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Funeral support services for socio-economically deprived bereaved people in Hong Kong: An exploratory study of their effectiveness

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ABSTRACT

This study aimed to explore the effectiveness of funeral support services for socio-economically deprived bereaved people in Hong Kong. Via a questionnaire, service users were asked to report their psychosocial status in different domains before and after the services. A quasi-experimental design was also used to compare service users with non-service users in different psychosocial domains after the funerals had taken place. Findings showed that service users indicated positive changes after the use of the services, such as reduced negative emotions and enhanced understanding of how post-death matters/funerals could be handled. This study provides preliminary evidence of the benefits of funeral support services and suggests the importance of funeral support for socio-economically deprived bereaved people. Findings may help reflect on the provision and accessibility of funeral support services in the community and give insights into the way formal bereavement service providers may better support bereaved people in the community.

Introduction

Despite previous studies suggesting that the majority of bereaved people are resilient in adjusting to loss (Boerner et al., 2004; Bonanno et al., 2002), bereaved people do need support. In fact, a study reported that about 30% of bereaved people perceived that their need for bereavement support was not met, and those who did not receive enough support experienced poorer wellbeing (Aoun et al., 2020). Bereavement support has been categorized and conceptualized as either formal or informal (Aoun et al., 2018; Goss et al., 2023). The literature on formal bereavement support has focused on professional interventions, such as bereavement counseling and group therapy, which focus on their emotions and cognitions (Breen et al., 2014). Relatively little attention has been given to the role of formal services in providing practical bereavement support, like funeral support following the death (Breen et al., 2017; Kirby et al., 2018). The literature often uses the term “funeral support” to illustrate the informational and instrumental support which aims to offer practical solutions for funeral arrangements (Aoun et al., 2019; Li & Chen, 2016).

However, funeral support may not be limited to funeral arrangements but also to related post-death matters, such as registering a death, seeking financial support for funeral arrangements and applying for a niche in a public columbarium. Thus, funeral support may refer broadly to that given to bereaved people in handling all post-death matters, including but not limited to funeral services. On some occasions, funeral support may also play a role in offering emotional support to newly bereaved people in preparing the funeral amidst their grief (Lensing, 2001).

The importance of funeral support can be understood by bereavement theories. For example, Rando (1993), in her model of the Six R Processes of Mourning, stated that a funeral could be an important part of the rituals for facilitating bereaved people’s recognition of the loss, which is crucial for their acceptance of the reality. Guilt in bereavement is one of the most difficult grief reactions (Li et al., 2019; Stroebe et al., 2014), and funeral arrangements may be considered by bereaved people as something they can do for the deceased to minimize their guilt (Burrell & Selman, 2022). This could be part of coping with their loss (Stroebe & Schut, 2015). Empirical

studies also have supported these theoretical claims by showing that unsatisfactory funeral arrangements were associated with poor physical and mental health conditions in older adults in Japan, and the health condition could become worse even after two years (Becker et al., 2022, 2025). By contrast, people with a better evaluation of funeral arrangements tended to have more positive emotions (Mitima-Verloop et al., 2021).

Bereaved people often reported that they received support from their informal network, like friends and family members, which they found helpful (Aoun et al., 2018). Yet, some bereaved people who are relatively socio-economically deprived may lack the social support and resources that they need in handling post-death matters and funerals (Corden & Hirst, 2016; Hansford et al., 2023). This problem calls for our attention to the accessibility of formal bereavement services, particularly funeral support services which may provide support to newly bereaved people who need to handle post-death matters.

In Hong Kong, formal bereavement services are limited and are mainly provided by non-government organizations (NGOs) with their own funding or other charity funds without the government's subvention (Cheng et al., 2023; Chung et al., 2020). Funeral support services, as a part of formal bereavement services, often receive little attention when compared with bereavement counseling services. For example, the bereavement literature is mostly concerned about the effectiveness of bereavement counseling (Neimeyer & Currier, 2009; Parkes, 1980; Waller et al., 2016), and to our knowledge, no empirical study has been conducted to examine the effectiveness of formal funeral support services, which, however, have great implications for seeking funding support for service provision and development and understanding what and how this specific bereavement support may help (Breen et al., 2014).

