

# The State of Dying in the UK

What really happens when someone dies -  
and how we can make it better.



DIGNITY

# Contents

- 3** Foreword
- 5** About this report
- 6** Methodology
- 7** Why now, and what needs to change
- 12** One in four say their loved one didn't have a good death
- 16** The good death gap
- 20** Where we die - home, hospital or hospice?
- 25** Care under strain - trust, funding, and the case for reform
- 29** Blind trust - the unregulated world of funeral directors
- 33** Grief in the workplace - the silent struggle
- 37** Unprepared for goodbye - a nation avoiding end-of-life planning the silent struggle
- 41** Changing funeral preferences in the UK
- 45** What we can do now
- 46** Conclusions

# Foreword

**Dignity has been part of the UK funeral sector since 1812. For more than two centuries, we've worked to support families with care, respect and professionalism - and to lead the way on raising standards across our industry.**

In 2018, we published a report calling for stronger protections in the funeral sector - a contribution that helped bring about regulation of the funeral plan market. That was an important step. But it's nowhere near enough. As a leader in the market, we have a responsibility to stand up for what's right, and to represent the families we look after all across the country. We're here to use our voice to advocate for better understanding of how people experience end of life, and to push for impactful societal and regulatory change. There are significant demographic challenges ahead and we're determined to make a difference where we can.

Planning for and dealing with death is one of life's hardest journeys. And for too many people, it's still made harder by silence, confusion or lack of support.

One of the strongest messages from our research is that practical preparation matters. Talking about wishes, putting plans in place, and making simple decisions early - from wills to funeral preferences to powers of attorney - can dramatically reduce uncertainty and distress for families. A good death isn't just about the care people receive, it's also about feeling organised, informed and supported long before crisis point.

That's why we're proud to be publishing the first ever State of Dying in the UK report. It brings together the views of over 4,000 people, and sets out a clear picture of where things stand - and where we need to go next. We know we can't do this alone. Improving how we talk about and experience dying is a shared responsibility across health, care, funeral and hospice services.

This is the first step. But not the last.



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**Zillah Byng-Thorne**  
Chief Executive  
Dignity



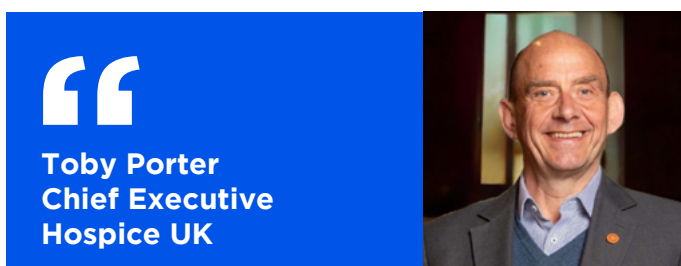
# Foreword

Hospice UK represents a community of more than 200 hospices across the UK. Every day, these teams go above and beyond to support children and adults living with long-term illness or approaching the end of life.

In England alone, hospices provide care for around 270,000 people each year – sometimes in inpatient units, but more often in the places people call home, whether in the community or care homes. This care is holistic and deeply personal, encompassing highly specialist palliative and end-of-life support that honours dignity and choice.

We are proud to partner with Dignity on the *Caring With Confidence* project, sharing hospice expertise with the wider care sector through practical resources and training. Together, we aim to strengthen resilience and compassion across all settings.

We congratulate Dignity on this report. It shines a vital light on the role we all play, supporting families and patients from the moment of diagnosis, through the anticipation of death, and into bereavement and grief.



# About this report

This is the first annual State of Dying in the UK report. It's based on a nationally representative survey of 4,000 people conducted in summer 2025. It explores how people experience death - their own, and that of the people they love - and asks how we can make it better.

We look at whether families felt supported, whether staff felt prepared, and whether the person had a “good death.” We explore where the gaps are - across hospitals, homes and care homes - and where we can make a meaningful difference.

The findings are sometimes stark. More than 1 in 4 people didn't feel their loved one had a good death. Many didn't know who to turn to for help. Others were left struggling with grief, with little follow-up or support.

But this isn't a report about blame. It's about action - and working together to make things better. For families, for carers, and for all of us.



# Methodology

To create the State of Dying Report 2025, Dignity partnered with leading insight specialists Trajectory and funeral consultancy Funeral Solution Expert, with valuable support from Hospice UK's Compassionate Employers team.

The methodology involved three stages of work:

**1.**

Interviews with frontline carers (including care assistants, palliative care nurses and care home managers).

**2.**

A quantitative survey of people in the UK. The survey was conducted in September 2025 and the total sample was 4,502, including a boosted sample of people who'd recently been involved in arranging end of life care for a loved one.

**3.**

Qualitative depth interviews with people who'd arranged end of life care and/or funerals for their loved ones. 14 depth interviews were conducted in November 2025.



# The State of Dying in the UK: why now, and what needs to change

## Dying well in an ageing country

Every year, more than 600,000 people die in the UK<sup>1</sup>. Whilst each death is private moment for families, together they form one of the most fundamental patterns in national life. For most of the twentieth century, we designed our health, social care and community systems around the assumption that dying was something that happened at a manageable pace, largely in hospital, supported by families who lived close by and public services that could absorb the strain.

Those assumptions are now breaking down.

Over the next two decades the UK will experience one of the most profound demographic shifts in its history. The number of people aged 85 and over is projected to nearly double.<sup>2</sup> The working-age share of the population will shrink. The number of people living with multiple long-term conditions will rise sharply. More people will live longer into frailty and cognitive decline, with more deaths will be caused by high-intensity, complex conditions like Alzheimer's and other dementias, now the leading cause of death in the UK.<sup>3</sup>

For the first time in modern Britain, the number of deaths each year will outstrip the number of births.<sup>4</sup>

An ageing society is the great success story of the last century - but it creates a responsibility: to ensure that people are cared for well, supported, and, when the time comes, able to die well. That responsibility sits across the whole system: families, communities, care workers, nurses, GPs, hospices, social care providers, funeral directors, regulators and national government. And critically, it includes helping people prepare - encouraging conversations about wishes and ensuring that families are not left to navigate the hardest moments without guidance

At present, the system is struggling to bear it.

Our new research shows that **28%** of bereaved people did not feel their loved one had a good death - and **32%** did not feel supported afterwards. Trust in frontline care workers is high, but trust in the system around them is weaker. People see the dedication of the individuals who support them, but they also feel the gaps in staffing, the delays in services, the unevenness in quality and the strain placed on families.

This report aims to look at that reality clearly, and to make the case for reform while there is still time to act. If we respond early, the UK has a chance to become a global leader in how we support people at the end of life. If we wait, we risk storing up avoidable distress for hundreds of thousands of families.

Dying well should not depend on luck. It should be a national priority.



