, difficult to do. Talking about death was now generally avoided, and the current economic climate of welfare cuts and high levels of consumer debt meant that many low to middle income people had only enough to meet everyday spending needs. Small savings were increasingly run down among younger people during periods of low incomes and among older people by costs of disability, ill health, home care services and residential care fees. For people who think ahead and can afford the premiums and contributions there are products available such as prepayment funeral plans and life insurance policies. There can be

problems with such products, however, as noted in Chapter One. Suspension or cancellation of prepayments, for example to meet extra care costs towards the end of life, leads to loss of any pay-outs from most such products, and some prepaid funeral plans are not protected if the funeral director goes out of business. There is some protection of insurance products under the Financial Services Compensation Scheme.

It was agreed that funerals for people who die unexpectedly may be particularly hard to pay for.

3.3 Costs of a funeral

A number of reports and publications present analyses of the monetary costs of funeral components (NAFD, 2014; Royal London, 2015). Workshop participants, as experts in this area, knew that funeral costs are rising faster than inflation and earnings. They had general understanding of the breakdown of costs between death **certification; burial and cremation fees; funeral directors' costs; ministers' fees; and so-called 'discretionary items' including flowers, vehicles and hospitality for people attending.** Participants were aware of ongoing discussions and debate about increases in these costs, and whether or how costs might be reduced. This was not the focus of the workshops, however. The issue pursued by workshop participants was how such costs might be integrated into an agreed meaning of funeral poverty.

There was general agreement that it was impossible to define and cost 'standard components' for a funeral, given variations in arrangements, costs, families' choices and circumstances of death. Participants also raised concern about how such costs should be measured. The regular reports on funeral costs produced by commercial companies, Sun Life and Royal London, have been valuable and influential, but there was a view that debate about alternative methodologies for assessing funeral costs would be useful. There is scope for considering different approaches to survey design and analysis, and different ways of finding out how much people pay and why, and their access to funds.

Participants also spent time discussing the nature of funeral costs. Some participants **likened funeral arrangements to a 'distress purchase' when consumer and market norms, such as shopping around for the best price, are largely absent and, as a consequence, could drive up funeral costs.** The often short timescale within which a **death is anticipated, partly related to society's unwillingness to think about death,** combined with lack of awareness of costs, means that a funeral often has financial impact which is quite different from that of many other consumer purchases. People generally think across other kinds of large expenditures that may come their way – cars, domestic repairs, holidays, winter fuel bills. Even if they are unable to save towards such possibilities, they often have some idea of the amounts involved, have thought about possible ways of managing or avoiding such expenditures, and may

readily talk to other people about problems meeting costs. People often have fewer preparatory or coping strategies for a large and unexpected funeral bill.

In addition, there is emotional resonance attached to funeral costs. People want arrangements for disposal of the body and commemoration of the life now ended that have meaning and dignity. Even if they compare prices or seek low cost options, what is available more cheaply may not fit what they want or the choices and decisions they make. Participants acknowledged that it was hard to incorporate into the meaning of funeral poverty costs incurred as a result of ill-informed choices or consumer behaviour that might attract negative judgements.

3.4 Ability to pay

Ability to pay for a funeral was presented in different ways, all of which were perceived to have some bearing on the meaning and experience of funeral poverty:

- One approach was the relationship of funeral costs to the financial and economic circumstances of the bereaved, taking into account the level and sources of their income and wealth, debts and mortgages, savings and realisable assets, and other planned expenditures before and after the death. A question participants perceived here was who to include among those adversely affected by difficulties paying for a funeral. In the administration of Social Fund Funeral Payments, there are firm rules about marital and blood relationships which must be taken into account when considering financial responsibilities, but participants did not consider this a useful direction in which to go. Assumptions of financial responsibility within families, as used for purpose of benefit decision making, often do not reflect the relationships and impact on circumstances of those affected by the costs.
- As discussions developed, there was greater interest in also taking into account the financial circumstances of the deceased, the extent of their self-provisioning through prepayment funeral plans or life insurance, and amounts of their savings and realisable assets. Understanding funeral poverty as primarily relating to the circumstances of the deceased at the time of death, or even to the deceased **person's circumstances during their lifetime (for example, in standard of living lowered by payments into funeral plans)**, tended to be a new line of thought for some participants.
- Ability to pay also involved ease of access to different kinds of funds, and any constraints on what might be covered. Included here were bank and card credit, payday lenders, Social Fund Funeral Payments and budgeting loans, financial support from relatives, friends, workplace and community, and funds available from the deceased through prepaid funeral plans, insurance pay-outs and the estate.
- Time frames had to be considered in thinking about ability to pay. There was often uncertainty about and mismatch between the times at which funds became

