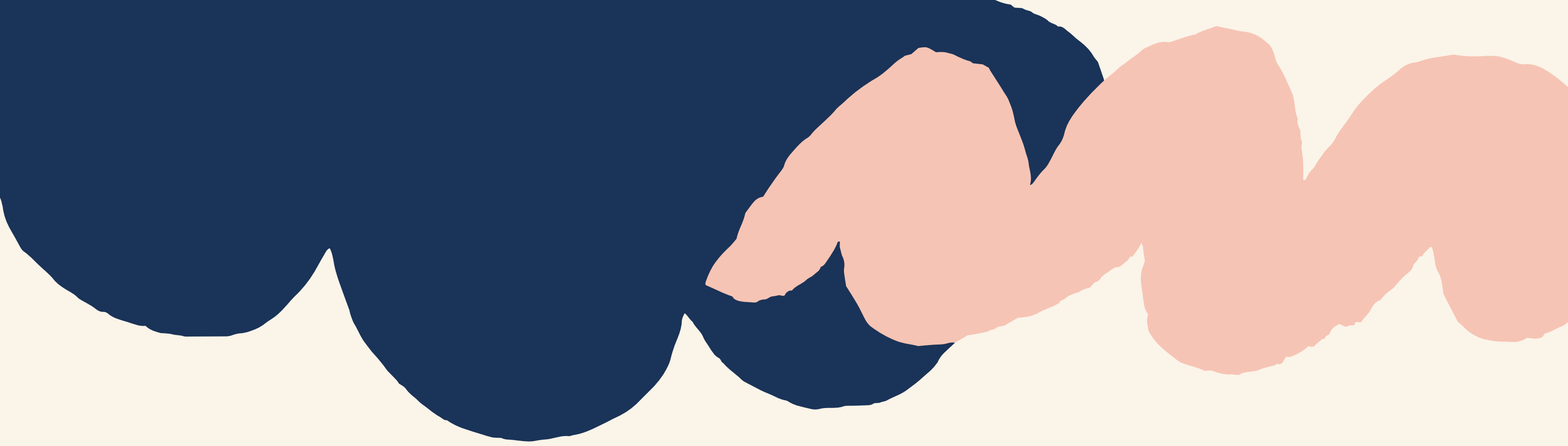
Irish
Hospice
Foundation

To die and grieve well wherever the place

40
YEARS OF
IMPACT

Dying, Death and Bereavement in Ireland

2026



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https://hospicefoundation.ie/our-supports-services/advocacy-research/research/dying-death-bereavement-report/

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Foreword

Every death matters and we only have one chance to get it right.

Nothing will ever matter more than your own death and the deaths of those that you love.

Why does it matter? It matters because we know from our research at Irish Hospice Foundation (IHF) and elsewhere, that not everyone has a good experience at end of life and a poor outcome at that pivotal moment can have a profoundly negative impact on those who are bereaved.

IHF is deeply experienced in the areas of dying, death, and bereavement, continually reflecting on the challenges within the end-of-life landscape and staying attentive to emerging trends in modern Irish life that may influence these experiences.

In this report we have gathered the latest data on the areas that we feel provide an accurate overview of the most relevant aspects of dying, death and bereavement in Ireland today and the factors and barriers standing in the way of a good death. The report identifies the areas where we believe that change is needed and where attention should be focused, allowing everyone the chance to have a good death – regardless of what that may mean for them.

When IHF was established 40 years ago it was a very different environment. The population of Ireland was 3.5 million, versus 5.4 million today. The age demographic of that population is also radically different. Population trends show that Ireland's ageing and diversifying population is going to be one of the key challenges to future end-of-life care and services. Right now, around 35,000 die each year, and the figure was very similar in 1986 when IHF was founded, however, we are going to see a massive increase in that figure over the next 20 years.

When we move the clock forward to 2046 the number of annual deaths in Ireland will have increased by 40%. In a system that is already creaking at the seams, extraordinary measures will be required to ensure that every death will continue to matter and to provide the level of supports available to those who are grieving.

IHF is a national charity that is committed to understanding, and advocating for, what matters to people at end of life. We do this through the delivery of education, training and supports that directly and positively impact on the experience of people in Ireland who are facing dying, death and bereavement. We seek to identify and advocate for solutions, improvements and resourcing to the current gaps in end-of-life and bereavement care.

We will also continue to support the public in being empowered to have control of their end-of-life experience so that they and their loved ones can have the death that reflects what matters most to them. We do this by focusing our attention on our three key areas of work: (i) Conversations about Death (ii) End of Life and Dying and (iii) Bereavement and Grief.

The physical space created for those end-of-life conversations is an essential requirement. It's far easier to make decisions on advance care planning and end-of-life wishes when in good health and in a space where you are comfortable. But for many, those decisions and conversations happen in hospital environments with little time, space or privacy to prepare. IHF's Design and Dignity programme has worked to address this pressure by partnering with the HSE to deliver custom family rooms, bereavement rooms and mortuary spaces in acute hospitals, but much still needs to be done to prioritise the creation of suitable spaces across all acute hospitals in Ireland.

When IHF was founded by Mary Redmond in 1986 our objectives were to increase public awareness of the hospice movement, establish research into aspects of pain control and raise funds for capital projects, research and education.

40 years later we are proud to say that we have continued to support the aspiration held by Mary Redmond *"to make hospice care ordinary not in its quality but in its quantum in Ireland"*. The hospice principles of compassionate care are now strongly embedded across all settings in Ireland. But we still need to do more. This report notes that while not everyone will require Specialist Palliative Care, the numbers of people who are ageing with chronic conditions is increasing, many of whom will require a palliative care approach to support them to have good end-of-life care.

Ireland must have a broader conversation on the future of dying, death and bereavement. People need to know that their end-of-life wishes will be respected and accessible at the most critical times. We require equitable access to palliative care for the huge growing need that is coming our way and funding for the policy that sets out the ambition to deliver this. Bereavement remains relatively invisible in our policies and legislation, and we can start by legislating for statutory leave for this important life event.

We will continue to work towards the best end of life and bereavement care for all in Ireland.

Paula O'Reilly,
CEO
Irish Hospice Foundation

Introduction

Death is an integral part of life and grief is a universal experience. How people die has changed radically over recent generations. People are living longer and for many, death comes much later in life. We are also more aware about the impact of grief on our lives.