Therefore, this study aimed to explore the effectiveness of a funeral support service provided by an NGO in Hong Kong. This service targets socio-economically deprived bereaved people who may not have a high level of literacy in understanding information on post-death matters (Rodriguez Grieve et al., 2024) or who may lack informal social support in handling post-death matters (Aoun et al., 2019). Social workers and program workers in this service accompany and support the service users (e.g. providing information, advice and guidance) in the process of handling post-death matters, such as applying for a Medical Certificate of Cause of Death from the hospital (e.g. death from natural causes, such as

illness) or coroner (e.g. death from unnatural causes, such as accident, homicide, sudden death), and then registering the death at the Deaths Registry; booking the public cremation service, contacting the funeral parlor to arrange the funeral and rituals, arranging the dates of cremation, collecting the ashes of the deceased, and applying for a niche in a public columbarium. Very often these post-death matters have to be handled immediately after the death, to ensure that the funeral, including the cremation, can be completed properly. In fact, funeral and cremation arrangements have been reported to be a stressful process in Hong Kong, especially when the cremation facilities provided by the government do not meet the surging needs due to the increasing number of deaths (Fung, 2024). Emotional support will thus also be given to service users in the process of handling these post-death matters amidst their grief. Within a year after the funeral, social workers may provide follow-up emotional support to service users and assess if they need any referral for specific services, such as bereavement counseling given by helping professionals. Therefore, funeral support in this service may include various types of support, such as companion, advice, informational and emotional support.

Method

Study design

To conduct this research study, the first author collaborated with an NGO that provides funeral support services in Hong Kong. A pretest and post-test questionnaire was used to explore the effectiveness of funeral support services among service users. A quasi-experimental research design was also used to compare service users with non-service users. Specifically, our research objectives were to examine: (a) whether there are significant differences in the psychosocial outcomes of service users before and after receiving the service, and (b) whether there are significant differences in psychosocial outcomes between service users and non-service users after the funeral.

Participants

All bereaved people who received the funeral support service provided by the collaborating NGO were considered the target population for the intervention group. We employed a systematic sampling method to randomly select potential participants from a list of 200 service users. Assuming an effect size of 0.5

with power of 0.8, we estimated the sample size using G*Power software to be 64 for the intervention group (Kang & Huh, 2021). Inclusion criteria for the intervention group were: (a) being the key family member or friend who has major contact with the workers of this service and who handled the funeral of the deceased; (b) having experienced the death of a family member or a friend 3 to 30 months ago; (c) being able to read Chinese or to communicate in Cantonese; and (d) having completed the funeral process. Exclusion criterion was: (a) having been assessed as mentally and psychologically unfit to participate by social workers of the NGO. We sampled 120 service users from the list who met the inclusion criteria; 56 did not want to join the study. Finally, 64 participants were included.

Eligible participants in the comparison group were bereaved people who did not receive this service or any other similar funeral support services (non-service users). Convenience sampling was used. Participants were recruited near a government office which provides cemetery and crematorium services in Hong Kong, where bereaved people are likely to go to apply for a niche in a public columbarium. The inclusion criteria for the comparison group were: (a) being the key family member or friend responsible for handling the funeral of the deceased; (b) having experienced the death of a family member or friend 3 to 30 months ago; (c) being able to read Chinese or communicate in Cantonese; and (d) having completed the funeral process. A similar number of participants was recruited for the comparison group. Finally, 66 participants were included.

Materials

A questionnaire was developed by the research team. Based on the discussions with workers who provided the funeral support services, and the potential benefits that funeral support may bring in the literature (Aoun et al., 2019), items which measure five psychosocial

domains were used for exploring the effectiveness of the service: (a) emotions in facing the death of a family member (Cronbach's α of items in this domain in the intervention and comparison groups for pre- and post-tests ranged from 0.726 to 0.838); (b) emotions in handling post-death/funeral matters (Cronbach's α of items in this domain in the intervention and comparison groups for pre- and post-tests ranged from 0.853 to 0.945); (c) family communication; (d) perceived emotional support; and e) post-death/funeral information accessibility (Cronbach's α of these items in this domain in the intervention and comparison groups for pre- and post-tests ranged from .787 to .911). For example, two items were developed to assess participants' emotions in facing the death of a family member ("helpless" and "distressed"). A sample item is: "When facing the death of the deceased, I felt helpless". Participants were asked to rate the level of agreement on all these items on a 5-point Likert scale from 1 (Strongly disagree) to 5 (Strongly agree). Details of the items which measure these five psychosocial domains are shown in Table 1.

Socio-demographic variables were also collected: age, gender, education level, length of residence in Hong Kong (years), family income (per month), religion, employment status, living arrangement, relationship with the deceased, cause of death, type of mortuary, venue of the funeral, level of closeness with the deceased, and subjective grief level.

