

## **BEREAVED BY SUICIDE SUPPORT CONSULTATION QUESTIONNAIRE**

The Public Health Agency has lead responsibility for the implementation of the Protect Life Strategy and is currently rolling out a 3 year procurement plan for Health and Social Wellbeing Improvement. During the timeline of the procurement plan, it is expected that the new mental and emotional wellbeing and suicide prevention strategy will be issued for consultation and issue. It is anticipated that the areas currently considered for procurement will continue to be strategic priorities but final specifications will be informed by any specific targets set within the new strategy.

Support for those bereaved by suicide is one element of the 3 year procurement plan and this consultation is a step in the development of a model for that area of work.

The following outlines the key elements being considered as part of a service model to be delivered across each of the 5 HSC/PHA localities to ensure that support offered in a robust and consistent way. PHA is now seeking views on the proposed model. **This paper should be read in conjunction with the background evidence paper issued by PHA along with this questionnaire.**

### **Aims of proposed model:**

To promote a healthy grieving process, recovery and resilience for those who have been bereaved by suicide, through providing timely and flexible support to individuals, families and / or local communities who have being affected by death by suicide.

To ensure that those bereaved are offered appropriate support informed by available evidence of effective practice and which meets the PHA quality standards for bereavement support.

### **Objectives:**

Support services will:

- Provide timely emotional support to those bereaved, including at difficult times of the year such as holidays or anniversaries
- Provide practical information as appropriate to those who are bereaved

- Promote positive mental and emotional well-being as well as awareness of mental ill health.
- Provide information & raise awareness of local services which may be beneficial to those bereaved
- Provide information & raise awareness amongst others of the impact bereavement by suicide can have on individuals or families.

### **Key Elements within Proposed Model**

The following outlines proposed key elements for the support service

1. Support
2. Capacity Building & Resilience
3. Partnership Working
4. Information Management & Communication

<b>Element</b>	<b>Description</b>
<b>Support</b>	<p>Provide age appropriate and timely emotional support to those bereaved, including at difficult times of the year such as holidays or anniversaries.</p> <p>Support tailored to the age and needs of the recipients offered via a range of methods to include:</p> <ul style="list-style-type: none"> <li>• 1:1 / Individual support and / or group work</li> <li>• Group, Family or Peer support - helping the adults/parent/guardian/care giver to help and also peer group support</li> </ul> <p>Work in partnership with other relevant organisations to offer practical support to families and friends of those bereaved.</p> <p>Be flexible and responsive to emerging needs such as requests via the SD1 system, supporting any Community Response Plan (CRP) activations and other community or individual needs.</p> <p>Give additional priority to vulnerable population groups, including those at higher risk of suicide or self-harm and geographic areas of higher suicide prevalence rates.</p>
<b>Capacity Building &amp; Resilience</b>	<p>To build the skills and strengths of families/individuals/key gatekeepers* and communities impacted by suicide and to strengthen the skills, knowledge and connections which will aim to build resilience, improve help seeking opportunities and</p>

	<p>behaviours, to help to support a healthy grieving process and recovery.</p> <p>Build capacity within communities and partner organisations to respond to and support those bereaved. Increase knowledge &amp; skills by signposting to approved training &amp; awareness raising programmes and providers which meet the PHA training standards (or equivalent). (Programmes may address some / all of the following Mental Health and Emotional Wellbeing; Suicide Prevention; Self Harm support training; Drugs &amp; Alcohol programmes and Resilience).</p>
<p><b>Partnership Working</b></p>	<p>Facilitate and encourage joint working with local service providers to ensure signposting to the relevant support or programmes for local communities.</p> <p>Develop links to other health and social wellbeing improvement programmes to promote awareness of services and avoid duplication.</p> <p>Where appropriate, make connections with emerging areas of work including the Primary Care Talking Therapy and Well-being Hubs.</p>
<p><b>Information Management &amp; Communication</b></p>	<p>Promote shared learning across staff, agencies and groups in the relevant area of the needs of families bereaved by suicide, and how best to support these needs.</p> <p>Provide information to individuals/ families / children &amp; young people through approved resources such as self-care booklets and leaflets.</p> <p>Signpost to support services through promotion of other key / relevant support services as appropriate.</p> <p>Raise awareness of wider programmes which promote emotional wellbeing, mental health, suicide and self-harm support across their locality.</p> <p>Work with PHA communication staff as required to support regional campaigns, encouraging good news stories of hope and recovery, promoting positive mental health messages and raising awareness of bereavement support services and other local providers available through the locality partnership.</p> <p>Promote the use of accessible (user-friendly) directories and information on service/referral pathways e.g. cards, posters, websites, ensuring reach to a wide range of practitioners,</p>