## The pressures beneath the problem

Much has been written about Britain's ageing population, but the deeper challenge lies in the second-order effects - the way demographic change reshapes the economy, the workforce and the demands on households.

### 1. A growing imbalance between need and capacity

By the mid-2030s, the UK may need half a million additional care workers just to maintain today's levels of support.<sup>5</sup> Yet adult social care already holds around 152,000 vacancies at any given time,<sup>6</sup> and the pool of working-age people available to fill those roles is shrinking.

Immigration helps but cannot single-handedly close the gap. Nor can we rely on traditional assumptions of family members absorbing most of the caring. Increasing numbers of older people live alone or far from relatives, and many families face the pressures of work, childcare or poor health of their own.

### 2. Public finances under pressure

An older population requires more public spending on pensions, health and care - at the same time as the working-age tax base contracts.<sup>7</sup> Without reform, the system risks being squeezed between rising demand and financial constraint.

That squeeze is already visible in the difficulty many people face accessing reliable home care, the growing unmet need in social care, and long hospital delays at the end of life.

### 3. A changing labour market

AI and automation will reshape the economy, but caring roles - intimate, relational, judgement-driven - cannot simply be automated away.<sup>8</sup> If anything, technology needs to be used to empower the caring workforce: reducing paperwork, improving coordination, supporting decision-making and lightening the emotional load.

But this is not yet happening at scale.

### 4. The strain on unpaid carers

Unpaid care is the invisible infrastructure of the UK. Millions provide support to parents, partners or friends, often at significant personal cost. Many report exhaustion, financial hardship and emotional burden.<sup>9</sup>

They are doing extraordinary work - but without better support, this informal safety net cannot continue to expand indefinitely.

These pressures interact. Fewer care workers mean more pressure on families. More pressure on families means greater demand on GPs, paramedics and hospitals. And when the system is stretched, people experience the last phase of life not as a coordinated journey but as a sequence of disconnected moments.

That is where much of the distress in this report comes from.





## What families are telling us

The State of Dying survey captures something statistics alone cannot: how it *feels* to navigate the end of life in Britain today.

### The “good death gap”

For a majority of people, the end of life is handled with dignity and care. But for nearly a third, it is not. Behind this figure are people who felt their loved one suffered unnecessarily - people who felt unprepared, people who struggled to get help when symptoms changed suddenly, people who received limited communication or clarity about what to expect.

### Support after death is inconsistent

For many, the period after death is a blur of emotion, paperwork and exhaustion. A third did not feel supported. Younger adults and higher-income households were more likely to say support was available; older and lower-income groups were more likely to say they were left to cope alone.

### Involvement matters

Those closely involved in caring were significantly more likely to report a good death and adequate support. But involvement is not equally possible for everyone - which means the system needs to work harder for those who cannot be present.

### Trust in people, not systems

British people have deep trust in the individuals who support them - nurses, paramedics, carers, hospice workers and funeral directors. But only 21 per cent believe the wider care system is adequately funded, and only 30 per cent believe most people receive good care.

This contrast - *trust in people, doubt in systems* - is one of the defining challenges in this space.

### The planning gap

Only 55% of people say their loved one left a will, and only 40% left funeral wishes. Fewer than half the public have discussed their own funeral preferences. This lack of preparation creates uncertainty and difficult decision-making at the hardest moments. Normalising these conversations is one of the simplest ways to improve people's experiences.

## Caring must become a valued profession

If there is one message that emerges repeatedly, it is this: no end-of-life system can function without a supported, skilled and motivated workforce.

Caring must become a job people want to do - not one they fall into.

That means:

- fair pay reflecting the emotional and technical demands
- clear roles, accreditation and progression
- training in grief support, communication and cultural competency
- emotional support for staff
- technology that empowers rather than burdens

The UK pioneered modern hospice care; it is home to world-class palliative clinicians; and it has deep experience of community-based care. We have the expertise. What we need now is a coherent national commitment to bring these strengths together.



## Where funeral care fits in

Funeral care sits at the end of the journey - one of the few parts of the system every family interacts with. Most funeral directors provide exceptional care. But funeral services remain one of the least regulated parts of the care ecosystem.

Almost half of people (46%) think that funeral directors are regulated. A third (34%) say they aren't sure and only one in five (21%) think they aren't. This muddled picture of knowledge is in sharp contrast to the very clear picture that emerges when we ask about preference. The majority of people (80%) think funeral directors should be regulated.<sup>10</sup>

This is not about bureaucracy. It is about aligning the statutory framework with public expectations and the enormous trust placed in funeral directors.

A simple, proportionate model would include:

- a national register
- clear minimum standards for the care of the deceased
- risk-based inspection
- alignment with existing transparency rules

This is a small but necessary component of a wider reform agenda. Dignity has long advocated for this: our 2018 Quality and Standards report contributed to the CMA's subsequent review.<sup>11</sup> But funeral regulation alone does not solve the deeper issues. It must sit alongside a broader national mission.

## A national mission for an enormous demographic challenge

The UK has the opportunity to lead. We have the data, the clinical expertise, the technology ecosystem and the track record of social reform that allow us to act early, learn quickly and build a system that works.

That mission requires:

### 1. Supporting families earlier

Normalising planning conversations, ensuring people understand their options, and helping families prepare long before crisis point.

### 2. Strengthening community care

Better integration between GP services, district nursing, home care and hospice-at-home. Technology that improves coordination and reduces fragmentation.

### 3. Investing in the workforce

Fair pay, accredited training, emotional support, and a culture that recognises caring as the highly skilled profession it is.

### 4. Deploying technology wisely

Automation and AI that reduce administrative burden, improve safety, and help staff focus on human care — not endless tasks.

### 5. Getting the basics right

Clear communication, good symptom control, and proper support for families before and after death.

If we wait until demographic pressures peak, choices will be narrower and consequences harsher.



## A chance to lead

The demographic trends shaping the next two decades cannot be reversed. But the way people experience the end of life can.

If we act early - investing in families, care workers, communities and technology - the UK can build a system that allows people to age and die on their own terms.

If we delay, we risk a slow-burning social and economic crisis that will be far harder to solve.

Dying well should be a universal expectation, not a fortunate outcome. It is within our power to make that happen.

The question is whether we choose to.

### Dan Garrett

Chief Growth Officer  
Dignity

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# One in four say their loved one didn't have a good death

Too many people in the UK are dying in a way their families don't feel good about. According to our data, 28% of people say their loved ones did not have a good death.





**I asked them to let me know if his condition deteriorated, so I could be with him at the end. They didn't and he died alone.”**

*Female, 68, London,  
daughter of deceased*

28% of people say their loved one didn't have a good death. Additionally, 32% didn't feel supported in the weeks after – a double blow for grieving families. With over 600,000 deaths a year in the UK, that's tens of thousands of distressing endings.