Data collection

Data collection took place from April 2019 to September 2019. Participants in the intervention group ($n=64$) completed the questionnaire with the measures described above, in which they were asked to recall their psychosocial status at two time points: before receiving the service (T0) and after receiving the service, particularly the time after the funeral (T1). Participants in the comparison group ($n=66$)

Table 1. Items measuring five psychosocial domains.

Domains	Items
Emotions in facing the death of a family member	1. When facing the death of the deceased, I felt helpless. 2. When facing the death of the deceased, I felt distressed.
Emotions in handling the post-death/funeral matters	1. When dealing with post-death matters/funeral arrangements, I felt worried. 2. When dealing with post-death matters/funeral arrangements, I felt stressed. 3. When dealing with post-death matters/funeral arrangements, I felt lonely.
Family communication	When dealing with post-death matters/funeral arrangements, I could communicate effectively with my family members.
Perceived emotional support	When dealing with post-death matters/funeral arrangements, I felt emotionally supported.
Post-death/funeral information accessibility	1. I understood the procedures of handling the post-death matters. 2. I understood the procedures of handling the funeral. 3. I could access the needed information related to post-death matters/funeral arrangements.

also completed the same questionnaire but were asked to recall their psychosocial status after the funeral only. Written consent was sought from all participants. Ethical approval was granted by the Survey and Behavioral Ethics Committee of the first author's affiliated university at that time.

Data analysis

A paired samples *t*-test was performed to examine the changes in items that measure the five psychosocial domains before and after the use of funeral support services. The Wilcoxon signed-rank test was conducted for the data which were not normally distributed. To compare the differences in socio-economic variables between participants in the intervention group and the comparison group, the Independent *t*-test/Mann-Whitney *U* tests were used for continuous variables and the Chi-square test for categorical variables. Furthermore, ANCOVA was used to examine the differences in items that measure the psychosocial domains between participants in the intervention group (service users) and in the comparison group (non-service user) after the funeral, while controlling

for significant differences in sample characteristics between the two groups as covariates. We applied a two-sided significance test ($p < .05$). The magnitude of the effects between the intervention and the comparison groups was displayed as a partial η^2 effect size. All analyses were carried out using IBM's SPSS version 25.

Results

Profile of participants

Table 2 shows the socio-demographic characteristics of the participants. Of the sample of 130 participants, the majority of those who handled post-death matters were female (64.1% in the intervention group and 53% in the comparison group, $p > .05$). The intervention group had a significantly higher mean age (58.72 years) compared to the comparison group (48.72 years, $p < .001$). Additionally, the intervention group had higher rates of unemployment (57.8% vs. 21.2%, $p < .001$), no monthly family income (15.6% vs. 4.5%, $p < .001$), and lived alone (34.4% vs. 10.8%, $p < .001$) compared to the comparison group.

Table 2. Demographic characteristics by study groups.

	Intervention Group ($n=64$)	Comparison Group ($n=66$)	Significance (p)
	n (%) or M (SD)	n (%) or M (SD)	
Gender			<i>ns</i>
Female	41 (64.1)	35 (53.0)	
Male	23 (35.9)	31 (47.0)	
Age (years)	58.72 (13.02)	48.47 (12.27)	***
Educational level			<i>ns</i>
No formal schooling	3 (4.7)	1 (1.5)	
Primary or below	6 (9.4)	3 (4.5)	
Junior secondary school	20 (31.3)	10 (15.2)	
Senior secondary school	14 (21.9)	19 (28.8)	
Tertiary or above	21 (32.8)	33 (50.0)	
Religious belief			<i>ns</i>
No religion	41 (64.1)	37 (56.1)	
Buddhism	12 (18.8)	12 (18.2)	
Protestantism	7 (10.9)	14 (21.2)	
Catholicism	1 (1.6)	0	
Taoism	3 (4.7)	3 (4.5)	
Islam	0	0	
Employment status			***
Full-time	18 (28.1)	44 (66.7)	
Part-time	7 (10.9)	7 (10.6)	
Unemployed	37 (57.8)	14 (21.2)	
Prefer not to disclose	2 (3.1)	1 (1.5)	
Length of residence in HK (years)	44.91 (21.57)	44.88 (14.39)	<i>ns</i>
Family income (per month)			***
HK\$10,000 or below	21 (32.8)	3 (4.5)	
HK\$10,001–20,000	7 (10.9)	10 (15.2)	
HK\$20,001–30,000	7 (10.9)	12 (18.2)	
HK\$30,001–40,000	3 (4.7)	12 (18.2)	
HK\$40,001–50,000	2 (3.1)	6 (9.1)	
HK\$50,001 or above	10 (15.6)	16 (24.2)	
No income	10 (15.6)	3 (4.5)	
Other	4 (6.3)	4 (6.1)	
Living arrangement			***
Living alone	22 (34.4)	7 (10.8)	
Living with family or friends	42 (65.6)	58 (89.2)	

Note. *ns* = non-significant, * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 3. Bereavement-related characteristics by study group.

