

Voicing Loss

Policy Brief No. 2

Locating bereaved people within the coronial process



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May 2024

The [Voicing Loss project](#) explored the role of bereaved people in coroners' investigations and inquests. The project involved interviews with 89 people who had experience of the coroner service following the death of someone they were close to, as well as interviews with coronial professionals and witnesses. This is the second of two Policy Briefs based on the study findings, intended for those involved in coronial policy-making and leadership.

Key messages

- One of the main goals of the coronial reforms introduced by the Coroners and Justice Act 2009 was to place bereaved people 'at the heart' of the coroner service.
- The Voicing Loss research found general support for this policy goal among coronial professionals. Rationales for centrally including bereaved people in the coronial process are that it potentially helps them with their grief; supports informed and effective decision-making by coroners; and builds trust in the system.
- However, the research also reveals multiple barriers to achieving these benefits. Practical constraints limit the extent and nature of bereaved people's inclusion. More fundamentally, there is a tension between, on the one hand, coroners' core statutory duty to ascertain key facts about the death and, on the other hand, their (more loosely defined) obligations to the bereaved.
- The ethical and instrumental imperatives for including bereaved people in the coronial process nevertheless remain compelling. We therefore propose that the vague and overly broad policy aspiration to locate bereaved people 'at the heart' should be replaced by commitments to:
 - supporting bereaved people as participants in the coronial process
 - putting humanity at the heart of the process
 - developing improved provision for the bereaved beyond the coroner service.

Coronial reforms and the role of the bereaved

One of the major drivers of recent reforms to the coroner service was the need to enhance the status and inclusion of bereaved people in the coronial process – in light of growing evidence that poor treatment of the bereaved was among many significant failings in death investigation processes in England and Wales.¹ The idea that the bereaved should be located ‘at the heart’ of the coroner service thus emerged as a key policy aspiration, expressed by government and successive chief coroners. This is commonly described as one of main aims (or even the main aim) of the Coroners and Justice Act 2009. There are parallels with developments in criminal justice policy, where concerns about apparent neglect of the needs of crime victims have led to the introduction of measures aimed enhancing the role and rights of victims within the prosecution process.

However, as we have described elsewhere,² many bereaved respondents in the Voicing Loss research reported that they encountered poor treatment and exclusion during coroners’ investigations – and were significantly impacted by these negative experiences. In this Policy Brief, we argue that the aspiration for bereaved people to be ‘at the heart’ of the coroner service is itself problematic because it presupposes levels and benefits of inclusion that are not necessarily achievable. We go on to make the case for a clearer, more specific and realisable understanding of how the bereaved should be included and supported within – and beyond – the coronial process.

¹ As highlighted by a number of reviews and inquiries (as well as academic research), including the Brodrick review of death certification and coroners (1971); the Luce review of death certification and investigation (2003); and Smith’s review of death investigation as part of the Shipman Inquiry (2003).

² See [Voicing Loss Research Findings No. 1 and No. 2](#)

Rationales for locating bereaved people 'at the heart'

Voicing Loss interviews with coroners and other professionals reveal widespread support for the policy goal of placing bereaved people 'at the heart' of the coroner service, and a number of underlying rationales. Broadly, these rationales fall into two categories.³

First, there are rationales based on the ethical imperative to respond to the suffering of the bereaved, whereby inclusion in the coroner's investigation and inquest is believed (potentially) to assist the grieving process. This assistance is sometimes understood in terms of the coroner's capacity to provide answers or explanations about the death which help the bereaved to feel a sense of 'closure'. Such a perspective is in line with the principles of therapeutic jurisprudence, which posit that the law can act as a therapeutic agent; it also suggests that the coronial process itself might be seen as a kind of 'service' for the bereaved. Relatedly, it is suggested that inclusion in the coronial process is beneficial to the bereaved because it allows for the proper acknowledgement of their loss and grief; further, it enables them to represent, or be the voice of, the person who died. The Chief Coroner, for example, recently commented: 'Surely, the ultimate reason for the centrality of bereaved families is that the coroner's inquest exists to discharge a posthumous duty to the dead whom they represent?'⁵