The end of life sector – from care homes and hospices to hospitals, GPs and funeral directors – gets a lot right and does exceptional work to support people and communities at their most difficult times. But often we experience the worst possible outcome: a bad death. Bereaved people can feel unsupported as they navigate grief.

In this report we identify the key metrics that determine the state of dying in the UK. We identify the areas where the care and end of life sector is succeeding and also where support is badly needed.



**You could go in and visit and there would be no one in sight or nurses chatting away outside his door. Then I would go in to his room and he would be lying there in his own stench. I don't want to see my dad like that. Then you mention it and you're waiting for 15 to 20 minutes for someone to come and sort it. That was upsetting.”**

*Female, 54, North East, daughter of deceased*



**I feel that they exaggerated some of the good points. To make sure that I felt she was being well cared for. And of course, commercially, that's what they try and do, isn't it?”**

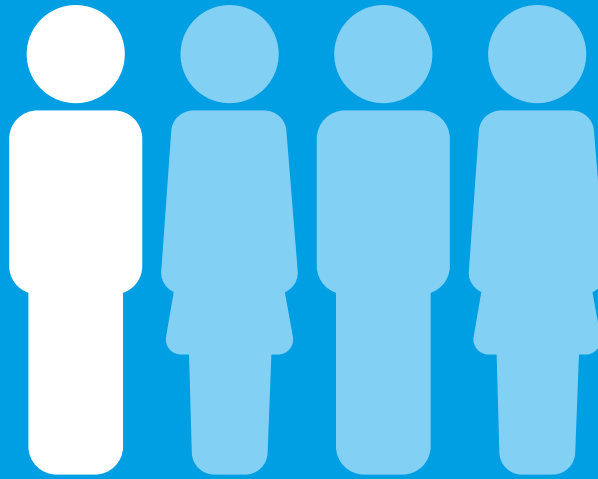
*Male, 69, South East, son of deceased*



**We did get her to the GP, and to be honest with you, the whole, support from that was just pretty much rubbish, to be honest, for want of a better of a word”**

*Female, 47, North East, daughter of deceased*





# 28%

## Say their loved one did not have a good death

### Our Key Performance Indicator

According to our research, 28% of bereaved people say their loved one did not have a good death. We look at the drivers economically, demographically, and in terms of care provision. Our hope is, that by tackling this as a nation, we can reduce this number over time, giving everyone the best chance of a dignified, respectful, compassionate death.



# The good death gap

Our experiences are not the same and some people are more likely to experience a bad death than others.







I think she had the best kind of death she could have in the circumstances.”

*Female, 47, North East, daughter of deceased*

Women, those aged 55-64 and those on lower incomes are more likely than average to say their loved one did not die well.

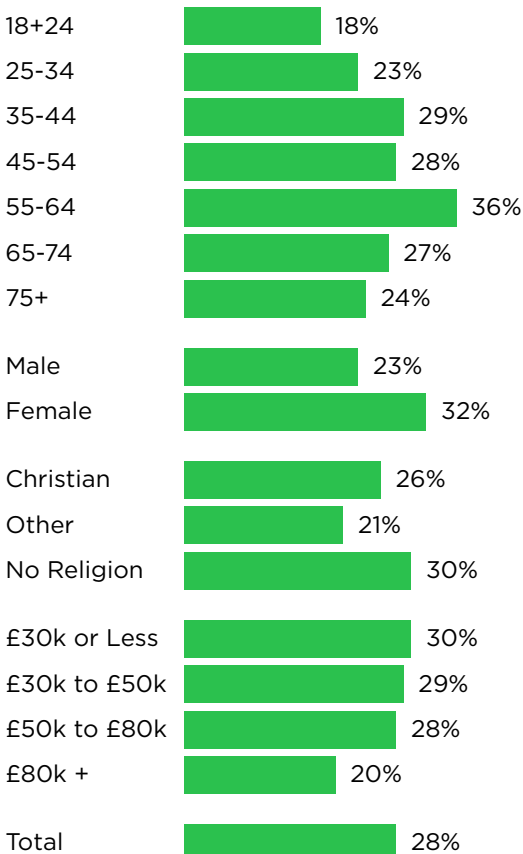
Those who were involved in the care of their loved one before they died are more likely to be positive about their loved one's death and how supported they felt themselves. This suggests that being actively involved in end of life care can help prepare people for grief – although, clearly, in the case of sudden or unexpected deaths this won't be possible. In total, 73% of people who were involved in their loved one's care felt they had a good death (compared to 69% of those who weren't) and 75% of those involved in care felt supported afterwards (compared to 57% of those who weren't).



He went into the hospice on the Thursday. It was like having a warm blanket being put around us. Though I lost my husband there, it was the best place ever. We didn't have to ask for anything. It was all there for us. I would give the hospice my last penny. They were amazing."

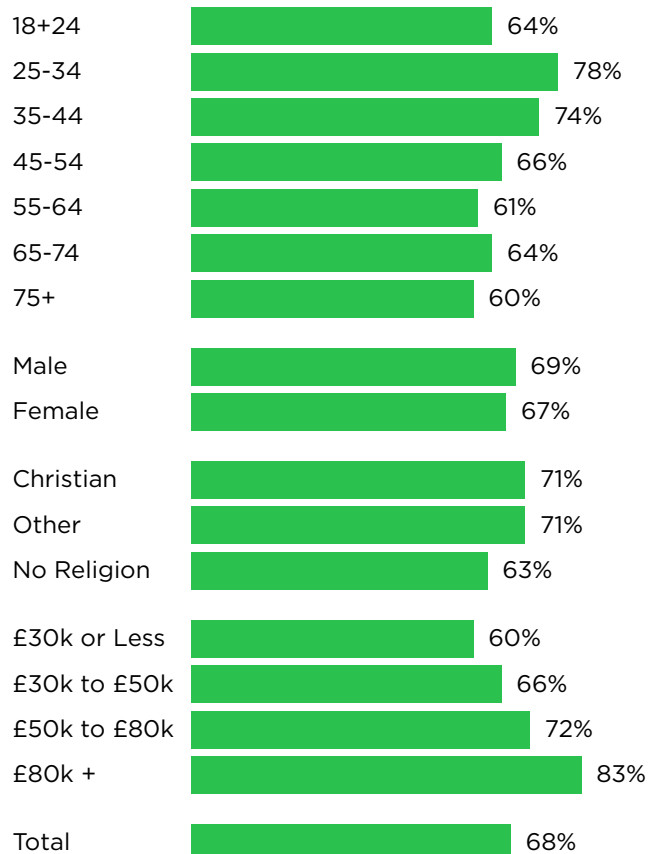
*Female, 68, London, daughter of deceased*

**Overall, do you feel that your loved one had a good death? - % Saying No**



Dignity State of Dying Research 2025, Sample Size (2,203)

**Overall, how supported were you in the weeks after your loved ones death? - % Saying Supported/Very Supported**



Dignity State of Dying Research 2025, Sample Size (3,042)



Almost a third of people say they didn't feel supported in the weeks after the death. Again, experiences vary widely. Younger people and higher earners are more likely to feel supported, while notably higher proportions of older people and lower earners feel unsupported.