	Intervention Group (n=64)	Comparison Group (n=66)	Significance (p)
	n (%) or M (SD)	n (%) or M (SD)	
Time since death (months)	26.27 (7.97)	17.01 (8.94)	***
Relationship with the deceased			ns
Grandparent	3 (4.7)	3 (4.5)	
Parent/parent-in-law	32 (50.0)	48 (72.7)	
Spouse/partner	11 (17.2)	4 (6.1)	
Son/daughter	3 (4.7)	0	
Sibling	9 (14.1)	2 (3.0)	
Other relative	4 (6.3)	3 (4.5)	
Friend	1 (1.6)	5 (7.6)	
Other	1 (1.6)	1 (1.5)	
Cause of death			ns
Anticipated death by illness	47 (73.4)	47 (71.2)	
Sudden natural death	10 (15.6)	14 (21.2)	
Accident	0	0	
Suicide	3 (4.7)	1 (1.5)	
I don't know/prefer not to disclose	4 (6.3)	4 (6.1)	
Type of mortuary			ns
Public	11 (17.2)	9 (13.6)	
Hospital	53 (82.8)	56 (84.8)	
Other	0	1 (1.5)	
Location of funeral			ns
Public/hospital mortuary	22 (34.4)	14 (21.2)	
Funeral parlor	42 (65.6)	52 (78.8)	
Level of closeness with the deceased	4.42 (0.96)	4.29 (0.94)	ns
Subjective grief level	4.02 (1.16)	3.61 (1.45)	ns

Note. ns = non-significant, * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 4. Comparison of item responses in participants before and after the use of funeral support service.

Psychosocial outcomes	Items evaluated	Intervention group (n=64)		Within-group changes	
		Pre-service M (SD)	Post-service M (SD)	Z	p
Emotions in facing the death of family member	Felt helpless	3.97 (1.28)	1.75 (1.18)	-6.146	.000***
	Felt distressed	3.70 (1.24)	2.02 (1.23)	-6.030	.000***
Emotions in handling the post-death/funeral matters	Felt worried	3.98 (1.23)	1.73 (1.07)	-6.458	.000***
	Felt stressed	3.89 (1.24)	1.77 (1.11)	-6.363	.000***
	Felt lonely	3.75 (1.36)	1.58 (0.87)	-6.268	.000***
Family communication [^]	Could communicate effectively	3.92 (1.15)	4.36 (0.92)	-2.737	.006**
Perceived emotional support	Felt emotionally supported	3.28 (1.39)	4.48 (0.82)	-4.538	.000***
Post-death/funeral information accessibility	Understood the procedure of handling post-death matters	2.27 (1.37)	4.53 (0.64)	-6.274	.000***
	Understood the procedure of handling funeral	2.31 (1.31)	4.53 (0.67)	-6.372	.000***
	Could access the needed information	2.33 (1.02)	4.70 (0.58)	-6.483	.000***

Note. * $p < .05$, ** $p < .01$, *** $p < .001$; [^]Valid n (Pre) = 49, Valid n (Post) = 50.

Table 3 shows that the intervention group and the comparison group exhibited similar bereavement-related characteristics, except that time since death of the family member/friend upon the time of data collection was significantly longer for the intervention group (26.27 months) than for the comparison group (17.01 months; $p < .001$). Furthermore, the intervention group reported a higher but not statistically significant subjective grief level (4.02 vs. 3.61; $p > 0.5$) than did the comparison group.

Pre- and post-service changes in psychosocial domains

Significant differences were found in all items of five psychosocial domains between the pre- and post-service responses of service users, indicating that

service users rated themselves better psychosocially after the service (completion of funeral). Details are shown in Table 4.

