

FUNERALS MARKET INVESTIGATION

Summary of a roundtable discussion with NatCen and external attendees held on Wednesday 4 March 2020

Introduction

1. The following is a summary of points raised during the discussion with NatCen and a panel of external attendees from the fields of academia, palliative and end-of-life care, and those whose role is to support the bereaved and people nearing the end of their lives.
2. The Competition and Markets Authority (CMA) commissioned NatCen to undertake a rapid evidence assessment looking at three research questions:
 - the nature and scale of the effect, if any, of recent grief and bereavement on consumers' decision-making capacity and purchasing behaviour;
 - the effect, if any, of any comparable mental states - and what these comparable mental states may be - on decision-making and purchasing behaviour of the bereaved; and
 - what interventions have been used to address the potential effects of grief, bereavement or these comparable mental states on decision-making and purchasing behaviour.
3. The CMA commissioned NatCen to undertake this work to understand more about the role of grief and bereavement in the decision-making process. This research could also inform the CMA's thinking about any remedies that may be appropriate.
4. The purpose of the roundtable was to share NatCen's interim findings from its evidence review in order to explore the extent to which the emerging findings resonated with the industry attendees, to gather the attendees' views, understand whether the attendees thought there were any conflicts between the initial evidence gathered and their own expertise or experience, to identify any evidence gaps, and to have a general discussion around and sense-check the evidence found to date.

5. The CMA introduced the roundtable discussion. It noted that the Inquiry Group had not reached any conclusions at this stage, and that any views expressed during the roundtable would not be views of the Inquiry Group.

NatCen presentation

6. NatCen set out the project's aims and three over-arching research questions (as set out in paragraph 2). It then explained how it carried out its rapid evidence assessment (REA). NatCen set a number of criteria for the papers to be reviewed and to ensure it only assessed what was relevant and of high quality.
7. NatCen included transferable research that looked at decision-making at different life points in its REA, including at hospitalisation, end-of-life care, organ donation and serious diagnosis, where individuals' carers and family members were having to make decisions on behalf of their relatives and in stressful situations, and often with a tight timeline.
8. NatCen set out the findings from its work to date on the REA. External attendees were then invited to respond to NatCen's presentation, and the interim conclusions drawn by NatCen from the evidence assessed to date.

Roundtable discussion

9. NatCen commenced the discussion by asking if the findings so far resonated with the attendees.
10. One attendee noted that the evidence is making an assumption that everyone is homogenous, and that grief influencing decision-making did not take into account different personality types. For example, some people might be more impulsive or likely to take more financial risks than others. Class, education and gender might also affect behaviour. It was suggested that, given such complexities as well as the emotional complexity surrounding death, it could not be assumed everyone was neutral to begin with. NatCen acknowledged that while some of the literature talked about how some people are more resilient than others, there was otherwise an assumption in the literature of homogeneity.
11. Another attendee agreed and suggested that many presumptions are being made in the literature. It is often presumed that the bereaved are distressed and do not act rationally, but some people are very rational while others are very experienced, having made, and learnt from, previous funeral arrangements. Research indicated that decisions about funerals are often made by a family. The most rational and 'together' family member interacts with the funeral director and represents the family, and then they can all make

decisions together. People without a family network discussed the arrangements with their friends. The incidence of an individual making decisions about something they know nothing about on their own are rare from that attendee's experience. The same attendee also suggested that a lot of people put the funeral together themselves rather than opting to buy a package.

12. The discussion moved on to discuss the time taken to make decisions about the funeral, and evidence in the literature suggesting that there is a need to address the norm of deciding the funeral arrangements as soon as possible.
13. Based on their experience of dealing with the bereaved on a daily basis, another attendee suggested that time constraints, such as those imposed by religion, can help some people. Because people can only make a certain number of decisions in the available time, decisions may be taken out of their hands. The time constraint can act as a type of insurance on decision making. The attendee suggested that, instead of time pressure, one of the greatest aspects of distress is not necessarily around lack of choice with regard to the funeral, but where families disagree about the funeral arrangements.
14. One suggestion was that the bereaved should be advised that usually there was no timescale for arranging a funeral, unless there were conflicting pressures like religious norms. That attendee also indicated that there was another presumption running through the literature, that everyone is a beginner when it came to arranging funerals. This presumption was not borne out in their conversations with bereaved people, and they also noted that the research said that most people choose a funeral director based on their own, or their friends' and families', past experience.
15. However, another attendee said that while some people may have used funeral directors before, this experience did not necessarily mean that they are aware of all of their options. The funeral director they had previously used may not have informed them of all the choices available and so the bereaved may be acting on limited information. The attendee suggested that gatekeepers such as doctors, care home workers and hospice staff should have conversations with people heading towards the end of their lives well in advance as to what all of the options available are. Most people do not know all of the options available.
16. Another attendee raised a separate topic about the pros and cons of people discussing what they might want for a funeral in advance. Sometimes the deceased's wishes could put undue pressure on the bereaved if what the deceased wanted is unobtainable. This could cause problems in terms of affordability. On the other hand, having discussions can help when someone

tells you they do not want an expensive coffin, for example. Having a conversation about your funeral in advance is also useful because those people who have used a funeral director can help others who may not know what is possible, what funeral packages comprise, and that they could make their own arrangements. It was important that information should be available to people in advance, so they were able to make realistic choices and not have those conversations right at the end which is a distressing time. It was suggested that when having such discussions, it would also be helpful to have a figure in mind ie 'I do not want you spending more than that'. Other attendees agreed with the idea that prior conversations can empower decision making, particularly amongst families where conflict might arise over what the deceased may have wanted. The conversation then raised the question of who the funeral was for, the bereaved or the deceased.