The commonality of these experiences should mean that they are well documented and understood, yet this is often not the case. Irish Hospice Foundation has produced this report on Dying, Death and Bereavement in Ireland 2026 to provide an overview of how Ireland experiences, addresses and responds to issues surrounding end-of-life and bereavement care. To improve these experiences, we need to know where we currently stand. This report brings together national and international research and data to examine the current realities of dying, death and bereavement.

The themes of the Dying, Death and Bereavement in Ireland 2026 report are structured around the strategic priorities of Irish Hospice Foundation - the three interconnected stages of dying, death and bereavement: Conversations about Death, End of Life and Dying, Bereavement and Grief.

Our first section focuses on conversations and planning ahead for end of life. How many of us are talking about dying and death? How many of us have captured our wishes and if not, why not?

Our second theme investigates the experience of end of life and dying in Ireland. Where do people die? What are the challenges people face at end of life? What does the delivery of Specialist Palliative Care look like in Ireland?

The final theme explored is bereavement and grief. We examine how many people are bereaved in Ireland, what are the financial and social impacts of bereavement and finally what is the impact of grief in the workplace?

It is our hope that this Dying, Death and Bereavement in Ireland 2026 report will inform the public, not simply through the facts and figures presented, but in the reality of how we currently experience dying, death and bereavement, and the actions that are needed to improve this experience for everyone.

Why write a Dying, Death and Bereavement in Ireland Report?

Irish Hospice Foundation has launched this inaugural report about Dying, Death and Bereavement in Ireland to present a vital resource that enables us to:

1. Understand the current reality of how dying, death and bereavement is experienced in Ireland.
2. Monitor trends such as demographics, attitudes, and service provision over time.
3. Promote public awareness and conversation about dying, death, and bereavement.
4. Inform policy with evidence-based insights on population needs that can guide decision makers.

It is often said that the Irish 'do death well'. This would appear to be backed up by international evidence, with Ireland ranked fourth in the world in the Economist's 2015 "Quality of Death Index"[1], and second out of 81 countries in a 2021 study comparing a Quality of Death and Dying Index across nations[2].

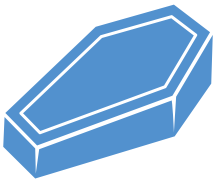
Ireland ranked 4th globally in the 2015 Quality of Death Index
Score: 85.8%

However, our population is constantly shifting and will continue to change even more rapidly over the next twenty years.

This means the way we experience and respond to care at end of life is changing also. We know that there are gaps, and not everyone gets the end-of-life care that they want and deserve. We must therefore continue to push for progress to improve the end-of-life and bereavement experience for everyone.

Dying and death in Ireland

In 2024, according to the Central Statistics Office, there were 35,173 deaths in Ireland, 52% of these were male and 48% female individuals. 36% of all deaths were those aged 85 and over (12,739 people)[3].



35,173
people died in Ireland in 2024

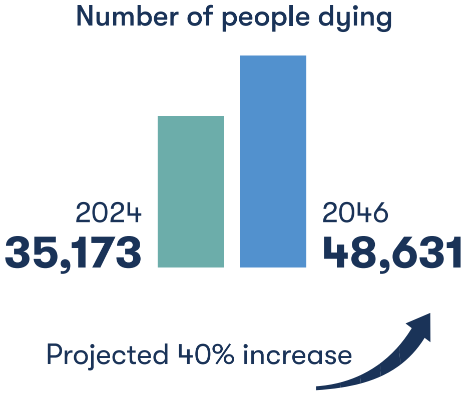
18,399 **16,834**

Ireland's shifting demographics

Ireland's older population is growing rapidly, with the number of people aged 65 and over projected to almost double over the next 20 years, surpassing 1.5 million by the year 2046 (in contrast to 833,300 in 2024)[4].

A 68% increase in number of deaths in Ireland has been estimated between 2016-2046.

For the next 20 years, the number of people dying in Ireland is projected to increase by 40%, from 35,000 to almost 49,000 each year[5] (based on projections from 2015 data).



What are the leading causes of death?

29%
Cancer

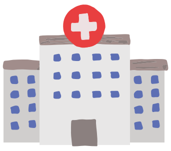
27%
Circulatory

12%
Respiratory

Where do people die?

92% of people die somewhere other than a hospice. With our growing ageing population, the current provision of palliative care services will have to grow exponentially to meet the increasing demand[6].

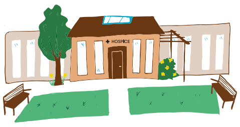
Only 8% of people die in a hospice



45%
died in a hospital

24%
died at home

20%
died in a nursing home



8%
died in a hospice*

* 3% of deaths were in locations other than these.

Why does Ireland’s Shifting Demographics Matter?

The profile of Ireland’s relatively young demographic will shift substantially over the coming decades. Our ageing population is growing at a rapid rate. Current capacity and investment in many of our systems, but particularly healthcare, fall short of the levels required to meet the need and demand. This requires us to carefully consider how we plan and deliver our health and social care services into the future.

What Needs to Happen?

Given these demographic projections, we know that demand for the services that support people at end of life and through bereavement will grow. Government must make dying and death a priority through **proactive policies and investment to ensure that there is an urgent response to this growing level of need for people at end of life and their families**.

A national conversation across Government is required to, not only ensure a commitment to ageing well, but also to die and grieve well. IHF will focus its 40th year on creating opportunities to meet the call to action from its people’s charter[10] “*To live and die in an Ireland where I can prepare for what lies ahead*”.

How Irish Hospice Foundation is Making a Difference

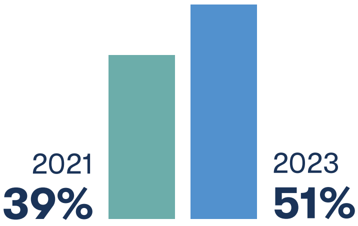
Irish Hospice Foundation believes that **every death matters and we only have one chance to get it right**. We are a charity that has spent 40 years working towards an Ireland where people facing dying, death and bereavement are provided with the information care and support they need.

IHF will engage with a broad community of interest, create conversations about death and dying, and advocate for measures that will meet the challenges and opportunities brought about by Ireland’s rapidly ageing population.

Conversations about Death

As a society we embrace planning for births, weddings, buying a home, retirement but we are often overlooking the most inevitable event of all our lives – death.

> **1 in 3 people** have told us they are not comfortable talking about dying and death[7].



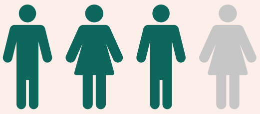
Percentage of people who feel dying and death is not discussed enough[7].

How do people feel about planning ahead?

It is important that we explore and think about our own end-of-life wishes, and that we discuss them with our loved ones.