Comparison between intervention and comparison groups

Significant differences were found in all items of psychosocial domains between participants in the intervention group and the comparison group, except the item in the domain of family communication, indicating better psychosocial status rated by the service users. A large effect size was found for most of the items (partial η^2 ranged from .252 to .400), except for the items in perceived emotional support (a moderate effect size, partial $\eta^2 = .115$) and family communication (non-significant, $p > .05$). Larger effect

Table 5. Comparison of items response between participants in the intervention and comparison groups after completing the funeral.

Psychosocial domains	Items evaluated	M (SD)		F ratio	p	Partial η^2
		Intervention Group (n = 64)	Comparison Group (n = 66)			
Emotions in facing the death of family members	Felt helpless	1.75 (1.18)	2.64 (1.42)	-6.146	.000***	.302
	Felt distressed	2.02 (1.23)	3.00 (1.43)	-6.030	.000***	.311
Emotions in handling post-death/funeral matters	Felt worried	1.73 (1.07)	2.58 (1.39)	75.302	.000***	.400
	Felt stressed	1.77 (1.11)	2.71 (1.35)	63.256	.000***	.359
	Felt lonely	1.58 (0.87)	2.35 (1.32)	57.936	.000***	.339
Family communication [^]	Could communicate effectively	4.36 (0.92)	4.17 (1.01)	3.068	.083	.031
Perceived emotional support Post-death/funeral information accessibility	Felt emotionally supported	4.48 (0.82)	3.65 (1.27)	14.640	.000***	.115
	Understood the procedure of handling post-death matters	4.53 (0.64)	3.52 (1.19)	60.567	.000***	.349
	Understood the procedure of handling funeral	4.53 (0.67)	3.58 (1.19)	57.713	.000***	.338
	Could access the needed information	4.70 (0.58)	4.03 (1.02)	38.169	.000***	.252

Note. * $p < .05$, ** $p < .01$, *** $p < .001$; $\eta^2 > 0.14$ =large effect, $\eta^2 > 0.06$ =medium effect, $\eta^2 > 0.01$ =small effect; [^]Valid n (Intervention group) = 50.

sizes were found in items that measure the feeling of helplessness (partial $\eta^2 = .400$) and distress (partial $\eta^2 = .359$) in handling post-death matters/funeral, as well as the item that measures information accessibility related to post-death/funeral matters (partial $\eta^2 = .349$). Details are shown in Table 5.

Discussion

Findings of this study provide preliminary but encouraging evidence for the effectiveness of the funeral support services provided by the collaborating NGO. This is particularly crucial, as this service aims to provide bereavement support to those who are more socio-economically deprived in the community and who may lack informal support. As confirmed by our findings, when compared with the non-service users we recruited in the community, the service users were more socio-economically deprived: they were significantly older, had lower percentages of full-time employment and family income, and a higher percentage of living alone. Though not statistically significant, the service users also indicated a higher level of grief than did non-service users at the baseline. It will be of great interest to further explore in future studies if and how the socio-economic deprivation may influence the level of grief and the grieving process of bereaved people.

Findings also showed evidence of various benefits that funeral support service may bring, such as minimizing the negative emotions of bereaved people in facing the death of family members and handling the post-death matters/funerals, as well as enhancing perceived emotional support and post-death/funeral information accessibility. Though not focusing on the formal bereavement services but rather the role of funeral providers, Aoun et al. (2019) echoed that ideal funeral support may comprise various aspects, such

as instrumental support, professionalism, informational support, communication, and emotional support. Our findings seem to suggest that the funeral support service may be particularly helpful for enhancing service users' understanding of how to handle post-death matters and funerals. This also reflected the validity of our findings, as it is exactly the primary and core role of this funeral support service: providing practical help and support to accompany newly bereaved people in handling post-death matters/funerals. In Hong Kong, the funeral business has been criticized as being operated as an oligopoly; only a few providers operate funeral parlors which offer venues for performing the rituals and conducting funerals in Hong Kong, and funeral information may not be easily accessed by bereaved people, especially those who are more socio-economically deprived (Chan & Mak, 2000). To avoid handling the complicated process of funerals, some bereaved people in Hong Kong choose to donate the bodies of their deceased family members to medical schools (Chan et al., 2020). All this may indicate the need for supporting socio-economically deprived bereaved people in handling post-death matters/funerals and explain why service users may be more likely to benefit from the support in this domain. Our findings indicate that funeral support service may also be effective, but to a lesser extent, in other psychosocial domains, like emotions in facing the death of family members and handling post-death matters/funerals, as well as perceived emotional support. This may indicate that the emotional benefits brought by the funeral support services may also be indirect, followed by the enhanced understanding of how to handle post-death matters/funerals and better access to their needed information. Future studies may be conducted to confirm the mediating effect of the benefits of handling post-death matters/funerals properly in the grief and emotional

wellbeing of bereaved people. Our findings also showed that funeral support services may not be effective in enhancing family communication. It may be that these service users do not have close family members or the service design does not necessarily focus on a family approach though future research is required to confirm these claims.