In the qualitative conversations some people described the care their loved one received in glowing terms, and spoke fondly of the role individuals had played and the benefit both to them and their loved one. But others really struggled and are left with deep regret at the way their loved one's last few days or weeks were spent.

“

**He had no dignity, no privacy and no compassion.”**

*Female, 68, London, daughter of deceased*

“

**I know we are not supposed to slag off the hospitals and the NHS, but there is something seriously wrong with the NHS.”**

*Male, 72, London, husband of deceased*

“

**It was really, really frustrating. We knew it was a rapid decline, and we knew there was nothing can be done to turn it around, but my dad was just looking for some support, really, and yeah, it was nothing.”**

*Male, 72, London, husband of deceased*

## Key stats from our survey:

### The good death gap

% who didn't feel their loved one had a good death

**36%**

aged 55-64

**18%**

aged 18-24

**30%**

lowest earners

**20%**

highest earners

**32%**

women

**23%**

men

### Lack of support

**32%**

of people don't feel supported in the weeks after their loved one's death

### Benefits of caring

Those involved in end of life care tend to experience the bereavement more positively

**73%**

felt their loved one had a good death

**75%**

felt supported afterwards



# Where we die – home, hospital or hospice?

In this section we look at how *where* we die shapes experience and satisfaction with care – and where the system performs best.



“

The nurses on the [hospital] ward did not know what the bereavement team did. When we eventually saw the bereavement lady she was mortified and told us that all the staff in the hospital should know what the bereavement team do.”

*Female, 68, London,  
daughter of deceased*

Almost four in five of us will experience some kind of professional end of life care before we die. According to our research, 78% of bereaved people say their loved one spent time in a care home, hospice or hospital before they died. This is despite an increase since 2019 in the number of people dying at home.<sup>12</sup>

In terms of our survey sample, the highest proportion people (45%) died in hospital, with deaths at home accounting for just over a third (35%). Smaller numbers died in care homes (13%) and hospices (6%). Where people die and where they spend time before they die will affect the types of care professionals they encounter, from hospice nurses and in home carers to GPs and care home staff.



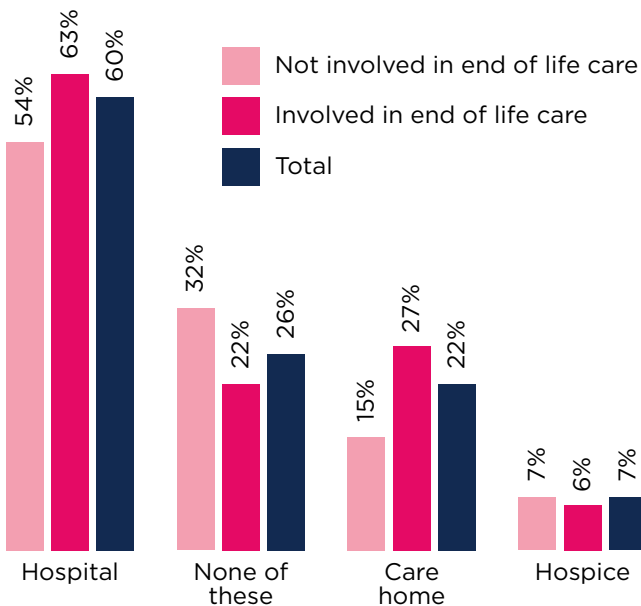
**Just because he’s on his last legs doesn’t mean he doesn’t matter. I know what my dad was like. If he had been aware that was happening, he would have been mortified. I haven’t got a lot of good to say about the hospital.”**

*Female, 54, North East, daughter of deceased*

The majority of people are satisfied with the care their loved one received, with particular praise for some professionals, like nurses and frontline carers. Once again, there’s a powerful wealth divide in experiences: people with the highest incomes are significantly more likely to say they’re satisfied with the care their loved one received.

Wherever people die, professional care is often required. Most people are satisfied with the care their loved one received from all kinds of professions – from paramedics, to hospital doctors, carers at home and in care homes.

**In the period before their death, did the person who died spend any time in the following places?**



Dignity State of Dying Research 2025, Sample Size (3,042)

<sup>12</sup> <https://fingertips.phe.org.uk/profile/end-of-life>

**Key stats from our survey:**

**Essential institutions**

**78%**

of people spend time in either a hospital, care home or hospice before they die



But there are real gaps around support, particularly for family members who are supporting or arranging that care. This lack of support starts before the death happens and ultimately leads to a third of bereaved people not feeling supported in their grief.

Some professions – including hospice staff, paramedics, in-home carers and nurses – score highly for the level of support they provided for families of the person who died in the time before the death (for each profession, at least 80% of people said they felt supported by them at this point). But some professions fare worse. And even in those professions that generally perform well, our qualitative interviews found evidence of people slipping through the cracks.



**I much preferred the in house assistance to the hospital. In hospital there were a lot of patients and very few staff.”**

*Male, 32, North West, grandson of deceased*



**From the moment she was diagnosed it was ‘there’s nothing more we can do, you’re going to die of it...’ I can understand, but I don’t think her GP was informed or anything. I had to complain to the GP for things to get better.”**

*Male, 32, North West, grandson of deceased*

GPs are a particular stumbling block for families, with difficulties getting appointments or referrals at an earlier stage of ill health and, occasionally, less direct contact or clear communication in the period directly before their loved one died. A majority of bereaved people (67%) did say that they were supported by their GP prior to the death – but this is substantially lower than the 84% who felt the same from hospice staff, or the 79% who felt the same about carers in home.

As we’ve seen, this differential in support continues after the death with primary care again faring relatively badly. Professional carers – from hospice and care home staff to in home carers and hospital doctors and nurses – all rate highly for levels of support, but GPs do much worse. Only 63% of those who had contact with GPs after the death felt supported by them.

## Key stats from our survey:

### Primary care problems

GPs are the least likely to be seen as providing support to families before or after the death. Of those who had contact:

**67%**

felt supported before the death

**63%**

felt supported afterwards



This is a worrying trend as GPs and the primary care system is especially important in deaths that happen outside of hospitals. With more people dying at home it seems the support systems are not always in place.

After the death is when bereaved people are most likely to deal with funeral directors (although some interact in the period immediately before). Funeral directors are very positively viewed by the public. More than nine in ten (92%) of bereaved people say they were satisfied with the way their loved one was treated by funeral directors and 88% said they themselves felt supported by the funeral director. In both metrics, funeral directors outperformed all other professionals we tested.