The second set of rationales for locating the bereaved 'at the heart' of the coronial process combine instrumental and ethical considerations. The bereaved may have crucial information and insights in relation to the death, as well as the personal motivation to seek out new facts. Accordingly, where the bereaved participate fully in the investigation – by submitting and reviewing evidence and questioning witnesses – they may help to ensure the accuracy of the conclusion and inform effective efforts to prevent future deaths. Possible benefits of this kind of participation, moreover, extend beyond the direct impact on outcomes. Individuals who feel that they have been properly heard within the coronial process may be more satisfied, trusting and compliant, whether or not the process produces the results they had hoped for. As scholars of legitimacy have long argued,⁶ such experiences may even bolster trust in, and the legitimacy of, the wider justice system.

³ This analysis is partially informed by – and resonates with – prior work on the meaning of 'participation' in differing court and tribunal settings. The earlier work identified four ways in which justice practitioners understand the value of participation: that is, in terms of the exercise of legal rights; the enabling of decision-making by the court; the legitimisation of court processes and outcomes; and therapeutic benefits (J. Jacobson and P. Cooper (eds) (2020), *Participation in Courts and Tribunals*, Bristol University Press).

⁴ See, for example, Stobbs, Bartels and Vols (eds) (2019) *The Methodology and Practice of Therapeutic Jurisprudence*, Carolina Academic Press.

⁵ HHJ Thomas Teague, KC, 'Lecture by the Chief Coroner: Death and Taxes – the past, present and future of the coronial service', 23 November 2023.

⁶ E.g. T.R. Tyler (2006) *Why people obey the law*, Princeton University Press.

Rationales for locating bereaved people 'at the heart': Some Voicing Loss interview extracts

“ [Coroners] are very mindful of the fact that this is for the family. This is for them to know what happened and get the answers... It's to give them the opportunity to get a bit of closure.”

- Lawyer

“ If they don't understand [how the death occurred] they'll be unsettled, they'll be unhappy. I think that we offer a really important service.” - Coroner

“ I'm reliant on the bereaved bringing [the deceased] person into my courtroom. So, we understand not just about why a person has died, but we understand something about the person that we're all there for. It's only the families that can do that... What they are saying is, 'But this is him. This is her.' They are so pleased to be able to do that. I look and I think, 'Wow,' and it just makes me feel very privileged to be able to do what I do.” - Coroner

“ Where it is really important to listen to families is, of course, they know all sorts of things that you don't know or you might not get from the records or the notes.” - Coroner

“ If you conduct an inquest in a way in which you are clearly explaining, you are clearly listening, giving them opportunities, you build up trust. Families, at the end of the inquest, will say, 'I will leave it to you, Sir', and that is a sign that, actually, they do feel part of it.” - Coroner

“ If you just think, 'Right, can I get this over with as quickly as possible? Yes, well I've got that one boxed off' – all you get is either a complete lack of interest or concern and hostility and possible lawyer's letters. Then you've failed as an investigator.” - Lawyer

Questioning the rationales

Notwithstanding the strength of many statements about why bereaved people should be 'at the heart' of the coronial process, grounds for critiquing these rationales also emerge from the Voicing Loss interviews with coronial professionals.