available, especially those subject to administrative scrutiny, and the time at which payments for funerals must be made. Funeral directors often require an immediate deposit. One participant observed that there was a general societal view that it was good to hold a funeral as soon as possible after the death. This reflected not only assumptions about the practicalities of storing bodies, but also the notion that getting the funeral over helped people move on through grief or, to **use common parlance, helped towards 'closure'**. **Both assumptions might be** examined, it was suggested, to challenge the idea that people had only a small window of opportunity to consider and deal with costs.

- One suggestion that interested some participants was the extent to which inability to pay for a funeral, especially multiple funerals close in time, might contribute to cycles of poverty between generations. There was discussion about the way in which lifetime poverty could be a factor in lack of self-provisioning. Responsibility was then transferred to the next generation for whom paying for the funeral took them into poverty for the first time, or deepened the extent to which their material resources did not meet basic needs. In turn, a reduction in living standards took their children into poverty, or deepened or lengthened a period of deprivation.

3.5 Indebtedness

Being able to borrow money is an aspect of life for many people who manage mortgages, bank overdrafts and credit arrangements as part of their general budgeting without major problems. Indebtedness, as part of funeral poverty, was always qualified and described as **'unaffordable debt', 'unsustainable debt', 'unmanageable levels of debt'** or **'having no choice but to incur some debt'**. Belief that borrowing money to pay for a funeral, which led to unmanageable or unaffordable debt, lay at the heart of funeral poverty was held by people with wide experience of working with organisations directly supporting bereaved people or those facing financial problems, and by people with less direct contact including some academics and senior policy makers.

Situations also recognised by participants were those of families already in financial difficulty who were put at greater risk of incurring problem debt when faced with arranging a funeral. Even when families managed debt repayments the consequence might be inability to maintain minimum standards of living, or a need to postpone or abandon other planned expenditures. It was thus important to consider the impact of funeral costs within an overall picture of personal and household debt, and how that is managed.

Unpaid debt was often a problem for funeral directors, and the amount of unpaid and uncollectable debt which they carried did feed through into their fees and charges. Although funeral directors tried to be helpful when families explained difficult financial circumstances, the extent to which they could offer payments by instalments was often limited under credit licensing legislation.

3.6 Grief and experience of bereavement

Participants described the complexity of links between financial circumstances and experience of bereavement. There was a view that the emotional impact of grieving might impair evaluation of funeral options and decision making around ability to pay, especially in older people and those living on low incomes. Participants also recognised that financial distress can complicate grieving and coping processes following a death.

It was strongly argued that the emotional impact of inability to pay for a relative's funeral must be taken into consideration as a constituent of funeral poverty. Nearly everybody who made funeral arrangements for a family member had some emotional attachments to the person who died. Even when these were not strong, or there was not a feeling of intense grief, feelings of social responsibility could still be strong.

Psychological distress including feelings of guilt, inadequacy, letting people down, and fear – both of social stigma and of economic consequences for the future – can have profound **impact on people's ability to manage grief.** There can be long lasting impact on well-being and mental health, with general impoverishment of family life and strained relationships.

3.7 Summary

Participants considered in depth the issues perceived to be key constituents of **funeral poverty.** Discussion ranged across people's expectations of what a funeral involves, and where responsibility lies for making arrangements and paying the costs. The general view was that funeral poverty relates to the circumstances experienced by the bereaved family and friends, around and following the death. There was rather less focus on funeral poverty as it might relate to circumstances of the person who died, but participants were interested in such suggestions, and in suggestions about ways in which funeral poverty may contribute to cycles of poverty between generations. Funeral costs were discussed in so far as these were a constituent of funeral poverty (rather than focusing on ways of reducing costs). Ability to pay was presented in various ways, including links to problem indebtedness. Psychological and emotional issues were attached to all constituents of funeral poverty, as were lack of financial awareness and resilience, and issues of access to advice and information.