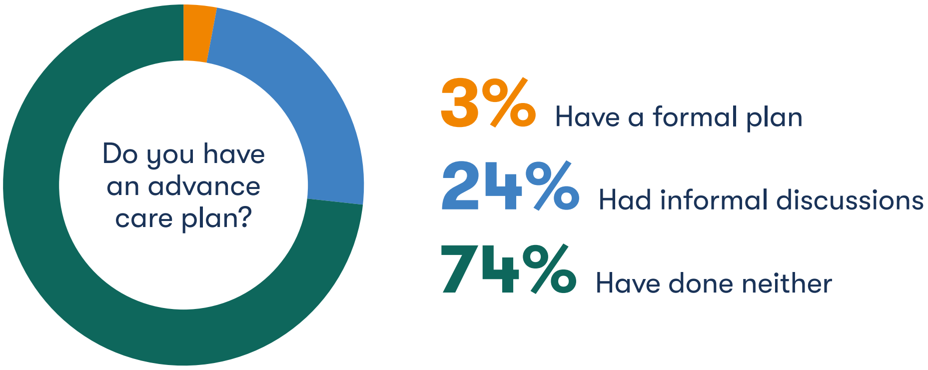
Advance care planning is thinking about, talking about, and recording your preference for future care, your wishes and choices and sharing these with loved ones, and with healthcare teams. It supports those closest to a person, at a time when otherwise they may have to face the additional burden of making difficult end-of-life care decisions at an emotional time.

4 out of 5 people (82%) **say it is "fairly or very important"** to discuss their preferences for end-of-life care with someone[7].



In a study on ageing, **3 out of 4 people had not completed an advance care plan** and had not had any discussions about making one[8].

However, **1 in 4 had** taken some action by engaging in **informal discussions** with their family or a healthcare professional.



What is an Advance Healthcare Directive?

An Advance Healthcare Directive is a legal document where you can record your decisions about future treatment, in case you are unable to make or communicate a decision, if and when those decisions are needed, in the future. It helps other people, like family, carers, supporters and medical professionals, to know what treatments the person would or would not want.

A national survey, by Safeguarding Ireland, found that **less than one in four people had heard of an Advance Healthcare Directive**[9].

Why do people **not** have an Advance Healthcare Directive?

The top three reasons for someone not having an Advance Healthcare Directive were[9]:

62%

"I've never really thought about it"

53%

"I have no current health problems and don't need one at this time"

42%

"I don't know how to go about making one"

Why do we need clear communication at end of life?

Clear communication is crucial at end of life, the People's Charter on Dying, Death and Bereavement[10] highlights the importance that people place on having information to help them understand what is happening to them.

A national survey showed that the majority of people who died were not told by a healthcare professional that they were likely to die[11].

> *"The communication with medical staff was not what I would have expected there were mixed messages about my mother's prognosis. If I had truly understood how unwell she was I would have taken off more time from work to be with her."*
>
> Mother, died age 70–79, in Hospital, County Dublin

> *"The doctors' communication with family was poor. They did not advise us that my Dad was so ill and was at end of life and I feel they knew his prognosis and did not communicate this to us until the very end, which led to our family being in shock and not being able to say everything we wanted to say to our dad before he died."*
>
> Father, died age 70–79, in Hospital, County Dublin

Why do Conversations about Death Matter?

Many people find discussions about dying and death uncomfortable. However, engaging in these conversations can support a person's wishes to be respected and may spare loved ones unnecessary stress during a challenging time.

However, our data shows that people are not planning and meaningfully discussing their end-of-life wishes.

What Needs to Happen?

Talking about death does not make it happen sooner. People need to talk to their loved ones about their end-of-life wishes. It is easier to have these conversations when the person is well.

There is a need for a national campaign to increase awareness and access to resources that promote conversations regarding death and end-of-life wishes. Access to supports that involve people in the decisions that impact on their health, wellbeing and recognise their will and preferences is essential.

A **Register of Advance Healthcare Directives** can ensure that preferences are clearly documented and easily accessible to healthcare professionals when important decisions need to be made. This is **currently not available in Ireland**; the Minister for Health has the power to make regulations to provide for this Register and needs to make this a priority.

How Irish Hospice Foundation is Making a Difference

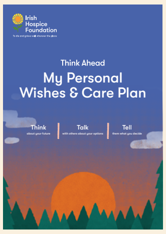
We support people to talk about death and dying and enable people to consider their wishes in preparing for death and to document them. We pursue research that facilitates supporting conversations about death in society. This research captures the concerns and obstacles that face the public in this space.

Irish Hospice Foundation has a range of supports to facilitate this focus, they include:

- Our **Think Ahead Planning Pack** to document wishes and preferences on care and dying and support conversations with loved ones.
- We operate an **Information and Support Line** to signpost people to end-of-life and palliative care services and resources for advance care planning.
- We provide a wide range of resources, training courses and booklets to support increased death literacy and knowledge of end-of-life care.
- We support and facilitate communities of all type to develop a culture of compassion.

Want to know more about advance care planning and how to get started with documenting your healthcare choices and personal wishes?

Visit thinkahead.ie for a range of resources to help you start to think about your preferences for end of life.



End of Life and Dying

An international study found that relief from pain and physical symptoms were the factors that people considered most important for “a good death”.[12] People at end of life wanted honest communication, being heard, having their wishes respected and feeling connected to loved ones.

While a person’s preferred place of death is not as high on the list of personal priorities, we do know that if the important factors outlined above are in place, people would prefer to die at home.

Regardless of a person’s care setting, diagnosis or age they need access to supports and to be assured that this care is delivered by a reliable, trained and supportive healthcare team working in close cooperation with each other.

How is end-of-life care delivered?

As previously mentioned, people die in a variety of settings (the majority, 45% die in hospital), and a key area of focus for end-of-life care is that a person is supported to die where they wish to be cared for.

Continuity and Coordination of Care

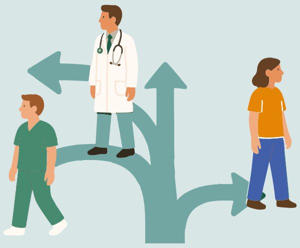
People move between different settings in their final months of life. In the National End of Life Survey, 43% of people who were cared for at home in their last three months of life later died in hospital[11].

43%

of those who were **cared for at home** during the last three months of their life, **then died in a hospital**

Another study estimated that, on any given day, **one in five adults admitted to hospital** will be in their last year of life[13].