**I don't even know who the GP was, I'll be honest. At that particular point, both my wife and I were in something of a shock."**

*Male, 69, South East, son of deceased*



**We stopped the in home care because they were turning up at such irregular times - 11am to get her up in the morning and 4pm to put her to bed. That just didn't work."**

*Female, 67, London, daughter of deceased*

## Key stats from our survey:

### Funeral director support

Funeral directors are very highly rated for the levels of care they provide and support for the family

**92%**

of people are satisfied with the level of care funeral directors provided for their loved one





# Care under strain – trust, funding, and the case for reform

We've seen how valued frontline carers are and the essential role they play in supporting people before, during and after the death of their loved one. But there's a gap in trust here.





I don't think there'll ever be a case of care homes being able to escape the fact that fundamentally they're institutional. And if you're looking at institutions, they can't give, in my opinion, personal care."

*Male, 69, South East,  
son of deceased*

Although people value individual carers there’s less trust in management and little confidence in the system as a whole. There’s also a widespread public feeling that the whole sector needs reform. In qualitative interviews people described how their experience at hospitals and in care homes felt disjointed, with teams not speaking to each other communication with families often lacking.

The gap in trust is wide. Generally, the health and care professionals that people interact with before and after their loved one’s death are highly trusted. This includes doctors and nurses, funeral directors and hospice staff and care assistants in care homes.

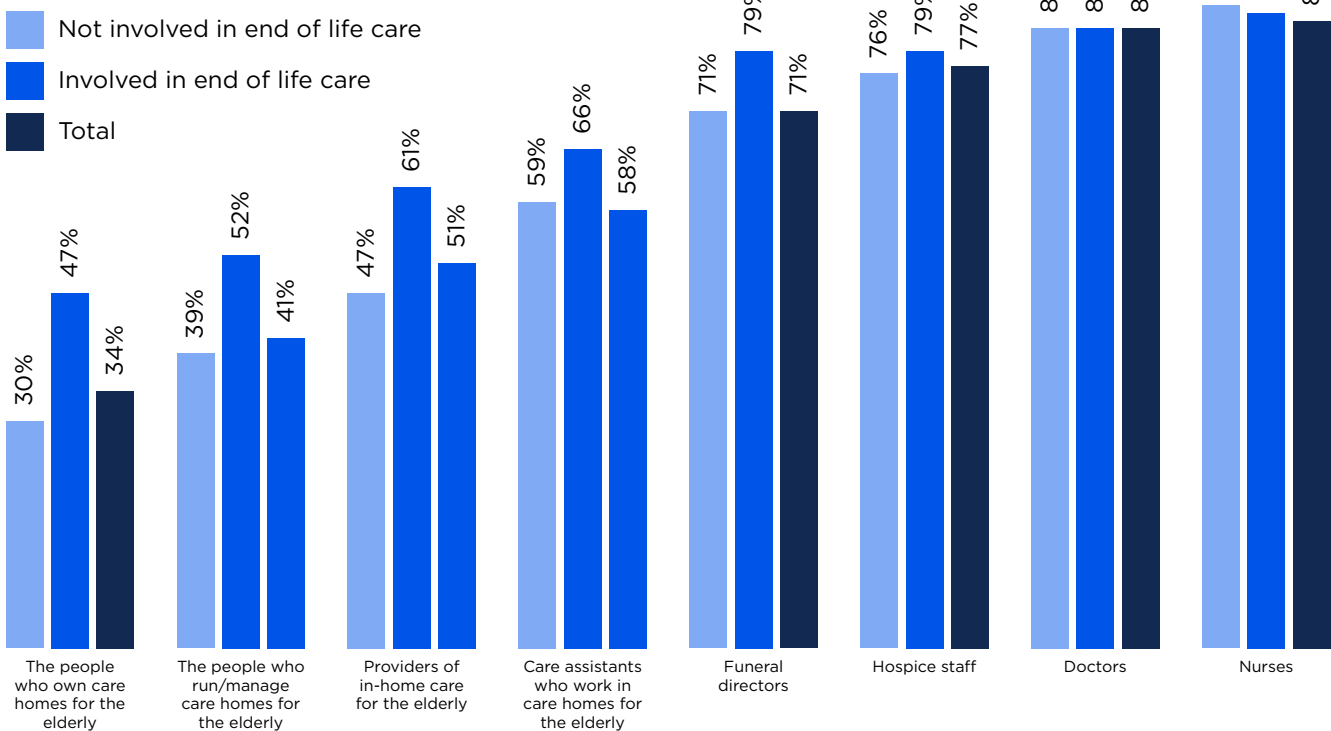
But care providers and managers are less trusted, with care home owners garnering much lower levels of trust overall. In most cases, those people who were more involved in their loved one’s care have higher levels of trust. But even here, confidence in the individual carers is higher than the wider system.



**The care home charged me up to the date of the room clearing. I pointed out that they had broken the contract four days beforehand by refusing to take him back.”**

*Female, 80, London, wife of deceased*

**Please state how much you trust each of the following... (% Saying Trust Completely/A Little)**



Dignity State of Dying Research 2025, Sample Size (3,683)



Only 30% of the population agree that ‘most people who need care in a good quality care home get it’ while just 21% think the care sector is adequately funded. Often those who’ve been involved in end of life care are more positive about the sector – in many cases, they’ll have seen the places where the system works – but sentiment remains low. Most concerningly, older groups are the least likely to have confidence in the sector – just 8% of over 75s think the care sector is adequately funded.

These metrics mean it’s little surprise that there’s overwhelming support for reform of the care sector. More than four in five people (81%) say that reform of the care system and how it is paid for is long overdue, with only 3% disagreeing. This is just as likely to be the case for those who’ve arranged care (83%) as for the general public.

The message is clear: the sector is under strain and the public want change. Over the next few decades the population will age and the number of deaths will rise, meaning that getting the system right is critical.



**He enjoyed the food, he enjoyed the company, the carers were great. The management wasn’t wonderful. It was the carers who actually made it for him. They were compassionate, they were loving, you know, they really cared about him. Management were a little cool and offhand.”**

*Female, 80, London, wife of deceased*

### Key stats from our survey:

#### Demand for change

**81%**

of people agree that reform of the care system is overdue

#### Quality and funding pressures

**30%**

think people get the care they need

**21%**

say the care sector is adequately funded

#### Frontline vs. Management

Most people trust the people delivering the care

**83%**

trust nurses

**77%**

trust hospice staff

But there’s less goodwill towards managers and owners

**34%**

trust care home owners

**41%**

trust care home managers



# Blind trust – the unregulated world of funeral directors

Funeral directors are viewed positively by those who've lost loved ones; people feel supported and are very likely to be satisfied with them.

But there's also a major gap in funeral oversight. People assume that funeral directors are regulated. But in most parts of the UK they aren't.





It's just so expensive. But is this a time to be bargaining? I'm a great bargainer, but there's no way I'm going to bargain over a funeral. We are captives."