Implications

Findings of this study show the significance of providing formal bereavement support, specifically funeral support to bereaved people who may be more socio-economically deprived and lack informal social support in the community. Such findings may bring implications and insights beyond the physical context in which this study was conducted and call for a more thorough investigation especially on how socio-economically deprived bereaved people could be provided adequate funeral support elsewhere. The public health perspective in bereavement care suggests that formal bereavement services could bring optimal effects if the socio-economically deprived bereaved population could be targeted (Aoun et al., 2012; 2015). The preliminary positive evidence presented by this study may echo this claim and urges us to reflect on at least two points: 1. Availability of services: the current provision of funeral support services in Hong Kong is limited and unstable, depending on whether a few NGOs can receive funding to support this kind of complimentary service. Staffing and the scope of services may vary a lot, e.g. some NGOs may heavily rely on volunteers to provide funeral support services instead of using staff, particularly professionals like social workers. But the lack of resources and consistencies of formal bereavement support may also be a great concern internationally (Breen et al., 2014; Hewison et al., 2020). Funeral support has received limited attention as part of formal bereavement support worldwide. This study was conducted in the unique social and cultural context of Hong Kong, in which funeral information accessibility is limited, but the rituals performed in the funerals, such as Chinese folk death rituals, are complicated. These rituals may also make funeral support services more challenging (Liu, 2020) when compared with other contexts in which funeral service providers may be willing and ready to provide more support to bereaved people (Aoun et al., 2019). As a result, the development and provision of funeral support services need to be contextually and culturally sensitive. This awareness is important not only for providing funeral support services, but also for considering how the diverse needs

of individuals—who may not be familiar with mainstream procedures for handling post-death matters (e.g. death registration and handling of niches) and may adopt different cultural practices and rituals—can be met (e.g., new migrants from ethnic minorities). 2. Accessibility of services: whether bereaved people who are more socio-economically deprived and lack informal support can access funeral support services is worth our attention. This may depend on whether the grief literacy of the community can be enhanced, including whether the general public may know about the availability of formal bereavement services (Breen et al., 2022). Formal bereavement service providers may also need to be aware of the inequities in accessing bereavement support experienced by bereaved people who are more socio-economically deprived, e.g. ethnic minorities, people in poverty, older people who may be digitally marginalized (Harrop et al., 2021; Selman et al., 2023). Formal bereavement service providers may also reflect on how they may expand their role, such as not only providing the support service by themselves but at the same time taking a public health approach in bereavement care by enhancing the capacity of the community to provide informal support to bereaved people in need (Aoun et al., 2012; Kellehear, 2020).

Limitations

A major limitation of this study is that it focused on the services provided by one NGO in Hong Kong only, and findings may not be generalized. But to our knowledge, this study is also the first empirical study especially in the Hong Kong context which explored the effectiveness of formal funeral support services. Another limitation is that data were collected retrospectively, by asking the service users to recall their psychosocial status both before the use of services and after the services (after the funerals). Recall bias is thus a concern. Service users who were willing to join the study may be those who were more satisfied with the funeral support services and may thus tend to rate more favorably the items at the point “after the use of service”. Another limitation is the research design in comparing participants in the intervention and comparison groups. It is a quasi-experimental design, and that means group allocation of participants was not random, and only data which respond to the psychosocial status of participants at the point “after the use of service” were collected in both groups. All these factors may affect the validity of our findings, but as an exploratory study, it is hoped that the findings may provide some preliminary

evidence of the benefits of funeral support services. Studies which take a more rigorous research approach should be conducted in future, to establish more solid evidence. Items which were used to rate the five psychosocial domains were all developed by the research team, and all domains were measured only by one item or a few items. Future studies may therefore consider including validated scales to be the outcomes, which may help enhance the psychometric properties of the measures.

Conclusion

This study provided preliminary evidence of the effectiveness of funeral support services for socio-economically deprived bereaved people in Hong Kong. The study showed that bereavement support, particularly funeral support, is crucial for bereaved people. Findings may also give insights into how formal bereavement services may be provided to support bereaved people and reflect on how these services may be developed to enhance the capacity of the community to provide the informal support.

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