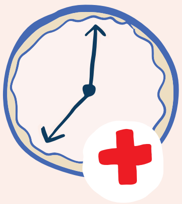
This frequent movement between settings at end of life means that coordination of care, where there is good communication between healthcare professionals and the different care settings, is absolutely essential.



1 in 4 people felt that coordination was not good between different healthcare staff and services in their loved ones last three months of life[11].

Out of Hours Support

People often get sick outside of regular working hours. As much as three quarters of the week is made up of time designated as 'out of hours' from services' core operating hours.



In a national survey, **39%** of people reported that the **GP was not available for home visits** if their loved one required help outside of normal working hours[11].

> *"During the week Monday to Friday 9am–5pm when my wife required help from the medical profession she was immediately looked after. At the weekend when she became ill she had to be admitted to hospital via A&E casualty dept, a very sick lady, which was a very stressful experience."*
>
> National End of Life Survey respondent

Emergency Department Deaths

People at end of life may be admitted to an Emergency Department (ED) due to, among other reasons, limited out-of-hours support, a lack of community-based services and symptoms that become too difficult to manage at home[11]. This may lead to an emergency admission even when this may not be the most appropriate or preferred option.

Conversely, this lack of out-of-hours support in the community may result in people choosing to stay in hospital, rather than go home, with concerns that the care and resources they need may not be available when required.

5,428

people died in, or on the way to, EDs in the five years from 2019-2023.

1,161

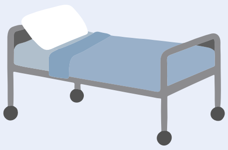
people died in EDs 2023[14].

While many deaths in EDs may be unavoidable, when a person's decline is predictable, their care may be better managed if an admission to ED (and possible subsequent death in this setting) was avoided. EDs are busy, high-intensity environments which can limit privacy and emotional support, making it less suitable for the delivery of end-of-life care.

Creating dignified spaces for people at end of life in hospitals

It can be a challenge in a busy hospital environment to create private, respectful, dignified and tranquil spaces for patients and families at end of life in hospitals, but we know the physical environment has a huge impact on people's end-of-life experience.

The National End of Life Survey found that, in 2022, 81% of people, whose loved one died in a single hospital room, said that they died in the right place compared with 51% of those whose loved one did not die in a single room[11].



81%

died in single hospital room

51%

died in ward

Why does the Delivery of End-of-Life Care Matter?

The delivery of end-of-life care is facing ever increasing challenges. There is limited capacity in already overstretched services which are not uniformly available. Poor access to out-of-hours services can exacerbate the pressures, anxieties, and strain often experienced by families. These challenges can lead to the person being transferred between settings, including avoidable emergency department admissions, where conditions are not always ideal for care at end of life.

What Needs to Happen?

The **coordination between care settings at end of life** must be prioritised, with a focus on enhancing communication between professionals and services. Processes and systems that facilitate greater integration and continuity of care also need to be in place.

Investment in primary care to improve **access to out-of-hours care** for people, regardless of geography, finances, care setting or diagnosis, **is crucial**. Some hospital admissions will be necessary but for others, alternative urgent care closer to home should be available to meet their needs.

More research is needed to understand what factors contribute to transfers between care settings at end of life, and what enables individuals to remain in their preferred place of care.

What is palliative care?

What is it?

Palliative care is an approach that improves the quality of life of persons and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.*

Who is it for?

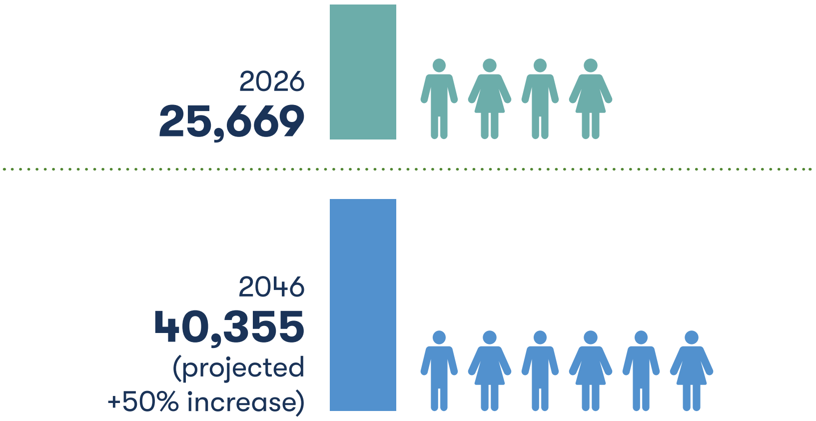
Palliative care can support anyone living with a life limiting condition, at any stage, not only at end of life.

Who provides it?

Palliative care can be provided by any healthcare professional. Many people's needs at end of life can be met with general palliative care; for example from their GP and primary care team. Some individuals with more complex illness (or symptoms) may require Specialist Palliative Care (delivered by professionals who work solely in palliative care, and who have extensive knowledge and skills in this area). These professionals work together/alongside GPs and primary care teams to provide the support and specialist care required for these people.

How many people need palliative care?

In 2026, an estimated 25,669 people will die in Ireland from an illness that has a palliative care need. This number is projected to increase by more than 50% to 40,355 people by the year 2046[5].



How many people need palliative care?

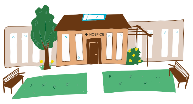
* https://www.hse.ie/eng/about/who/cspd/ncps/palliative-care/

Specialist Palliative Care Teams

Specialist Palliative Care teams become involved when complex symptom management is required. Specialist Palliative Care is provided in any location – in the home, hospital, hospice, or in a nursing home by teams of healthcare professionals who work solely in palliative care and have extensive knowledge and skills in this specialty.

What Specialist Palliative Care services are available in Ireland?