Chapter 4 Conclusions

Participants generally acknowledged that the complexity of the issues explored in depth made it hard to agree a single definition of funeral poverty or to reach a single quantified measure. What had been achieved in the workshops was agreement of the key constituents of funeral poverty, all of which had some part in contributing to the meaning of term and, importantly, could be explained and expressed in simple terms (4.1). There exist, already, partial measures of some of these constituents, and more work was needed to explore the kind of data that might be used to create further metrics and robust measures to inform debate (4.2). The report ends with observations from the researchers on the method of enquiry (4.3), suggestions for further research to fill gaps in knowledge, and ways in which the study may be especially useful to the funders (4.4). A postscript covering developments and debates since the workshop discussions were completed is also included (4.5).

4.1 Constituents of funeral poverty

There was general agreement that there are a number of key constituents in funeral poverty, as this term is currently understood and used. As discussed in the previous chapter these are:

- **People's expectations of a 'funeral', and what the person who takes responsibility wants to provide and why.**
- **People's inability to pay the costs.**
- The economic impact of lack of affordability, in particular problematic indebtedness.
- Negative psychological and emotional constituents, including the impact on grief and experience of bereavement.

The main difference of opinion lay in discussion about whether to have some qualification about the kind of funeral taken into account. There was strong support **for reference to a 'basic' or 'simple' funeral, or qualifications such as 'meaningful' or 'dignified'**. Those who considered this approach important were often people closely involved in campaigning for interventions to reduce funeral poverty, for example improved availability of state assistance or greater awareness and transparency of funeral costs. The counter opinion was that qualifying terms were subjective and invited dispute. The point was also made that funeral poverty, as a description of circumstances, included the situations of people whose poverty was related to **not** having chosen what others might consider a simple or basic funeral, again inviting dispute and negative judgements.

4.2 Measurement

Anticipation in achieving a single measure of funeral poverty declined as participants explored the complexity of the issues. Indeed, it became unclear how such a single

measure would be useful, either for increasing understanding of contributory factors or for suggesting policy response. What would be possible and useful, it was suggested, are more robust and complete data about the constituents of funeral poverty.

Longitudinal data are required to follow patterns and trends, and changes in societal behaviour and families' **financial circumstances**. **Some quantified measures** are available already, for example on level and sources of household incomes before and after a death, and more would be possible.

There is not currently good evidence of social expectations of a 'funeral' that **reflects** regional, cultural, age-related or religious differences. A wider, more inclusive understanding of societal expectation would require new research encompassing people at all stages of life, not just bereaved people or those approaching death.

The reports published by Sun Life and Royal London have provided useful data about funeral costs, with some exploration of ability to pay and indebtedness. Participants felt there was scope for looking at cost data in other ways and from different contexts; for example, collating information from funeral directors, and using different methodologies for finding amounts paid by people who had arranged a funeral, and the sources on which they drew. People who were keen to keep **emphasis on a 'basic' or 'simple' funeral** wanted cost data that could be related to so-called '*essential' or 'unavoidable'* **components such as a cremation or burial fee**. This kind of data was considered important to advisers and organisations working to help people avoid poverty and the scope for provision of state support.

Some danger was perceived in focusing on funeral costs as a single issue however. It was thought important to set funeral costs and expenditures within a broader context. The big challenge is to bring together data across household composition and needs, income and resources, health and employment histories, opportunities, knowledge and financial competence, and changes in economic circumstances as a result of death of a family member.

Some data on indebtedness already exists and it would be useful to bring this together with other data that might be made accessible. Included here were data from agencies approached for help (such as QSA), administrative data from the Social Fund, from money advice agencies, and data from funeral directors about unpaid bills. On their own, none of these data sources provides a full picture, and there are problems attached to each source. Funeral directors with unpaid bills often do not know whether and which family members have gone into debt; Social Fund records do not identify all contributions towards the cost of a funeral. But considered together, such data would provide an overall indication of indebtedness as a constituent of funeral poverty. It might also be possible to include timing and duration, such as the length of time taken to pay down loans.