17. NatCen raised the issue of the context of the death and whether your relationship with the person that has died affected decision-making. One attendee suggested that, in their professional experience, the vast majority of people who made contact with a service they had worked at, had lost a parent. The loss of a parent was considered the biggest loss, followed by a partner (who might have been a joint decision-maker across someone's lifetime), and then followed by loss of a child. Another attendee agreed that death of a spouse was significant.
18. Another attendee said that consumers on reduced or small incomes, who had often experienced cumulative loss during the course of their life, could be overwhelmed by a bereavement to such an extent that they are unable to make rational decisions. In this context, the options grid outlined in one of the research papers presented sounded sensible. Having information presented in as many different formats as possible (for example, also making it available on the internet) could provide consumers with greater choice and a better understanding.
19. An attendee said it was necessary to be clear about how critical and important some of the decision making was. There were two different types of decision-making associated with funerals: technical decision-making, concerning bureaucratic information (eg relating to the registrar / coroner) and decisions / purchases relating to the ritual of the funeral (eg the flowers). People often need help with the technical decision making but were often able to make many of the ritual choices themselves and did not necessarily need to be told those things. The funeral service is only a small part of a funeral ritual, often with much of the decision-making taking place after the event, for example, deciding what is best to do with the cremated remains.

20. An attendee said people did not shop around because sometimes they know what they are doing having learnt from previous experiences such as attending funerals, and from recommendations from others in selecting a funeral director. The attendee added that evidence showed that consumers were paying pretty much what they expected for funerals, and there was evidence that people were quite good at buying funerals and learnt from their own experience and sought out friends' recommendations.
21. One attendee disagreed with this view. Many people may go back to funeral directors that are not very good and they will not realise that the funeral director is not very good. Again, it is about consumers knowing what their rights and options are, so they can know what a good or bad funeral director is and what that looks like. When people are grieving, the finality of loss is always a shock, so the ability to then start making decisions is almost impossible. Having access to information is important because so many people do not know what their options are because the information is not available, and it may not be in the funeral director's business interests to make it available.
22. NatCen said the evidence suggested that people did not attend funerals on a regular basis and perhaps may have been to only two or three in their lifetime, which was not a huge pool from which to base one's decision-making, suggesting that may be more about information.
23. In one attendee's experience, many people use the internet to scope out funeral directors in the vicinity, looking for phone numbers and reviews. However, even when consumers have had a bad experience with a funeral director, they might use the same company again because it was the only one in the locality, or, it was the one the family had always used. The attendee considered that those that did research funeral directors' websites found it helped them obtain a feel for the company. However, what makes a good funeral is very individual and so there are some factors you cannot measure off the internet. You can get some helpful basic information on options for coffins, or woodland burial. But some important factors, like price, often you cannot find and that needs to change. Funeral directors need to put prices online.
24. NatCen said it found evidence that many people used the funeral director closest to them because they wanted to deal with the funeral arrangements as quickly as possible and get it out of the way and were not shopping around.
25. In the next part of the discussion NatCen asked attendees to consider the implications of the research, particularly around how consumers could get

information and support, and how to give people more time to make decisions.

26. It was suggested that funeral directors should seek to strike a balance between providing options to consumers rather than exerting excessive influence. In instances where the bereaved were grieving and were unable to make decisions very easily, funeral directors might need to focus more on presenting choices. In situations where consumers knew what they wanted; funeral directors needed to facilitate the process. That may mean better training for funeral directors.
27. An attendee commented that both trade organisations promoted training, but in that attendee's view, the take-up by their members was dependent on the size of the businesses concerned and their capacity to allow people to undertake it. The attitudes of the business owners towards education was also important. Historically it was considered that on the job training was as valuable as anything one could learn. In that attendee's opinion, there was insufficient training and training should be standardised, and mandatory to some degree.
28. Another attendee suggested this should include learning how to treat the bereaved with compassion and humanity.
29. One attendee suggested that to raise standards in any industry training is a front-end solution, so it is also important to have enforcement mechanisms in place. In addition, training can fail and so redress mechanisms can assist if anyone feels like they have been exploited. At the moment there is limited way of getting effective redress.
30. NatCen asked attendees about what information might people need and when do they need it.
31. One attendee suggested that people needed information as early as possible, especially if a relative was suffering from a long illness, because anticipatory grief had a huge impact on the ability to absorb information. The attendee felt it was vital that people also had compassionate, impartial support when someone had died. Some funeral directors could be helped by training on how to be with people who are bereaved, particularly funeral directors who do many, many funerals.
32. Another attendee pointed out that health professionals are having a lot more conversations more openly, including about funerals. Some of these conversations are being held in advance where people had a terminal diagnosis. However, health and social care professionals already have a large burden and cannot talk about everything. It is worth asking the question, but

are they are the right people to have the conversation. They might be the right person, or they could signpost or identify other organisations that could have such discussions. There are many ongoing initiatives within hospitals in this regard to increase awareness.