*Female, 80, London,  
wife of deceased*

Almost half of people (46%) think that funeral directors are regulated. Outside Scotland, they aren't. A third (34%) say they aren't sure and only one in five (21%) think they aren't. This muddled picture of knowledge is in sharp contrast to the very clear picture that emerges when we ask about preference. The majority of people (80%) think funeral directors *should* be regulated.

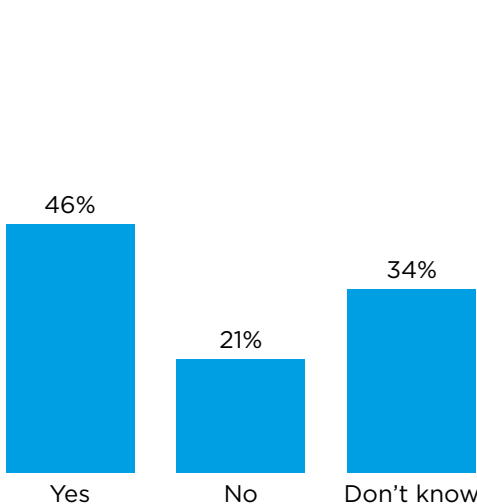
Regulation can provide vital oversight. Dignity's landmark 2018 report *Time to talk about quality and standards*<sup>13</sup> found multiple examples of standards within funeral services falling far below what the public expect. In this latest study, we've again found that funeral directors play a vital role in supporting people through their most difficult moments – but the trust is sometimes built on an assumption that there's oversight of the profession.



The funeral director was great. We had a meeting with them. I was expecting the room to be dark, but it was a lovely bright room with flowers and a comfy sofa. Because you are taking about difficult things, it's nice that it is in such a tranquil environment. I felt relaxed, whereas previously I'd been nervous about it. I thought it would be daunting, but it wasn't. We actually laughed about a few things. At a sad time they made it a pleasant experience rather than a daunting one."

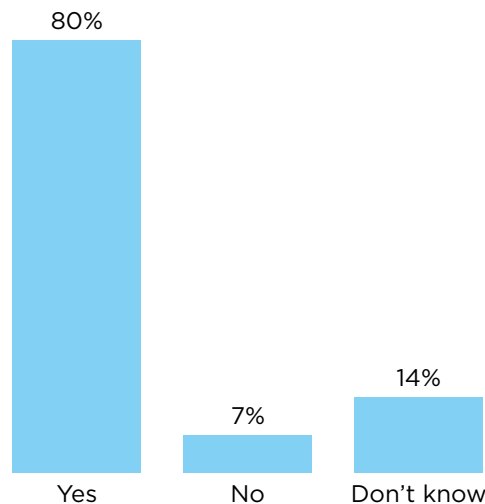
*Female, 54, North East, daughter of deceased*

**Do you think funeral directors in the UK are regulated, for example, in a similar way to financial services or healthcare providers?**



Dignity State of Dying Research 2025, Sample Size (3,683)

**Do you think funeral directors in the UK should be regulated, for example, in a similar way to financial services or healthcare providers?**



Dignity State of Dying Research 2025, Sample Size (3,683)

13 [www.dignityfunerals.co.uk/media/2999/time-to-talk-about-quality-and-standards.pdf](http://www.dignityfunerals.co.uk/media/2999/time-to-talk-about-quality-and-standards.pdf)





**[We] felt a bit like a burden whenever we phoned up [the funeral director]. Whereas with my mum’s funeral nothing was too much trouble, nothing.”**

*Female, 46, South West, sister of deceased*

The public expect funeral directors to be qualified, professional and accountable. In many cases – but not all – our qualitative interviews felt that their experiences arranging the funeral were positive. But some felt on the backfoot, unsure about options and prices.

Industry leaders like Dignity can lead by example here: opening up on facilities, investing in training and publishing standards. Transparent actions can build confidence in the sector. UK-wide regulation will bring oversight to funeral services and meet consumer expectations.

This is a shared challenge for funeral directors and policymakers to work together to ensure the sector delivers for people – it’s time to step up.

### Key stats from our survey:

#### Muddled knowledge

**21%** of the public know that funeral directors aren’t regulated across the UK

**46%** think they are regulated

#### Expectation of oversight

**80%** of people want funeral directors to be regulated





# Grief in the workplace - the silent struggle

A third of people didn't feel supported after the death of their loved one. In many cases, this lack of support extended beyond the funeral or care sector and into their daily lives - including at work. In this section we shine a light on how grief - and talking about bereavement - is still taboo.



“

They just... they just put me on compassionate leave, straight away. And they just said, that's fine, just don't come in, don't worry about it.”

*Female, 47, North East,  
daughter of deceased*



**It was just that period I was just exhausted, I was, you know, mentally just couldn't do my job. My employer was fantastic, absolutely fantastic."**

*Female, 47, North East, daughter of deceased*



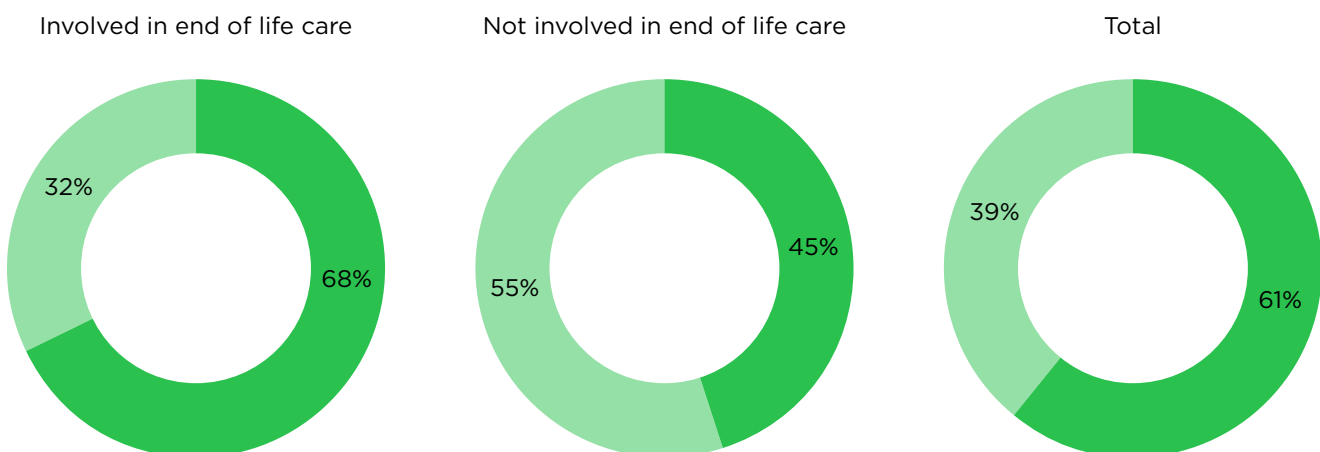
It's possible that in many cases, people who didn't feel supported after the death didn't get the support because they didn't talk about what they needed. Just over two thirds of people (69%) said they felt able to talk openly about their grief with those around them, leaving a third who didn't feel able to talk openly. Younger people (aged 18-24), women and those on lower incomes were all the least able to talk about grief.