There is some limited data on the financial and economic implications of bereavement, including paying for a funeral (Corden and Hirst, 2013a; Valentine and

Woodthorpe, 2014; Woodthorpe et al., 2013) and impact on grief and loss (Corden and Hirst, 2013b). There is scope for looking further at bereavement outcomes and efficacy of bereavement support which includes experience of arranging and paying for funerals.

Summing up, participants in the two workshops explored in depth the concept and use of funeral poverty, and the potential value and feasibility of seeking an agreed definition. They addressed all the research questions set out in the aims of the research (1.2). The workshops achieved agreement on the key constituents of funeral poverty but did not reach definitions of these. Measures that might be used to quantify some of the constituents were suggested, but there was scope for much more discussion here, and new research. There were mixed views on the potential value of going further in search of definitions and measures. As discussion developed, participants recognised that some considerations were more accurately **understood as putting people 'at risk' rather than describing** the meaning and reality of financial difficulties following bereavement. People managing on low incomes, for example, are at risk of unsustainable debt and falling living standards if faced with the typical cost of a funeral. Living below or just above the poverty line, however, as well as lack of access to funds or realisable assets, problem debt or multiple bereavements may be associated with funeral poverty, and may be potential causes of funeral poverty; but they are not measures of funeral poverty and do not define that concept.

Agreement about the key constituents of funeral poverty among participants did not lead to firm definitions of such in these workshops. Everybody who took part, however, said that the discussions had broadened their own understanding and equipped them further in their own work. Hearing perspectives from the different contexts and experiences represented at the workshops had been valuable. There remained general agreement about the potential value of the term funeral poverty in raising public awareness, stimulating discussion and debate, and seeking policy response, and some participants were comfortable for funeral poverty to remain a concept that could be discussed and used in different ways. Most said they would continue to use the term as part of their own campaigning work, in discussions with professional colleagues, when contributing to debate and discussions, and in their writing for publication and dissemination. Taking part in the workshops would be helpful in guiding how they used the term when engaging with key audiences. Nobody used the term funeral poverty when talking with the people whom they advised or supported, or helped to make funeral arrangements, and such people did not use the term to describe their own circumstances.

We mention again the discomfort with the term expressed by the person who felt that the construct was divisive and who always avoided using it. Others who did use the term understood this approach, but were subject to pressures such as word length in presentations and publications. Given the choice, some expressed preference for

using other forms of words such as **'falling into poverty as a result of funeral costs'** but agreed that the availability of the succinct two word phrase was often attractive.

A further reservation came from a person unable to attend a workshop who sent written comments to the researchers. Their concern stemmed from what they **perceived as a 'proliferation of poverties', including food poverty, fuel poverty,** housing poverty, and funeral poverty, which divert attention from the underlying problem of lack of material resources, and lessen the focus on the structural causes of poverty. **There could be advantages, it was suggested, in recognising people's** problems paying for funerals as one of the effects of poverty, rather than identifying such difficulties as a particular kind of poverty.

Finally, one implication of the fact that bereaved people themselves do not use the term funeral poverty is the challenge to find the language that enables people who are facing problems paying for a funeral, to speak for themselves and talk about their own experiences, within the general discourse.

4.3 Researchers' observations

This was a small, exploratory study. The objectives were ambitious, but reflected wide interest in the topic and support expressed to the research team in pursuing the topic. As a method of enquiry, the workshops worked well, achieving the main objective of detailed discussion across relevant areas and the value and feasibility of seeking agreed definition. As mentioned in Chapter One, it would have been good to have representation from central government, specifically the Department for Work and Pensions which has responsibility for Social Fund Funeral Payments and budgeting loans, as well as contributory bereavement benefits. There was also limited representation of people with expert knowledge of the range of statistical data available, who could have been helpful in discussions about potential measures. Participants mainly reflected views and experiences from the majority cultural and faith groups in the population.

The researchers' own view is that reaching a firm definition of funeral poverty which would be generally agreed across the range of people and organisations that use the term would be hard, but it is possible to agree key constituents of funeral poverty, and this is useful. The term is now embedded in general discourse, and is focusing attention and debate on particular aspects of poverty, problem debt and financial hardship and, in turn, increasing our understanding and suggesting policy directions.