Central to some critiques are questions about the functions of the coroner service. There is a tension between, on the one hand, the coroner's core statutory duty to answer the specific questions of who died and how, when and where; and, on the other hand, looser notions of the coroner providing a 'service' to the bereaved and responding to needs.⁷ Although admission of 'pen portraits' of the deceased is increasingly common practice at inquests and is supported by Chief Coroner guidance,⁸ coroners have mixed views on the appropriateness of allowing bereaved people to present lengthy personal material, or accompanying photographs, at court. Contention over the scope of inquests further complicates the task of helping the bereaved to feel centrally included in the investigation. A theme running through many of the Voicing Loss professional interviews is the importance of 'managing expectations', where the bereaved want the coroner to address issues that are likely to be ruled out of scope – whether because they are not directly pertinent to the cause of death, stray into questions of liability or are otherwise deemed not relevant.⁹

Questioning the rationales: Some Voicing Loss interview extracts

“Ultimately, the coroner's function is to perform their statutory duties, and it may well be there are tensions between that function and the families' wishes. So, although the family is at the heart of the process, it's not to the exclusion of everything else. So, I would say, 'Yes, of course, they are at the heart of the process. But this is a process perhaps with two beating hearts, not just one.’” – **Coroner**

“I never try and dictate [what is in a pen portrait]. But equally I can't let people just have the entire run of the court, because some people do turn up with 100-page life stories.” – **Coroner**

“In some cases, I wouldn't allow [photographs to be displayed at the inquest]... It's difficult. We're not a bereavement service. We do support bereaved people, but we're not counsellors. But hopefully, if done right, the inquest process is a very, very important step in supporting the bereaved.” – **Coroner**

“I think a lot of people think that they will get answers to something, and quite often, there aren't any answers, or not answers as in the exact sort that they want.” – **Lawyer**

“Quite often, you'll be listening to families talking about their issues or concerns that they have, that may not necessarily be relevant to the coroner's investigation... So sometimes it's about finding a balance of letting them get off their chest what they need to, and then managing their expectations.” – **Coroner's officer**

⁷ See Voicing Loss Policy Brief No. 1 for wider discussion of tensions and ambiguities associated with the coroner's role and remit.

⁸ Chief Coroner's Guidance No. 41: Use of 'Pen Portrait' Material, July 5, 2021

⁹ For more on this theme, see [Voicing Loss Research Findings No. 1](#), on expectations of the coronial process.

Impacts and implications for the bereaved

Evidence from the Voicing Loss interviews with bereaved people – all of whom had at least some level of involvement in the coronial process – provides further grounds for scrutinising and qualifying the aim of locating the bereaved ‘at the heart’ of the coroner service. The findings indicate that while the process sometimes helps to ease grief by answering questions about the cause of death and giving a voice to the deceased, conversely it can add considerably to distress, anger and a sense of powerlessness. It also appears that far from building trust and confidence, experience of the coroner service can sow mistrust.

Reported negative experiences of the coroner system do not, in themselves, undermine the case for including bereaved people centrally: they may, rather, reflect failings to include the bereaved *properly* or *sufficiently*. In turn, such failings may variously reflect lack of skills, care or professionalism on the part of some practitioners, and under-resourcing and other structural constraints and imbalances which impede effective delivery of all aspects of the coroner service. Evidence from Voicing Loss (and other sources¹⁰) suggests that these kind of factors indeed limit the inclusion and active involvement of bereaved people in the coronial process, with significant repercussions for how they evaluate the service as a whole.

At the same time, bereaved interviewees’ accounts of negative impacts of the coronial process point to potential problems with the principle as well as the practice of inclusion. It appears that there are inherent risks associated with inclusion in a legal process which is complex, multi-faceted and highly variable; which must constantly navigate conflicting demands; and the very purpose of which is to address some of the most painful and sensitive of issues. It does not follow from this that the bereaved should be excluded from the process; but it does follow that the broad aspiration to place them at its ‘heart’ merits examination. If there is to be a greater chance of realising the anticipated benefits of inclusion – such as the amelioration of the suffering of the bereaved, more informed and effective decision-making, and greater trust in the system – the potential harms, and multiple practical barriers, should be recognised. Mitigating the risk of harms, and addressing the practical barriers, demands a better understanding of what exactly inclusion entails, how it can be achieved, and to what ends.