Many people juggle caring for their loved ones, end of life and bereavement with busy lives, including work. But many of those in work weren't offered any support when their loved ones died.

Overall, 61% of people in work were offered flexibility or other kinds of support at the time their loved one died. For those who had been involved in end of life care, this was a little high (68%) – but for those who weren't it was much lower (46%).

### Did your employer offer you any flexibility or other types of support at the time you were bereaved?

Yes No



Dignity State of Dying Research 2025, Sample Size (1,980)



Our findings show that while differences between workplace types are minimal, small businesses and local authorities often perform worst when it comes to meeting employees' needs during bereavement.

Overall, 72% of employees at large private businesses felt their employer met their needs well, compared to 64% of those working for a local authority. But those on the highest incomes are much more likely to have received the best possible support. Nearly half (46%) of the highest earners said their employer met their needs very well, compared to just 25% of those on the lowest incomes.

Grief is human and universal. Most of us will experience loss during our working lives – and when that happens, our workplaces have a vital role to play. Compassionate support isn't optional; it's essential. Clear policies, practical guidance, and empathetic leadership can make all the difference.

The Compassionate Employers Team at Hospice UK is working closely with organisations across the UK to strengthen their approach to grief and carer support at work. This includes contributing to the current consultation on bereavement leave within the Employment Rights Bill, ensuring that workplace standards reflect the realities of life and loss.



**I felt like I was firefighting all the time. I was probably a bit too hard on myself. But I'm a bit of a perfectionist."**

*Female, 54, North East, daughter of deceased*

### Key stats from our survey:

#### Time to talk

**69%**

felt able to talk openly about their grief with those around them. This was lower for women, the youngest adults and those on lower incomes

#### Leave of absence

**36%**

of bereaved people in work were not offered bereavement leave by their employer

#### Flexibility needed

**61%**

say their employer offered them flexibility or other kinds of support when they were bereaved



# Unprepared for goodbye – a nation avoiding end-of-life planning

Death is part of life but many of us are unprepared for it. This applies to bereavements of loved ones and thinking about our own deaths. In this section we explore this lack of preparedness – and the strain it places on families.



“

Her funeral wasn't until three and half weeks until after her death. It's too long. You just can't move on. You can't start grieving and start doing all the practical things.”

*Female, 67, London,  
daughter of deceased*

About half (51%) of bereaved people said they felt prepared for their responsibilities after the death in question. This was notably higher for older respondents (71% of those aged over 75) than younger ones, possibly because they may have experienced bereavement and funeral arranging before. There are other variations too: men (56%) were slightly more likely to feel prepared than women (45%) and those on the highest incomes (61%) more likely to feel prepared than those on the lowest (47%).

Clearly, there are big gaps in preparedness here. Some of this will be down to the nature of the death itself, but other things are more predictable. Lack of planning and preparation can leave families wondering what to do and left navigating an unfamiliar system with little guidance. Only 55% of respondents said their loved one left a will before they died, and only 40% said they left any specific funeral plans in place.

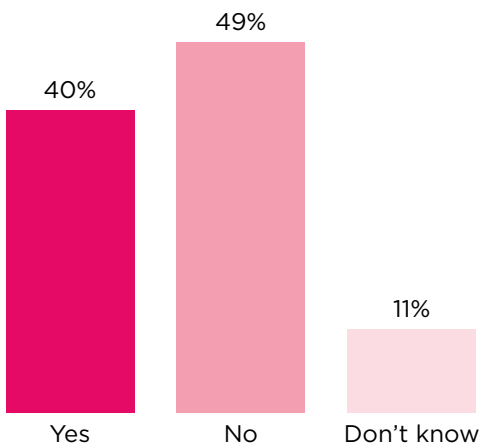


After they confirmed he'd passed, we were told we could stay with him as long as we liked. But we were just left on our own with him. There was no one around. After an hour I said to my mum, "What do we do now?", "What happens next?" I had no idea. I felt awkward. We ended up just walking out. I was thinking this is bizarre."

*Female, 54, North East, daughter of deceased*

### Did the person who died make any plans for their funeral?

Yes No Don't know



Dignity State of Dying Research 2025, Sample Size (3,042)



These numbers are only slightly higher for the respondents who were arranging end of life care for their loved ones, which suggests that even in those cases where families know what's coming, there's little active preparation for practical tasks that will follow the death.

There's no sign this is going to change. Among the general public, only 40% have made a will themselves and only 46% have even discussed funeral wishes with other people.



**We weren't prepared. We didn't understand the process. We just were told every day that she was deteriorating, deteriorating..."**

*Male, 69, South East, son of deceased*

In qualitative interviews people described various experiences in the immediate aftermath of the death. Some described the experience as quite peaceful and reflected positively on being able to spend a little time with their loved one before saying goodbye. Others were pleased that care professionals had left instructions on what to do and who to contact. But others described confusion and overwhelm.

Lack of preparation can add cost and uncertainty to what is an already extremely painful and difficult time. Planning ahead is one of the simplest and kindest things we can do for our loved ones.

### Key stats from our survey:

#### Feeling lost

**51%**

of bereaved people felt prepared for the death of their loved one, with women, lower income and younger people all less likely to feel prepared

#### Lack of planning

**40%**

of respondents said their loved one made plans for their funeral, most families are left to plan a funeral without guidance from the deceased

#### Start the conversation

**46%**

have discussed their own funeral plans with their loved ones





# Changing funeral preferences in the UK

Over the last decade, the UK has seen one of the most significant shifts in funeral preferences in modern times. Direct cremation – which accounted for only a small share of funerals ten years ago – now represents around one in five.



Myself, my dad, and my sister, we just actually went and stood outside and watched the coffin go in, because, again, it wasn't a service or anything, we just watched it go into the... and, even though it wasn't a service, they still put my mum on a little trolley and put some flowers on top of the coffin.”

*Female, 47, North East,  
daughter of deceased*

Direct Cremation has grown from 1.5% of funerals in 2019, to almost 20% of the market in 2025. This change has been driven by a mixture of cultural openness, greater flexibility, concerns about cost, and the desire for something simpler or more personal. But even as direct cremation grows, traditional attended funerals remain the most common choice for families. Both approaches reflect deeply held values about how we say goodbye, and understanding the reasons behind each helps ensure families feel supported, informed and in control.

These elements remain powerful, which is why – even with new options available – the attended funeral continues to be the preferred choice for most families.