That said, the study has made a useful contribution to knowledge and debate. It is inappropriate to make strong policy recommendations from a small, exploratory study. However, findings show clearly a number of gaps in knowledge where further research would be useful for better understanding of constituents of funeral poverty. In addition, findings point to a number of other areas and activities for continuing attention. These suggestions are brought together in the following section.

4.4 Agenda for action

There is a need for:

- new research into societal expectations of a **'funeral'**. Changes in family and household formation and relationships, and changing patterns of religious practice and belief are creating a new picture of funeral expectations and arrangements. Without such a picture, there is danger that debate around and policy response to economic implications of paying for funerals may be based on outdated assumptions of expectations and behaviour. A representative study is needed to seek views from people across all socio-economic backgrounds and age groups.
- new research looking at the circumstances and experience of people who have taken responsibility for making funeral arrangements. Such research would explore what people did and what influenced their decisions. Enquiry would include how they paid the costs, looking both at the processes involved and the financial and emotional impact.
- a new study of funeral indebtedness. Such research would explore who, under what circumstances, experiences indebtedness as a result of paying funeral costs; when the debt becomes problematic; what is the impact on living standards; whether and how problems are resolved, and the timescales involved. One part of this study would focus on experience within the funeral industry and **how funeral directors approach and manage clients' payment problems.**
- enquiry about funeral expectations, practice and economic implications within minority cultural and faith groups. At the moment, funeral poverty appears to be conceptualised and discussed largely from perspectives in the majority population. Greater understanding of diversity and change in culture, tradition and belief may bring to light new issues in achieving fit between cultural practices, personal and community resources, and state support and regulatory systems.
- research on self-provisioning. There is already some data about purchases of funeral plans and life insurance from financial intermediaries and service providers. Suggestions for new ways of saving towards funeral costs are emerging, including arrangements promoted by some credit unions. What is needed is a study that brings **together people's awareness, understanding, views** and constraints around the various ways of building resources towards funeral expenses during the lifetime, and actions already taken. Such a study would be helpful both in showing likely patterns of future need for financial support towards funeral expenses, and in showing what encourages and helps people make provision for their own funeral.

In addition to the need for further research, findings point to the importance of some current activities, and the value of developing and extending these. Staff and volunteers who work in palliative care and bereavement support can be key people in

helping to open up discussions about financial and economic issues with families, both approaching and following the death of their relative. Increased awareness of financial and economic transitions that may follow a death, including paying for funerals, helps people build resilience and preparedness and avoid shocks. Not all families want help in making funeral arrangements, of course. However, training for hospice staff and bereavement workers might include recognising circumstances where discussion about options could help people think ahead, support and guide their decisions, and help them avoid some of the financial problems that come through lack of information or rushed decision making. Where volunteers and professionals do not feel equipped themselves with the information resources required, opening discussion and providing signposts to accessible information and practical advice can still be helpful.

Findings reinforce how valuable it can be for organisations primarily concerned with provision of services to people at the end of life and their families to extend their activities into commissioning social research. This was a small, innovative study with modest resource requirements. It has provided timely and useful findings that will attract attention, be widely disseminated and feed directly into public debate, campaigning, service provision and policy making. As the funder, Marie Curie may wish to consider the agenda outlined above when planning further activities, and there is scope for other funders to see opportunities for further research.

Contributions from organisations such as Marie Curie are of key importance in national debate about policy and practice across a range of issues relevant to experience of palliative care and bereavement. Hospice staff and bereavement support workers in direct contact with dying people and their families have first-hand evidence of the issues that are important. As happened in these workshops, representatives of organisations such as Marie Curie can make these voices heard. As we see in the postscript below, 2016 will see a number of opportunities for policy debate and development around funeral costs and bereavement support. Organisations directly involved with dying people and their families have an essential part to play.

Finally, findings point to the importance of language used in public discourse about **funerals**. The term '**pauper's funeral**' is still used, especially in media presentations. Even within apostrophes to indicate that it is an outdated description, the term is so stigmatising and has such negative connotations that its continued appearance may constrain **people's enquiry** and discussions, and limit understanding of meaning and underlying realities. (We also reported some discomfort with the term funeral poverty itself, as a divisive construct which reflects negatively on the people so grouped). It is helpful for everybody who takes part in discourse about problems paying for funerals to remain aware of the importance of language used, and to avoid reference to outdated and stigmatising categories and labels.