14



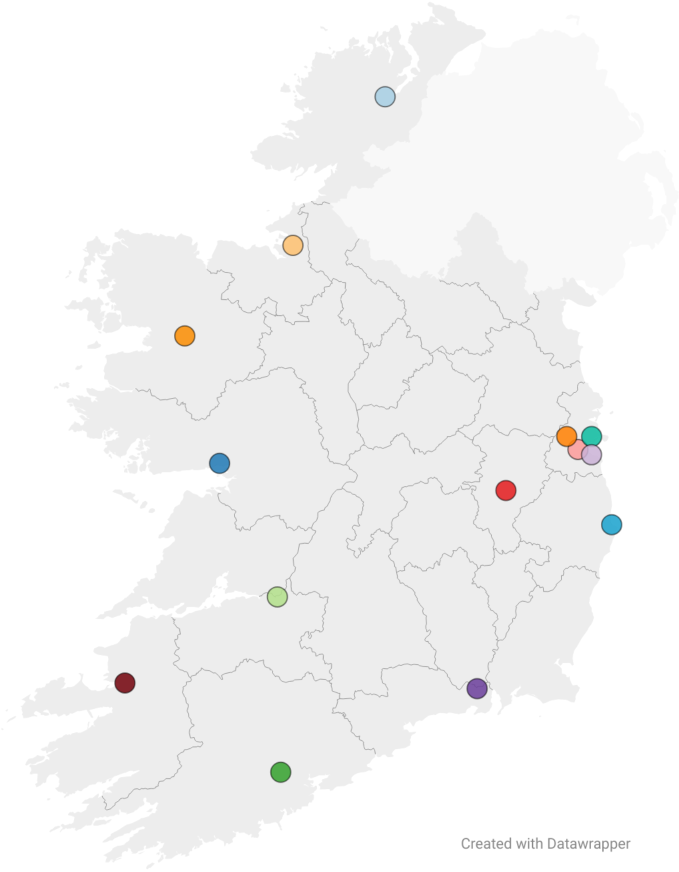
There are 14 adult hospices (also called Specialist Palliative Care Inpatient Units) in Ireland, with a combined total of 276 beds[15].

36

There are 36 acute hospitals around the country which also host a Specialist Palliative Care service.

32

There are 32 community Specialist Palliative Care teams covering all 26 counties.



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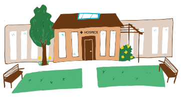
Location of adult hospices in Ireland, 2025

How many people access Specialist Palliative Care?

In 2024, Specialist Palliative Care (SPC) teams cared for

19,816 patients in hospital



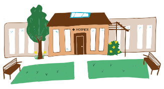
4,395 patients in hospices

15,253 patients in their own home or nursing home[15]

In 2024 the number of patients who died under the care of a Specialist Palliative Care (SPC) team were[15]:

3,662

Patients died while under the care of Inpatient (hospice) SPC



6,626

Patients died while under the care of Community SPC

7,320

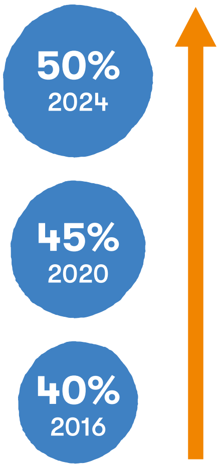
Patients died while under the care of Acute Hospital SPC

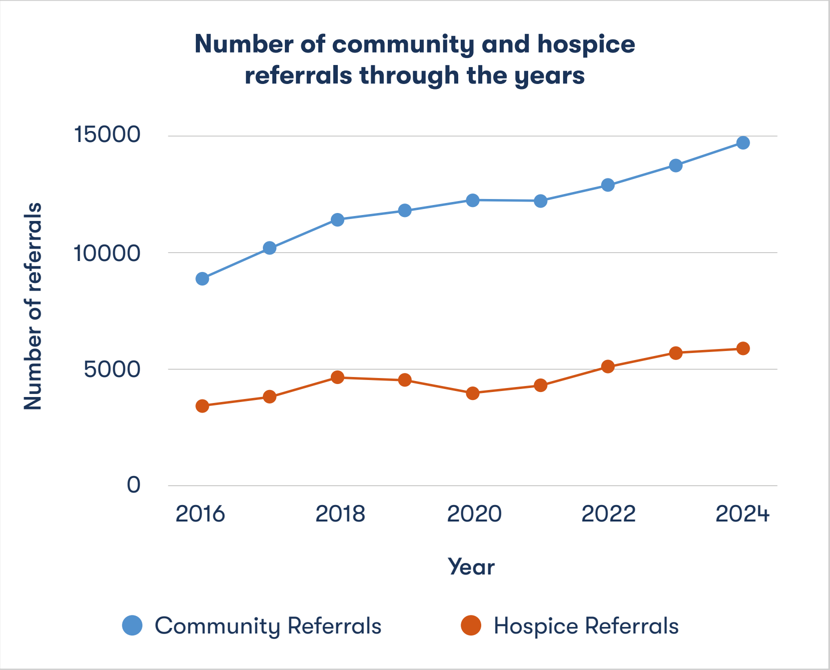
50%

Half of people who died in Ireland in 2024 were under the care of Specialist Palliative Care (SPC) services.

As demand for Specialist Palliative Care services has grown and is forecast to further increase over the coming decades, capacity has also increased. The proportion of people at end of life receiving Specialist Palliative Care has been steadily growing over the past 10 years.

Proportion of people who died in Ireland while under the care of Specialist Palliative Care services




Number of community and hospice referrals through the years

Specialist Palliative Care is not only for cancer patients

The number of people with a non-cancer related diagnosis receiving Specialist Palliative Care, both in hospices and in the community, has risen dramatically in the last 10 years.

In the past, the vast majority of people seen by Specialist Palliative Care teams would have had cancer. However, there has been an increase in the proportion of people with non-cancer diseases who have been supported by these teams.

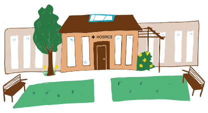
In the last eight years alone:

In hospices, the number of **cancer referrals has increased by 60%** while the number of **non-cancer referrals has increased by 133%**.

In the community, the number of **cancer referrals has increased by 43%** while the number of **non-cancer referrals has increased by 116%**.[15]

In the past eight years:

Hospice referrals increased by:



60% Cancer

133% Non-cancer

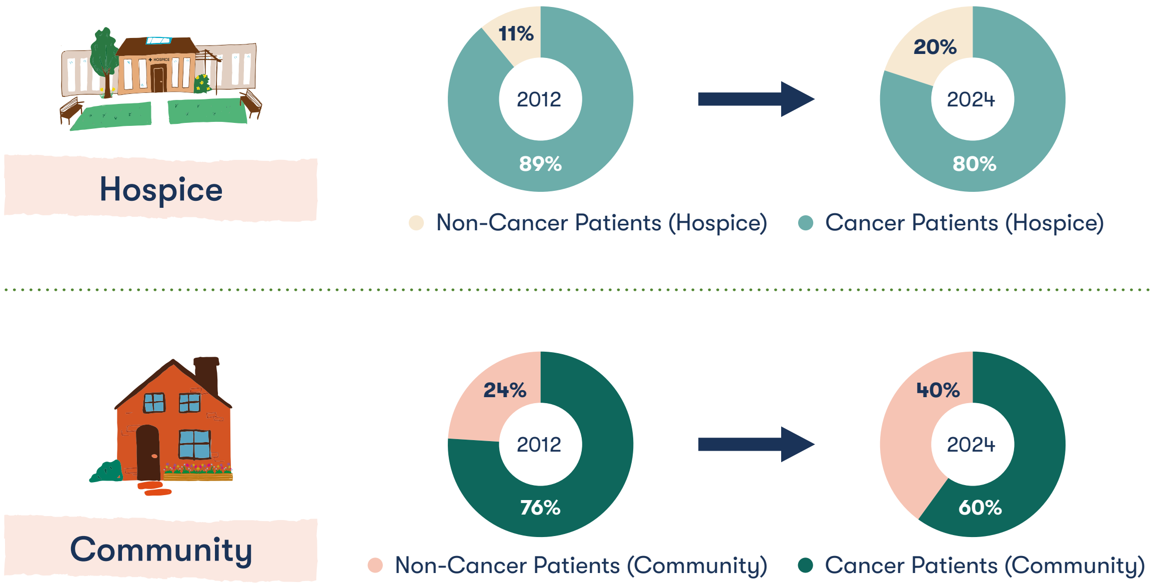
Community referrals increased by:

43% Cancer

116% Non-cancer

Cancer & Non-Cancer Referrals 2012-2024

There has been a clear increase in non-cancer patient referrals



Why does Palliative Care Matter?

Gaps still exist in our current provision of care for people at end of life, particularly for those who need General Palliative Care - delivered by a range of healthcare professionals in the community. Demands are estimated to increase on an already over-burdened system.

What Needs to Happen?

While the availability of palliative care services has been increasing in Ireland, **there are still regions in Ireland without an adult hospice**, namely the Midlands and North East. Planning for these additional sites is underway and must be delivered without further delay.

The provision of **general palliative care needs to be strengthened through investment across all settings, particularly primary care**. All healthcare professionals (including GPs and public health nurses) must recognise and understand their role in delivering the core components of palliative care and be upskilled to do so, as noted in the National Adult Palliative Care Policy[16] and outlined in the Palliative Care Competence Framework.

Clearer, adequate and more current data on the several impacts (social, financial, emotional, among other) that end of life and dying has on people and their current views, experiences of death and dying is needed. The National End of Life survey was a crucial opportunity to gather important data and should be repeated with further focus on these issues.

The implementation plan for the National Adult Palliative Care Policy must be resourced and monitored in order to adequately address the increased demands being placed on our palliative care system.

How Irish Hospice Foundation is Making a Difference

IHF seeks to understand and advocate for what is important to people at the end of life and we communicate our findings to the public and policymakers.

- IHF run programmes that support people at end of life, including Hospice Friendly Hospitals, Caru and Nurses for Nightcare and will evaluate all programmes to determine their effectiveness.
- We advocate for funding and implementation of the National Adult Palliative Care Policy and contribute directly to the implementation of the policy through our programmes.
- We promote and participate in research such as the National End of Life Survey to increase understanding of the evolving landscape of end of life and death in Ireland

- We deliver a Dying Well at Home programme which aims to support people who wish to die at home and those who care for them. In 2024 we launched our Information and Support Line to support people as they navigate the challenges of supporting a loved one to die at home.

  The programme also has information and resources available to families and healthcare professionals. Recently an eLearning training resource was developed to support people who are caring or who are considering caring for a person at end of life in a home setting.
- We also support the delivery of vital end-of-life care through our funding for the Nurses for Night Care service. Nurses for Night Care is a service that delivers end-of-life care for people dying with illnesses other than cancer in their own home. In 2024, almost 1,000 people were provided with a night nurse and overall 3,130 nights were provided. In a recent survey, 92% of relatives said that having a night nurse 'greatly or significantly' improved the end-of-life experience for their relative or friend. 94% rated the quality of end-of-life care provided by night nurses as excellent or good.
- Our Design & Dignity grant awards support hospitals across the country to provide much-needed respectful, dignified spaces for patients and families at end of life. To date, 56 projects have been awarded funding for comfort care suites, family rooms with overnight accommodation, rooms for bereaved families, bereavement suites in emergency department and improved mortuary environment.

  The aim of the programme is to change not just the physical environment of hospitals for people and their families' facing death but also the culture of care within acute hospitals as part of Irish Hospice Foundation and the HSE's Hospice Friendly Hospitals programme.

Bereavement and Grief

Bereavement and grief will impact every person at some point in life, shaping emotional wellbeing, relationships, identity, physical health and for some financial security. When a person is bereaved, the effects can impact their daily functioning, their ability to work, their mental health, and their sense of meaning. Yet despite bereavement being a universal experience, it is an experience that is often overlooked or minimised by society.

How many people are bereaved in Ireland each year?

We do not have exact figures for how many people are bereaved each year in Ireland, but we do know that for every death, on average **up to 10 people are significantly impacted**, both adults and children[17]. Many more friends and wider family members will also be impacted.

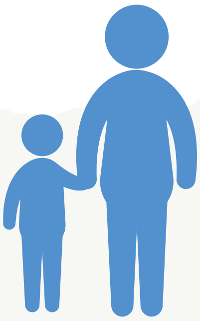
This means that **over 350,000** people are newly bereaved each year. That is around 6% of the Irish population.

> In a national survey from Irish Hospice Foundation, **84%** of people said they had experienced the loss of someone close to them at some point in their life[18].

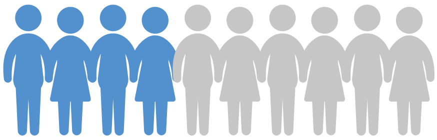
How many children are bereaved in Ireland?

Think Adult, Think Child

In Ireland approximately **100** people die each day. These are the parents, grandparents, aunts, uncles, siblings and friends of our 1.2 million children.



A significant number of children will have experienced a significant loss by the age of nine, as shown below:



4 in 10 children will have lost a significant person in their lives[19]

1 in 4 will have lost a grandparent

1 in 20 will have lost a close friend

1 in 50 will have lost a parent

It is estimated that up to **60,000** children in Ireland have lost a parent by the time they turn 18.

How children grieve varies depending on their personality, age and level of understanding of death, but all children need clear information. For a range of practical resources and advice to support conversations with children, visit www.childhoodbereavement.ie

What are the needs of bereaved people?