	<p>marginalised and disadvantaged groups including LGBT, rural communities, ethnic minorities, and unemployed people.</p> <p>Contribute to new research / evidence using local knowledge, relationships and experience.</p> <p>Assist the Public Health Agency with any relevant Personal and Public Involvement (PPI), engaging individuals/communities if appropriate, to support with key stakeholder consultations</p>
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<sup>1</sup>\*Gatekeepers can be identified as those who could potentially be in contact with vulnerable individuals, including for example:

- GPs & Primary Care Staff
- Accident & Emergency Staff
- Pharmacists
- Relevant Managers (HSC frontline sector)
- HR Personnel (HSC sector)
- Accredited sports coaches
- Those working with survivors of abuse
- Church (religious/faith leaders)
- Key influencers of young people e.g. teachers, youth workers
- Those who work with people who have mental health difficulties
- PSNI custody officers
- Frontline prison staff with 'inmate listeners'
- Call Centre staff (regional helpline providers)
- Undertakers
- Fire Service
- Ministry of Defence / British Legion

## Consultation Questions

**1. Do you agree with the above aims and objectives proposed for the service?**

**YES**

**NO**

**Yes**

***Please comment below:***

Barnardo's NI broadly agrees with the proposed aims and objectives for the support service. In our view it sits clearly alongside the PHA Quality Standards for Services Promoting Mental and Emotional Wellbeing and Suicide Prevention which includes specific standards for bereavement support.

We know from our direct work with children, young people and their families who have been bereaved, including through suicide or traumatic death, how difficult 'special days' associated with a loved one can be. Barnardo's NI therefore particularly welcomes the emphasis in the objectives on the need to provide emotional support at key times of the year, notably holidays or anniversaries.

We also warmly welcome the key objective to provide information and raise awareness of local services which may be beneficial to those bereaved. The background paper states that, in addition to international evidence, the proposed model builds on existing practice. Moving forward Barnardo's NI would emphasise the need for the support model to continue learning from and building on the considerable knowledge and experience existing in local voluntary and community sector practice. We also recommend the creation of knowledge transfer platforms for organisations and practitioners providing bereavement support to share evidence of good practice (and that which hasn't worked so well).

**2. Do you agree with the key areas identified in relation to a Bereaved by Suicide Support Model? Please answer yes / no and give reasons for your answer.**

- **Support**

Yes. Barnardo's NI agrees with support being identified as a key area in relation to a Bereaved by Suicide Support Model. We very much welcome that this element has been taken from the viewpoint of the family, beginning at the difficult times of the year and tailored to an individual's age and needs. In our experience families need different support services at different times and this type of approach should reduce their chances of 'falling through the net'. It is important that families know and are encouraged to re-engage with support services if they are having a difficult time, especially at holidays or anniversaries.

It is also very helpful that the background paper reflects learning from good practice about the need to widen support beyond the immediate family circle. Research is highlighted which advises the need to prioritise access to support services for all those affected by death by suicide, regardless of their kinship to the deceased, and it is essential the support model facilitates this approach.

- **Capacity Building & Resilience**

Yes. Capacity building and resilience are very important components within a preventative approach and therefore correctly identified as key elements within the proposed model. In our experience strengthening an individual's skills, knowledge and understanding about bereavement is vital for building resilience, promoting well-being and helping ensure they are more likely to seek help at critical times.

The description of building capacity within communities and partner

organisations to effectively respond to and support those bereaved is also welcome; in doing so we would again refer you to our previous recommendation at Question One to create more opportunities / mechanisms for practitioners to share learning and good practice.

In our view the document might be strengthened with more explicit reference to the various and usual processes of bereavement. We would also recommend the inclusion of specific reference to addressing the complexities of traumatic and complicated grief as distinguished from general bereavement.

- **Partnership Working**

Yes. Barnardo's NI agrees that partnership working is also an essential element of the proposed support service, particularly joint working to ensure signposting to relevant support and to avoid duplication. A collaborative and joined-up / multi-agency approach is vital to ensure common / shared outcomes, the maximising of resources and the best outcomes achieved for all children and families bereaved by suicide.

In our experience a joined up approach is currently inconsistent across Health and Social Care Trust areas; there will therefore need to be particular focus on ensuring better links between practitioners and that examples of good practice such as peer support are widely replicated. As previously discussed, creating specific knowledge transfer platforms to share and learn from good practice and other approaches would be beneficial in progressing this.