**Dad was traditional so we had a traditional funeral.”**

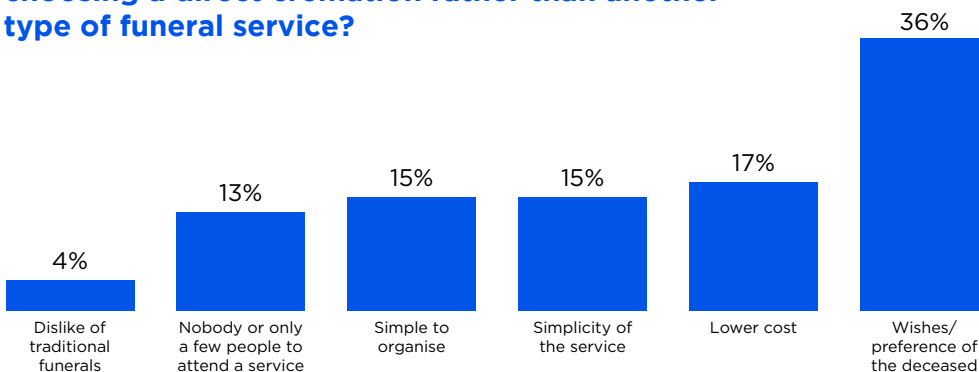
*Female, 68, London, daughter of deceased*

### Why people choose traditional funerals

Traditional funerals continue to play a central role in the UK. Many families choose them because they offer:

- A shared moment of goodbye – a structured gathering where family, friends and community come together.
- Ritual and meaning – religious or cultural practices, symbolic acts and a sense of ceremony.
- Emotional closure – seeing the coffin, hearing readings, and witnessing key moments of the service.
- A space to tell the story of a life – eulogies, music and shared memories that honour the person.
- Cultural expectations – for many, a traditional funeral is simply what “feels right” or matches family norms.

### Which of the following was the main reason for choosing a direct cremation rather than another type of funeral service?



Dignity State of Dying Research 2025, Sample Size (439)



## The rise of direct cremation

Direct cremation is a simpler alternative: a cremation without a service, usually with no mourners present, and ashes returned later. Whilst cost was mentioned by many families (38%), when asked for the main reason behind choosing direct cremation it was what the deceased wanted (36%) that stood out. Many families choose direct cremation because:

- it reflects the person's preferences for simplicity
- it avoids formality
- it reduces pressure during a stressful period
- it gives families time to plan a memorial that feels more personal or more convenient for those travelling

Importantly, choosing a direct cremation doesn't mean forgoing ceremony. Two-thirds (67%) of people who arranged a direct cremation still held a separate memorial, celebration of life, wake or family gathering. These ranged from traditional wakes (31%) to informal gatherings at home (21%) or meals out (24%), with most involving storytelling, food, drink and shared memories.

## Choice, not replacement

Direct cremation is now an established part of the UK funeral landscape, but it sits alongside, not instead of, traditional funerals. What families consistently tell us is that they want choice: the ability to say goodbye in the way that feels right for them, their culture, their finances and – above all – the wishes of the person who has died.

The message is clear: families want freedom to say goodbye their way – and providers need to adapt to ensure they're serving the needs of a changing market.



**We had been together for 50 years so I knew what she would and wouldn't like. I felt confident doing it. She did say she wanted to be cremated. That's all I knew."**

*Male, 72, London,  
husband of deceased*

## Key stats from our survey:

### Personal preference

**38%**

of direct cremation arrangers said the main reason they chose that kind of funeral was because it's what the deceased wanted

### Celebrations of life

**67%**

of direct cremation arrangers also had a separate event to honour the life of their loved one

### Formal or informal

These events can be personalised

**31%**

had a traditional wake

**24%**

organised a meal or a drink out at a pub or restaurant



# What we can do now

While the system needs reform, many of the biggest improvements start with simple, human actions:

- Talk about wishes early – preferred place of care, funeral choices, and what matters most.
- Make a will – only 40% of the public has one; it provides clarity when families need it most.
- Record funeral preferences – even a short note helps avoid confusion and pressure.
- Set up a lasting power of attorney – ensures trusted decision-making if capacity is lost.
- Employers can support bereaved colleagues – clearer bereavement policies and proactive check-ins.
- Professionals can signpost families earlier – a short conversation from a GP, care home or hospice team can change the whole journey.

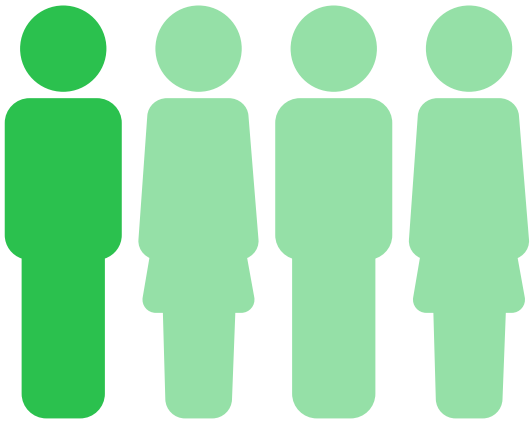
These steps don't solve every systemic issue, but they make dying, and grieving, easier to navigate for families.



# Conclusions

Across the end-of-life care sector, from hospice teams and care home assistants to GPs and funeral directors – professionals provide extraordinary support during life's most difficult moments.





**This report reveals a stark reality: one in four people feel their loved one did not have a good death.**

At Dignity, we believe every life should end with care, dignity, and compassion. Families should feel supported through every stage, from care to bereavement, and never face confusion or conflict when navigating their responsibilities. Every person deserves the chance to say goodbye in a way that honours their wishes and reflects their values.

This report shines a light on the changes needed to make that vision a reality:

- Health and social care reform to guarantee equitable access to compassionate end-of-life care for all.
- A regulated funeral industry that acts in the best interests of bereaved families and respects final wishes.
- Practical support for families, including clearer pathways and future care planning to demystify conversations about death.
- Enhanced workplace guidance for employers and employees returning after bereavement.

We all have a role to play – the care sector, government, policymakers, and the public. Together, we can create a society where compassion is not an aspiration but a standard.

**Dignity is committed to continuing this conversation and driving change. Because every life matters, and every ending should be met with dignity, care, and compassion.**

**Caring With Confidence**

Launched in August 2025, the Caring With Confidence Project is a partnership between Dignity and Hospice UK, dedicated to transforming how we care, grieve, and say goodbye.

Our goal is to ensure no one feels alone during or after a death – especially those who spend their lives caring for others. By bringing together care professionals, hospices, and funeral experts, we are creating a united approach to support both families and the workforce that serves them.

At the heart of this mission is building emotional resilience within care settings. Providing practical tools, training, and resources that make a real difference, strengthening staff wellbeing and improving the quality of care for residents.



**DIGNITY**