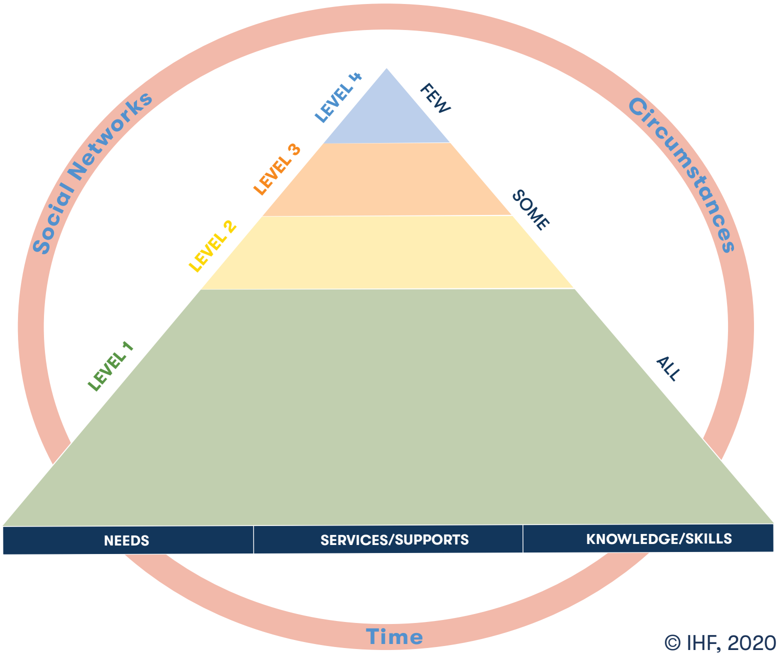
In the absence of a national and policy-driven approach to bereavement care, Irish Hospice Foundation, in collaboration with bereavement care providers, developed the Adult Bereavement Care Pyramid. Using a public health approach, the pyramid identifies four levels indicating people's needs and the type of support they require when bereaved:

🟩 **Level 1: Most people's bereavement needs are met by their natural networks.** This includes acknowledgment of the loss, compassionate responses and access to information from a person's immediate networks i.e. families, friends, workplace colleagues, sports and social clubs.

🟨 **Level 2: Some people will need additional support outside of their social network.** This may include peer support groups within their community that may have a focus on a particular type of bereavement experiences e.g. suicide or parental loss.

🟧 **Level 3: Some people will need to access appropriate counselling and psychotherapy.** This is to enable them to cope with their loss and provide a safe and confidential space to support their overall wellbeing.

🟦 **Level 4: Few people will need specialised therapeutic intervention.** This can help them cope with what is described as a prolonged or complex reaction to their loss.



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What are the impacts of bereavement?

The effect of a bereavement will vary depending on different factors - including the nature of the relationship with the person who dies, whether a death was sudden or expected, other life stressors and the availability of supports.

Emotional and Cognitive

Impacts of bereavement can be wide ranging and may shift over time in their intensity. These can include, particularly in the early phases of loss, impacts on our memory and thinking, such as difficulties with concentration, impaired decision-making or confusion. Sadness and yearning are more expected emotional experiences; however anger, guilt and regret may characterise some people's experiences.

While these emotional impacts are normal, for some they can be overwhelming and may require support to navigate. In 2022 **of all people accessing primary care counselling, about 1 in 3 (31.4%) reported bereavement related problems**[20]. Bereavement was the fifth most common reason reported for support from these services.

Physical

Grief can impact on physical health causing tiredness, loss of appetite and difficulties sleeping to name but a few.

Financial

A study by Irish Hospice Foundation[21] found that:

- 22% of people who experienced a bereavement faced financial challenges
- 28% said they would prefer to take out a private loan, rather than seek assistance from government or a charity to pay for a funeral
- There were poor levels of awareness and knowledge about the Government grants and supports available to people following a bereavement

Funeral costs

Funeral rituals vary between traditions, religions and cultures, but regardless of this the costs are significant: buying a grave, funeral directors' fees, gravediggers' fees, transport, flowers, officiators' fees, music, hospitality for mourners and headstones.

€6,252

The average cost of a funeral in 2024, according to a national survey by An Post[22]

These costs have increased by **14%** since 2022 (€5,484) and are up **42%** since 2016 (€4,062)

What is the impact of bereavement in the workplace?

Given that 75% of Irish adults are currently employed, bereavement is a common experience in the workplace, and it can take a toll on a person's work performance and wellbeing. Employers and unions need to understand and take account of the impact of grief in a workplace.

A UK study found that over **half of employees would consider leaving their job** if they were not treated with compassion following a bereavement[23].

To date, there is limited research on the impact and cost of grief to workplaces in Ireland. However, a study by Irish Hospice Foundation[21] found that:

2 out of 3 people

who had been recently bereaved were in employment at the time.

- **More than half** (56%) of people changed their working arrangements following the bereavement.
- **67% of people** were aware of people who struggled to be productive in work after a loved one had died.

Why does the Impact of Bereavement and Grief Matter?

Despite the significant impacts of bereavement and grief, support is often invisible in national policies and there are relatively few formal support services delivered.

Additionally, **many people will be working at the time they experience a bereavement, making employers and workplaces crucial in supporting those who are grieving.**

What Needs to Happen?

Clear recognition of the impact of bereavement is needed. Commitment and funding to apply a public health approach to address this, with adequate supports and information, is essential. These resources must be applied at a community level, available for people when grieving or supporting someone grieving (levels 1 & 2 on the pyramid). As part of this approach, equal access to supports and services is also crucial for those in need of more specialised bereavement care (levels 3 & 4).

Adequate data to understand the wide-ranging impacts of bereavement on the Irish population - from social to financial – is essential.

There is a responsibility to support all employees who are bereaved. **Every workplace should have an appropriate bereavement policy** with adequate leave, supports and other entitlements.

There is currently **<u>no</u> statutory entitlement to bereavement leave in Ireland**, which means there is no legal obligation for employers to provide employees with bereavement leave.

The impact of bereavement should be formally recognised as a significant life event and supported accordingly through the **introduction of statutory bereavement leave** for all workplaces.

How Irish Hospice Foundation is Making a Difference

IHF is working to empower the community to consciously support grieving adults and children and advocate for additional support for those who need it.

- We ensure that adult and child Bereavement Care Pyramids are used to effectively deliver the relevant grief supports to people as they need them, through our campaigns, training, networks, grants and advocacy.
- We advocate for a national framework for bereavement care, drawing on our bereavement care pyramids for adults and children.
- We work to help people understand why some people have poorer grief outcomes, highlighting psychological, social and economic risk factors.
- We work with policymakers and workplaces to make Grief in the Workplace a priority issue.
- We operate our Bereavement Support Line, providing a freephone service for people wishing to talk about loss.