¹⁰ Including evidence submitted to the House of Commons [Justice Committee follow-up inquiry on the Coroner Service](#) in early 2024.

Impacts and implications for the bereaved: Some Voicing Loss interview extracts

“The whole experience of being bereaved and losing a child is devastating. I think it would have been even worse had we not had some sort of acknowledgment and examination of what took place. Had that not taken place, I think we would have been even more devastated and lost. ... If we hadn't had an inquest, I don't think we'd have ever been at peace... As the years go by, we reflect on it. Without that kind of closure – which is not closure – but – she has been given her space.” – **Mother**

“It took me about a week to get over [the inquest], and when I thought about it after, I thought: 'Yes, I did get all my answers.'... I think it has made me come to terms with [the death] more.” – **Mother**

“It was very traumatic – to have the most traumatic thing happen, to find your son dead in the hallway, but actually the inquest was probably not far off as traumatic for me.” – **Mother**

“What I'd hoped – not to bring closure, but to give us information and an outcome that would help us to live with it a little bit more easily – had the absolute reverse effect.” – **Daughter**

“I was made to feel a burden, by wanting to ask questions and wanting to provide information that I had actually been asked for... When [the coroner] said that all the information was prohibiting his officer from helping other bereaved families – I thought that was despicable. It really hurt me.” – **Sister**

“All the way through, we've patiently waited and believed... We did believe in the system at the start, then things happened and we didn't.” – **Sister**

“You leave sometimes worse off, because you've got not only the loss of the loved one, but you've got the failing of the legal system. You can just feel your life – draining and depleting. And in the end, you let go. We had a judicial review... I didn't have the energy to go.” – **Mother**

Towards a better understanding of inclusion of the bereaved

The intertwined ethical and instrumental imperatives to include bereaved people in the coronial process – for the purposes of responding to their suffering, supporting better outcomes, and building trust – are compelling. However, the policy aspiration to locate bereaved people ‘at the heart’ of the system is vague, overly broad and unrealistic. Taking account of problems relating to both the practice and principle of inclusion, we propose that the policy aspiration should be replaced by commitments to supporting bereaved people as participants in the coronial process, and to putting humanity at the heart of the process. A third consideration is the importance of provision for the bereaved beyond the coroner service.

Support for the bereaved as participants

Supporting the bereaved as participants in the coronial process means recognising, in the first instance, that participation can take a wide variety of forms, depending on interested person status, capacity and personal preference among other factors. At one end of the spectrum are bereaved people who – with or without legal help or representation – review evidence, seek out new evidence, question witnesses and otherwise do all they can to influence the direction, scope and outcomes of the inquiry. At the other end of the spectrum are those who attend the inquest hearing as observers, or opt not to attend at all. Participation may also entail providing witness statements and giving oral evidence, and making pen portraits about the deceased.

The specific provisions needed to support bereaved people’s participation are correspondingly varied. Nevertheless, the goal of supporting participation has a substantial advantage over the goal of locating the bereaved ‘at the heart’ of the process. While the broad, amorphous nature of the latter makes it near-impossible to operationalise, the former allows for the creation – potentially, at both national and local levels – of a structured framework of support measures aimed at making significant, tangible changes to how bereaved people engage with and experience the coronial process.

Humanity at the heart

It is by no means impossible for therapeutic benefits to arise from involvement in a coroner’s investigation, but many obstacles stand in the way of achieving such outcomes. A more realistic expectation of the coronial process is that all possible endeavours should be made to minimise the generation of anti-therapeutic outcomes; or, in other words, to avoid exacerbating the suffering or trauma of the bereaved. Such an ambition remains aligned with therapeutic jurisprudence principles and can be delivered through a commitment to putting humanity at the heart of the coronial process at all times. This is a matter of both practical and cultural change focused on the detail of interactions and communication between coronial professionals and all others – crucially, but not solely, the bereaved – who come into contact with the coroner service as outsiders.¹¹

¹¹ See the Voicing Loss Principles for Practice documents for recommendations on putting humanity at the heart of the coronial process. These address the themes of [information and communication \(No. 1\)](#); [quality of interactions at inquest hearings \(No. 2\)](#); and [respecting and including the deceased person \(No. 3\)](#).