4.5 Postscript

In the weeks following the workshops, during the analysis of findings, funeral poverty became a focus of attention in a number of ways. In September 2015, a report on the **churches' role in tackling funeral poverty was published by Church Action on Poverty** (Purcell and Cooper, 2015). Central to the approach was the belief that *'access to a dignified funeral, without getting into crippling debt, is a basic human right'* (page 3). Noting that churches are involved in almost half of UK funerals, the report suggested practical ways in which religious leaders, clergy and lay, might help with provision of information about affordable funerals and credit options.

A general parliamentary debate on funeral poverty, tabled by a Conservative MP, took place in Westminster Hall in October (Hansard, Commons, 13 October 2015, cols. 95WH-112WH). The hour long discussion focused on the costs of funerals and the Social Fund. One MP, arguing for a strategic approach from government said *'it would be useful if the Minister committed today to seeking and consulting on a definition of funeral poverty that could be used in future'* (col. 109WH). The response from the Minister, the Parliamentary Under-Secretary of State for Disabled People, did not address this request directly, but did commit to a round table event to explore issues further. The power to deal with Social Fund Funeral Payments is about to be devolved to Scotland under the Scotland Bill, and the Minister said he would look carefully at the arrangements decided, and what might be learned.

Also relevant is the report in the same month from the Social Security Advisory Committee on bereavement benefit reform (SSAC, 2015). In April 2017 current bereavement benefits will be replaced by a new Bereavement Support Payment. In view of the time lapse between the initial consultation exercise (2011) and legislation (2014) and the intended implementation of reform, the SSAC considered it timely to consider the potential impact of the reform. The new benefit does not include support for funeral costs, but aware that these have risen faster than the rate of inflation, the SSAC report extended its scope to include an examination of Social Fund Funeral Payments. Recommendations included better integration of support provided to bereaved families (including bereavement benefits, Funeral Payments and public health funerals), and enabling greater certainty for Funeral Payment claimants about their eligibility and entitlements before they commit to funeral costs.

At the end of November, a Freedom of Information request by BBC Local Radio indicated that the number of public health funerals conducted by local authorities in UK during 2013/14 had risen by eleven per cent since 2009/10.⁴ Coinciding with the week of BBC programming on death, bereavement and debt, the House of Commons Work and Pensions Committee launched an inquiry into funeral poverty and the

4. "Paupers' Funerals" Cost Councils £1.7m. BBC News <http://www.bbc.co.uk/news/uk-34943805> [accessed 30 November 2015].

benefits available to people who lose someone on whom they were financially dependent.⁵

In Scotland, debate about funeral poverty issues continues, largely resourced by the Scottish Working Group and Citizens Advice Scotland which in June published a report on the rising and varying costs of funerals in Scotland (CAS, 2015). Outlining the Programme for Government for the current parliamentary year, First Minister Nicola Sturgeon stated the belief that funeral costs should not prevent people from providing a dignified funeral or force them into debt, and committed to review advice on funeral planning and making best use of Funeral Payments.⁶ Following this, Citizens Advice Scotland was invited to work with John Birrell, Chair of the Scottish Working Group on Funeral Poverty, to prepare a report with recommendations on the issues surrounding and influencing funeral poverty. This report will be available in 2016.

5. <http://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/inquiries/parliament-2015/bereavement-benefits-15-16/> [accessed 15 December 2015].

6. *Programme for Government 2015-16*. The Scottish Government <http://www.gov.scot/Publications/2015/09/7685> [accessed 30 November 2015].

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Appendix One – Workshop programme

10.00 to 10.20 Welcome and introduction

Presentation: Setting the context

10.20 to 11.30 Participant introductions: What does funeral poverty mean for each participant or their organisation?

11.30 to 11.45 Coffee

Plenary discussion:

- Who are the key users/audiences of the concept funeral poverty?
- 11.45 to 12.30 • Are any more important? Might this change?
- What advantages would there be in having agreement about meaning?
- Any disadvantages or concerns

12.30 to 1.15 Lunch

Working in small groups:

- 1.15 to 2.00 • Are there components of an agreed definition?
- What data is required and is it accessible/measurable?

2.00 to 3.20 Reconvene to report and discuss findings from latter exercise

3.20 to 3.30 Conclusion and next steps