It is essential that everyone that calls Ireland home has the opportunity to achieve a good death. That requires a set of supports, and systems and services that are wide ranging and effective. It is clear from this report that there is a need for urgent action on this. Irish Hospice Foundation is actively working to deliver and advocate for improvements in all areas of dying, death and bereavement.

IHF Resources & Information to Support People Who are Facing End of Life & Their Families

Irish Hospice Foundation continually strives to improve end-of-life in all care settings in Ireland – hospitals, community and at home. An important part of this work is the creation of resources to support those who are facing end of life and those who care for them.

Palliative Care

Our information booklet *"Palliative Care – what is it and who is it for?"*, is for those diagnosed with a life-limiting condition that aims to make people feel comfortable and supported throughout their illness. You can view it **here**.

Our *"When someone you care about is dying: What to expect"* booklet, has been created to support you when someone you care about is dying. This booklet may help you to know what to expect in the last days and hours of their life.

You can access both booklets **here**.

Our Dying Well at Home programme aims to support end-of-life care at home for people who wish to die at home and those who care for them. Caring for someone at home can be both a challenging and rewarding experience.

Our brochure *When Someone You Care About Is Dying at Home – What to Expect* will help you know what to expect and how you can support a person who is dying at home.

The *Dying Well at Home eLearning* has been developed to support people who are caring or who are considering caring for a person at end of life in a home setting.

You can access the brochure and eLearning **here**.

Information and Support Line

Facing or caring for a friend or family member with a life-limiting illness can be challenging for anyone. The Information and Support Line (1800 60 70 66) is a confidential line that provides signposting, practical supports and resources about end-of-life care in Ireland. See details **here**.

Nurses for Night Care

We fund the Nurses for Night Care service for people dying with illnesses other than cancer. Nurses for Night Care enables people with diseases like dementia, motor neurone disease, advanced respiratory disease, heart failure and end stage kidney disease to receive expert nursing care and support at night in their own homes in their final days. See details **here**.

Think Ahead

A practical tool and customisable guide for advance care planning and end of life. It helps a person document their healthcare choices and personal wishes, for a future time when they may not be able to make or express those decisions. See details **here**.

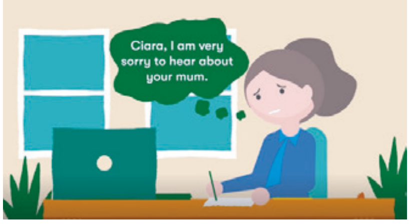
IHF Resources & Information to Support People Who are Bereaved

We believe support in grief should be available for all who need it. Being there for those who are grieving and understanding their needs is a key pillar of our work. As a national leader in the development of bereavement care, we have a range of bereavement supports available including the Bereavement Support Line, resources on bereaved.ie as well as working in collaboration with bereavement care providers and providing training for individuals, families, communities and workplaces.

Irish Hospice Foundation
Bereavement Support Line
1800 80 70 77

Bereavement Support Line

A national freephone service – 1800 80 70 77, set up by Irish Hospice Foundation, in partnership with the HSE, that provides a safe space for those who have lost a loved one, friend or colleague, to talk about their loss and grief. Available Monday to Friday 10am to 1pm. People can also visit **www.bereaved.ie** for more information on coping with bereavement and finding supports.



Grief in the Workplace

We provide support, training, resources and advice to help organisations and managers to respond effectively to grief situations that can arise in the workplace. We offer a range of interactive courses which focus on coping with grief in the workplace. See **www.hospicefoundation.ie**

The Irish Childhood Bereavement Network
Irish Hospice Foundation
Supported by TUSLA

Irish Childhood Bereavement Network (ICBN)

ICBN supports professionals to deliver quality and accessible support to children who are bereaved. The ICBN signposts loved ones to a directory of bereavement support services. It also advocates for bereaved children and young people, and those supporting them. See **www.childhoodbereavement.ie**

Education

We work with staff in a variety of settings to support and embed education and training in end-of-life and bereavement care. From our MSc in Loss & Bereavement, Grief in the Workplace, to our bereavement workshops, there is a wide spectrum of training to choose from. See **www.hospicefoundation.ie**

Scan here for bereavement care supports and resources

Acknowledgements

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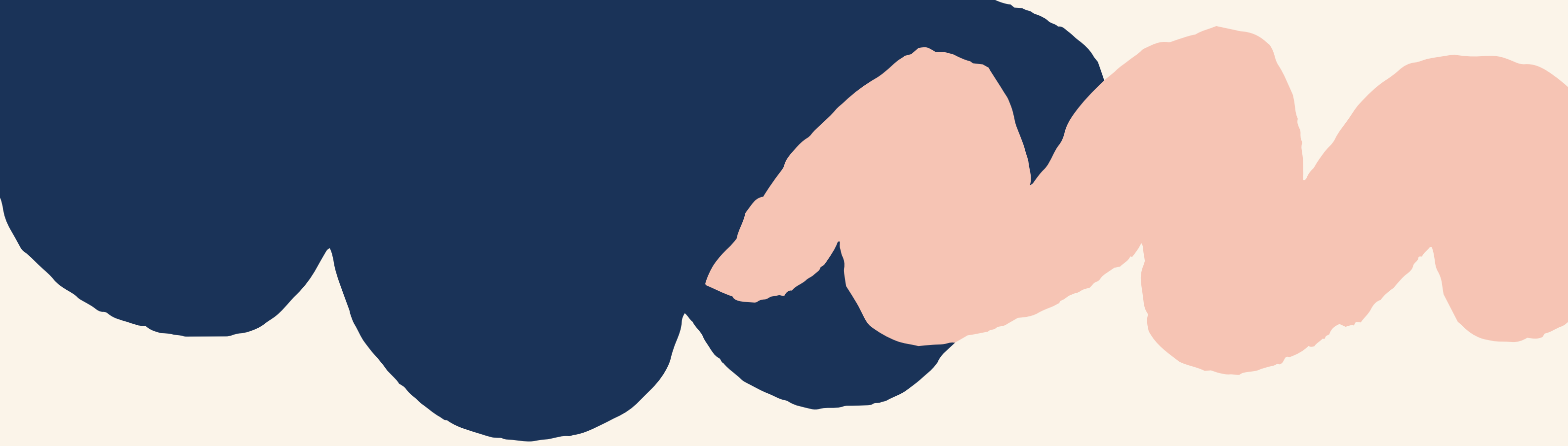

Irish Hospice Foundation

To die and grieve well wherever the place

40 YEARS OF IMPACT

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