Provision beyond the coroner service

Even if the bereaved are properly supported to participate in the coronial process and treated with genuine humanity throughout, the coroner service cannot meet all needs and expectations. The tension, noted above, between coroners' statutory duty to ascertain key facts about the death, and their (more loosely defined) obligations towards the bereaved, might be seen as intrinsic to the coroner service. Decision-making by coroners will sometimes be disputed by bereaved people who believe not enough has been done to identify or address all factors relevant to the death. Although the inclusion of pen portraits at inquests is today widely accepted, coroners may be wary of hearings taking on a quasi-memorialising function. Within the formal process of an investigation and inquest, there is limited capacity to attend to the acute vulnerabilities of those who have been suddenly or traumatically bereaved – and nor are local coroner services and their staff sufficiently resourced or trained to do so.

This underlines the critical importance of ensuring availability of bereavement and related support beyond the coroner service – instead of making ever more (unrealisable) demands upon it. Of course, at this time of continued rationing of public services, resource constraints impede provision within and outside the coroner service alike. But this should not obscure the pressing need for specialist services, such as statutory and voluntary sector bereavement counselling.

There may also be much to gain from creative thinking about new forums in which the concerns of the bereaved could be aired and scrutinised outside the constraints of coronial and other legal proceedings. In the sphere of criminal justice, restorative justice – which brings offenders and victims together to discuss and address the harms caused by crime – is proven to provide much greater victim satisfaction than the conventional prosecution process.¹² Perhaps restorative practices, involving structured dialogue between professionals who had some involvement in the death and bereaved people, would offer the bereaved a greater sense of resolution than most coroners' investigations ever can.¹³

¹² A. M. Nascimento et al (2023) 'The Psychological Impact of Restorative Justice Practices on Victims of Crimes—a Systematic Review', *Trauma Violence Abuse*, 24 (3).

¹³ Restorative approaches in the context of death investigations have been the subject of some (limited) discussion in Australia; for example, M.S. King (2008) 'Non-adversarial justice and the coroner's court: a proposed therapeutic, restorative, problem-solving model', *Journal of Law and Medicine*, 16 (3).

Voicing Loss



- The Voicing Loss project was conducted by the Institute for Crime and Justice Policy Research (ICPR) at Birkbeck, University of London, and the Centre for Death and Society (CDAS) at the University of Bath. It ran from May 2021 to May 2024.
- The study involved interviews with 89 bereaved people with experience of the coronial process; 82 coronial professionals (including coroners, coroners' officers, lawyers and others); and 19 individuals who had given evidence to an inquest in a professional capacity and/or supported colleagues who were witnesses. This constitutes the largest ever empirical investigation of lay and professional experiences of the coronial process in England and Wales.
- The project examined the role of bereaved people in the coronial process, as defined in law and policy and as experienced in practice; and explored ways in which the inclusion and participation of bereaved people in the process can be better supported.
- As a qualitative study, Voicing Loss does not seek to provide an exhaustive or representative portrayal of the coronial process. The self-selected sample of bereaved people is likely to be skewed towards those who had been bereaved in contentious circumstances. However, this does not detract from the value of their detailed, reflective accounts of direct experiences.

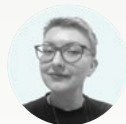
Further information on the study, including research, practice, policy and other outputs, is available on the [project website](#)

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The researchers gratefully acknowledge the help and support of many [individuals and organisations](#)



The Voicing Loss project was funded by the Economic and Social Research Council (grant reference ES/V002732/1).

Artwork by [Tyla Scott Owen](#).