33. Information could be provided to people verbally, in a written format, or, as a film and information should be available at number of different points to get people to start talking about it. For example, information could be provided when a person was alive, or, for the bereaved visiting the hospital or the care home to collect documentation following death. Healthcare professionals perhaps needed educating so that they could provide people with an understanding of what could be expected from a funeral director but without sending them to a particular one.
34. One attendee noted that Marie Curie had looked at the integration of bereavement services within end-of-life care several years ago.
35. It was suggested that as the majority of people dying were aged 75 and over, funerals were not impulse purchases and people had a long time and plenty of opportunity to hold the necessary conversations beforehand. However, another attendee noted that 99 per cent of the people they had supported had no idea what their choices were. At the point of need, the bereaved are then presented with so many choices which they can find overwhelming, even if a death was expected. Information provision at the point of need is too late in their experience.
36. NatCen noted that the evidence suggested that people have different levels of vulnerability, but there was no stratification as to which groups were more or less vulnerable.
37. An attendee raised another point that some people did not want to talk about death in advance and so it did not matter how much information was available. You were never going to educate, train, or advise them because they were not going to listen. It may well be that these people might find death particularly traumatic and arrive at the funeral director particularly distressed by it, because they were not mentally prepared. This attendee suggested that when thinking about policy interventions there would be some groups that you just could not create an intervention for as they would not engage.
38. One attendee said that in their experience working at a counselling service, some people made fast decisions at the time of need and then ended up using the counselling service three or four years later because they had time to reflect on what had been a deeply unsatisfactory experience. If these people had given the process greater consideration at the time, and had more

information, they might have taken a pause for thought. One attendee thought that the CMA should inform people that the bereaved had more time to make funeral arrangements than they thought. NatCen added that this may not apply in all circumstances as some religions required that burial took place within 24 hours of death. Delays to burial, for example, caused by the coroner taking longer than expected, could cause great distress in the community.

39. NatCen commented that health and social care patients with multiple morbidities were guided through the health and social care system by 'patient navigators' and asked attendees whether there could be a role for 'patient navigators' in the funeral industry. One attendee queried whether this role was already covered by bereavement services. Another attendee noted that the provision of bereavement services at acute hospitals used to have a much wider role, but this had shrunk, and bereavement services were now often handled by the administration departments.
40. Whilst noting that giving a particular individual a role of advocate may not be viable, another attendee suggested that public education could play a role.
41. An attendee suggested that once the bereaved had been presented with their options, it was the duty of the funeral director to explain what the outcomes of these options might be, and whether these were potentially positive or negative. The attendee thought that insufficient support of this nature may currently be provided.
42. The CMA asked attendees about how to empower people in making decisions. NatCen queried whether the literature provided to the bereaved should set out the different funeral options available and cost information, or, whether it should contain questions people should be asking to support their decision-making. One attendee said they needed all of it. They thought it would be helpful if families had an information booklet containing general advice - such as the bereaved having an advocate when they visit a funeral director - and a list of questions to ask funeral directors, including questions such as where the deceased was going to be kept. Most people would feel it was disrespectful or wrong to question a funeral director because they felt they did not know enough, and so having this information to hand could empower the bereaved and enable them to make more informed choices.
43. Another attendee believed that funeral directors had an ethical responsibility to the deceased and the bereaved, and, recognising different levels of urgency within different people. Some people passed their decision making to the funeral director, because they did not want that responsibility; it was too difficult, whereas others needed it and that empowered them.

44. People's trust in funeral directors was raised. An attendee suggested that families choose a funeral director on the basis of their dealings with funeral arrangers who they often trusted, and, who were often extremely good at their jobs. These discussions, however, did not necessarily provide a picture of what was happening behind the scenes. Some people do not want to know; they do not want to see the mortuary. But there may be a disconnect between trusting a funeral arranger and not being told important information about what was happening to your loved one unless you specifically ask the question: knowing that some of the arrangements that had been made were convenient for funeral director, rather than being what the family wanted or needed. For example, routine embalming that a family may not have requested or understand what it means.
45. It was suggested that people needed to know more about the whole process - these were organisations and institutions that people trusted, but the problem was that the whole process of arranging a funeral was opaque at every level, for example, in terms of price, the level of care given to the deceased and the availability of crematoria. It was acknowledged, however, that there were things that were difficult to bring up with a family, and it may be difficult to know when to bring such things up.
46. In concluding the roundtable, NatCen summarised key points that had come out of the discussion and explained the next steps on NatCen's report of the rapid evidence assessment.
47. NatCen's final report was published on 13 August 2020 and is available on the CMA website.