Barnardo's NI would also recommend that there is more emphasis in the document and description about partnership working across the different levels / sectors. In some areas where PHA funded services are present there are active peer supports which connect preventative work with

postvention which gives a rounded support for families bereaved by suicide. This model does not appear to have filtered to other areas of PHA funded services.

- **Information Management & Communication**

Yes. As clearly outlined in the document, information management and communication has many potential components and we agree that it is an essential element for a successful support model. We know through our own child bereavement service, including feedback from service users, the benefits of self-care booklets and leaflets as well as signposting to other services and wider emotional wellbeing and mental health programmes. From experience we also know what hasn't worked so well for Barnardo's NI in reaching individuals and communities bereaved by suicide, for example via health fairs.

In our view there is a significant gap in providing training and information about bereavement services to frontline services which we recommend is more explicitly highlighted within the key information element and actively addressed within the support model. This particularly includes the fire service, police, A&E, ambulance crews and undertakers who regularly come into direct contact with children and families experiencing trauma / bereavement (frontline professionals can often be central in an individual's later recollection of their loss). In addition there could be emphasis within this element specific to more awareness-raising through GPs, health centres, family support hubs and locality meetings.

The information element includes contribution to new research / evidence using local knowledge, relationships and experience which we very much welcome. It is especially important given there appears to be very little local research undertaken in Northern Ireland with a focus on bereavement, including by suicide, while on-going service / programme



evaluation is generally limited. Barnardo's NI believes it is vital a strong evidence base is created to effectively inform service development and good practice, as well as ensure continuous improvement. As a useful first step we would therefore recommend the PHA undertakes a piece of work to examine the existing evidence base in this area in order to inform future research and subsequent service development in NI.

3. Are there other elements which you consider should be included in the model? If so please outline why you consider this to be important?

Please comment:

**Parallel support for parents/carers:** Barnardo's NI strongly recommends the inclusion of 'parent/carer support' within the support element as being more distinct and explicitly focused on a preventative multi-agency approach aimed at supporting parents/carers to effectively deal with a child's short and long-term grief responses. This is especially important to help minimise as early as possible any potentially detrimental impacts on children's emotional and general well-being. We have considerable experience in working with bereaved children and know first-hand the significant impact loss and grief can have on their usual behaviours and responses. This can be incredibly difficult for any parent to manage when they may be struggling with their own grief. However they often do not understand or know how best to deal with a grieving child and capacity to provide specific support to parents within child bereavement services is unfortunately very limited. Child and adult bereavement services do not always run simultaneously, which can further compound the problems.

In our view a more preventative whole family approach would enable

children and parents/carers to receive individual support during the same period and then together. The parallel work with parents would include a particular focus on supporting them to understand a child's usual range of short and long term responses to grief, and how to implement various parenting / coping strategies. Support would also be flexible and available in atypical hours when parents/carers often struggle the most. Additional supports for parents early on may lead to children requiring less individual bereavement sessions / other services in the long term.

*"It is a support but it is also an educative role. It is definitely about educating parents and understanding what is going on for their children and to provide strategies for them that then helps them manage a way to make family life easier" (Barnardo's NI Senior Practitioner).*

**Staff caseload:** We also believe high risk clinical supervision for professionals working with vulnerable individuals does not in itself negate against the need for a more balanced, mixed caseload. Barnardo's NI recommends explicit recognition of this within the model to promote staff safety and well-being, to help minimise high staff turnover and to ensure a broad range of professional skills development. We recommend a wider use of peer support models as a useful resource for practitioners to discuss concerns, as well as share learning and good practice.

#### 4. Further Feedback / any other comments:

Barnardo's NI warmly welcomes the PHA's proposed Bereaved by Suicide Support Model and its ethos, particularly its focus on learning from and building on good practice. Bereavement in childhood is often the beginning of a life-long journey, sometimes requiring periods of support at different stages. Feelings and behaviour associated with grief can manifest at any time through to adulthood and it is important to continue reflecting this as the model develops and progresses. We know through our direct work that supporting bereaved children early and providing

them with a strong foundation of strategies and coping mechanisms will help them if periods of grief re-occur later on.

**For further information, please contact:**

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If you require a printed copy of the consultation document or an alternative format, please email [Lisa.carson@hscni.net](mailto:Lisa.carson@hscni.net).

All responses must be received by 4.00pm on Friday 14th August 2015. Following the end of the consultation period, the PHA will consider all responses which will inform development of the final model of support for those bereaved by suicide.

Please send your responses to: [Lisa.carson@hscni.net](mailto:Lisa.carson@hscni.net)

By Friday 4.00pm 14<sup>th</sup> August. 2015

Thank You