

Barnardo's NI

Public Health Agency Consultation

Postvention Support Service: Proposed Model of Support – Version 1

Barnardo's NI is the largest children's charity in Northern Ireland. In the last year we worked with approximately 18,000 children, young people and families across more than 45 different services and programmes. We deliver a wide range of services across Northern Ireland, from providing family support and early intervention, to working directly with children and families who have experienced adversity and need our support. Our goal is to achieve better outcomes for more children. To achieve this, we work with partners to build stronger families, safer childhoods, and positive futures.

Barnardo's NI welcomes the opportunity to comment on the proposed model of support for postvention support. Our comments are informed by our experience delivering the Barnardo's Child Bereavement Service. The comments below correspond to the sections in the consultation document.

Academic literature

- Barnardo's NI is reassured to see the inclusion of Shields, Kavanagh & Russo (2017): "*support groups should have professional input and should only be offered after the initial rawness of emotional following the bereavement has passed*".
- While some postvention services offer counselling straight away, this contradicts trauma responsive models of practice whereby a period of acute distress is allowed for up to 3 months. We welcome the recognition of this best practice in the proposed model.
- This section recognises the lack of a 'model' in NI, as well as the need for a tailored and bespoke service based on individual's needs.
- We welcome the recognition of the work of Andriessen et al. (2019a): "*have sufficient duration required to help individual return to normal daily functioning*".
- Barnardo's NI recommends that work should continue to remain unlimited in terms of what individuals need. It is important to give children and

young people time to process their grief and walk alongside them while they are doing that. We recommend the use of outcomes tools to support decisions around endings etc.

- We fully support the key elements outlined for a model of bereavement support: a whole systems approach, be regionally consistent, recognise no one size fits all solution, and ensure access to the service when families feel ready.

Whole systems approach

- This approach fits well with the Barnardo's children and young people model of traumatic grief support. This model facilitates the element of wrap around support.
- However, we are concerned that the level of time and effort involved in wrap around support is not fully understood. In our experience, families who come to our service who are bereaved by suicide have often been impacted by multiple traumatic bereavements and that is a very different level of provision of service.

A regionally consistent service

- A recent evaluation report from Barnardo's Child Bereavement Service stresses the need for regionally consistent services as opposed to a postcode lottery for postvention support.
- It is important that child bereavement services should be represented at all regional meetings.

Service Overview

- It is essential that the whole system and wrap-around support approach is clearly outlined in the service overview, particularly in reference to supporting children and young people.
- Suicide bereavement impacts children differently, and support must be tailored; often children and young people require further support at each developmental age.

- There appears to be a menu of options for people to choose to go into which can be positive, however Barnardo's recommends that this is provided alongside gatekeepers to guide individuals, as we know that those who are overwhelmed, bereaved and traumatised find decision making difficult.
- The listing of support and interventions could indicate prioritisation. We would urge caution on this as each intervention is important and has its place.
- It is important to recognise that when children are left without parents, there can often be no-one modelling behaviour for the child in the parent's stead. While schools are a direct link to many children, some schools are more invested in this support than others.
- Recognition is required around primary and secondary losses. The nature of bereavement by suicide is that it impacts children differently at each developmental stage. It will be the nature of our families that children may need more than one piece of work and so will need a re-referral as they get older. With suicide there are some difficult pieces of information, and these can only be shared at the age-appropriate time. It is about capturing the fact that the families are often going to come in and out of our service and that is what they need because of the nature of bereavement by suicide.

Access to the service

- Barnardo's NI recommends that when think about access to the service, consideration is given to timely referral and GDPR guidelines.
- Additionally, the SD1 should include a section for families to opt out of support, similar to schools-based counselling, as a potential consideration when people are in shock and unsure of making decisions.

Key elements within proposed model

- Barnardo's NI welcomes the recognition of the difficulty of key dates for bereaved people, however a system must be rolled out to record and remind of those key dates.
- Barnardo's NI would be keen to see specific levels of training identified and explanations offered. For example, outlining what is meant by

capacity building, awareness raising, specialist training and the topics that are covered.

- We recommend that the key elements include the impact of trauma and neuroscience. Capacity training has two levels awareness training and specialist. Under psychoeducation- awareness and specialist too. Not something everyone will need, it is selective around it.
- Therapeutic Intervention: the key elements for the under 18s service should include the opportunity for closed and facilitated support groups. Additionally, we would recommend an assessment process for participants joining group work sessions. Children must be ready for the work, and the need for trauma and recovery techniques must be assessed.
- Specialised Support: It is essential that the Under 18s Service is trauma informed and responsive, with therapeutic interventions for individuals and families. Wrap around and whole systems interventions are key.
- Communities and partnership working: This section must be strengthened. It is imperative that there is joint working with local service providers. Additionally, Children's Services should be included in all Protect Life Implementation Group, not on an ad hoc basis.

Outcomes and Evaluation

- Outcome measurement has been tried and tested. Evaluations must be validated, with therapeutically-sound qualitative and quantitative measures, in addition to anecdotal evidence.
- The final outcomes must link in with the four key elements identified under the proposed model of support: a whole systems approach, be regionally consistent, recognise no one size fits all solution, and ensure access to the service when families feel ready

Glossary

- Barnardo's NI welcomes the recognition of art, play, and music under therapeutic interventions.

Stepped Care Model (Appendix 1)

- The stepped care model outlined in Appendix 1 is similar to the bereavement support pyramid (Irish Hospice Foundation). Step 2 may also require family support to ensure successful outcomes for children and young people.
- There's a place for all interventions and investment must be put in place, especially with step 3 services. These services are challenging to recruit for at the current grade of pay. This is often a result of contracts which have rolled-on for many years without an uplift in funding.

We hope our comments are useful and Barnardo's NI is happy to engage further with the PHA as the model of support is developed further.

For further information, please contact:

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