

Appendix C: EQIA- Support Service for People Bereaved by Suicide

Please read the guidance before completing this form. Please delete all the instructions in red. Remember this is a public document and needs to be clear about how any proposal will impact on an individual.

Kent County Council Equality Analysis/ Impact Assessment (EqIA)

Directorate/ Service: Strategic Commissioning – Public Health

Name of decision, policy, procedure, project or service: A Support Service for People Bereaved by Suicide (all ages)

Responsible Owner/ Senior Officer: Tim Woodhouse

Version: 1.2 (23.Dec.2020)

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Pathway of Equality Analysis: Div.MT

Summary and recommendations of equality analysis/impact assessment.

Context

KCC is seeking to procure a support service for people of all ages bereaved by suicide across Kent & Medway. The service will ensure people bereaved by suicide receive the practical and emotional support they need and reduce the potential for ongoing suffering and distress. This service may also contribute to keeping vulnerable families out of crisis and more children and young people out of long-term care provision.

Currently, there is no dedicated service for people bereaved by suicide in Kent or Medway. However, there are a small number of peer support groups delivered through Survivors of Bereavement by Suicide (SOBS) branches and some generic bereavement services are available from the Voluntary and Community Sector. The Help is At Hand guidance document is also promoted by some partners.

“Providing better information and support to those bereaved by suicide” is a priority within the Kent and Medway 2015-2020 Suicide Prevention Strategy and is also included as a priority in the draft 2021-2025 Strategy. Kent and Medway CCG and the Kent and Medway Suicide Prevention Programme have secured funding from NHS England to provide a support service for people bereaved by suicide and are working collectively with Kent County Council (KCC) to commission this service.

Bereavement is a natural part of human experience but can be intensely painful and negatively impact on physical and mental health (Selman et al 2020). Family members, particularly parents and spouses or partners, are thought to be the most vulnerable groups following a suicide, but there are also risks for wider family, friends, colleagues, and the community. The number of people affected is concerning given the recognised potential for suicide contagion – where a suicide influences suicidal ideation in others.

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Not everyone is impacted in the same way, but research shows that people who lose family members or close friends to suicide maybe at higher risk of mental illness and in some cases consider suicide themselves.

Recent research further shows that people who have been bereaved by suicide need a combination of practical and emotional support. Being confronted by police, coroner officials and possibly even the media, when you are in deep shock and grief is very difficult. The aim of this Service is to help family and friends both in the initial days and weeks after the death, as well as signposting support for people who have been bereaved by suicide in previous years.

In 2019 there were 176 coroner registered deaths by suicide in Kent and Medway. It should also be noted that the specification for this service is being prepared during the Covid-19 pandemic, and the full impact of coronavirus and the associated economic and social distancing measures on the mental health of the population are as yet unknown.

The design of this service has been informed by a range of research and engagement projects which collected and collated the views of people with lived experience.

In 2019, the Suicide Prevention Programme commissioned a local research company, Perpetuity Research, to explore the experiences of people in Kent who have been bereaved by suicide, with a view to informing the specification for this new service. This research has now been completed and the Exec Summary is embedded in Appendix A. The full 90 page detailed report is available on request.

Using this research, and by examining support services from elsewhere in the country, a small working group (made up of commissioners, people with lived experience, the CCG, public health and charities) developed a draft specification for the new service.

The draft specification formed the basis of a workshop (hosted by Medway Council Oct 9th) where a wider group of stakeholders and potential providers reviewed and commented on the proposals.

In November 2020 a Market Engagement event was held with a number of potential suppliers to refine the specification and ensure that lessons were learnt from the experiences from services elsewhere in the country.

The specification for the service was also informed by "*From hope to grief*" (<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/fromgriefftohope/>) which is the largest studies of suicide bereavement either the UK or internationally.

Aims and Objectives

The service will ensure people bereaved by suicide receive the practical and emotional support they need and reduce the potential for ongoing suffering and distress.

The objectives of the new service include:

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- Ensuring that 100% of families newly bereaved by suicide (and who give their permission to be contacted by the service) are offered a flexible menu of practical and emotional support options within 72 hours of being bereaved
- Ensuring that families are offered varying levels of support depending on how much time has passed since the death and their perceived need.
- Ensuring that friends, colleagues, witnesses, and other people affected by a suicide have access to a range of appropriate support, guidance, and advice
- Ensuring professionals who are working to support people bereaved by suicide have access to appropriate training, support, guidance, and advice

Some of the anticipated population outcomes include:

- Increase numbers of people accessing support including information, advice and sign posting
- Increase number of people self-caring following a period of enablement through the short term recovery service
- Increase access to early intervention services
- Increase number of people being supported to achieve emotional wellbeing
- Reduce stigma and discrimination
- Increase levels and models of mutual/peer support

Service User outcomes include:

- Improved emotional wellbeing as measured by evidence based tools for example, WEMWEBs (or equivalent scale)
- Feel satisfied with service delivery
- Feel supported during Police and Coroner investigations and Coroner's Inquest
- Access a wide range of opportunities to support their personal recovery

The three main cohorts of people that the Service needs to support are outlined below:

1. **Cohort 1 - Close family members** of an individual who has died recently (up to a year ago). This will usually mean partners, spouses, parents, children, and siblings, but in some circumstances could include cousins, grand-parents, grand-children, aunts, uncles, nieces, and nephews.
2. **Cohort 2 - Friends, colleagues, witnesses, and other people** affected by a recent suicide, or close family members who died over a year ago.
3. **Cohort 3 - People who are working to support**, or who are spending time with, people bereaved by suicide (this is likely to include GPs, teachers and social workers etc, but could also include individuals in community organisations such as sports clubs, charities etc where the bereaved individual spends time).

It is anticipated that the majority of resource will be directed towards Cohort 1.

Summary of equality impact

It is not anticipated that this new service will impact any protected group negatively, however ongoing monitoring and outreach will be required to ensure that all protected groups benefit as much as possible.

Currently, there is no dedicated service for people bereaved by suicide in Kent or Medway. As mentioned above, there are a small number of peer support groups

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delivered through Survivors of Bereavement by Suicide (SOBS) branches and some generic bereavement services are available from the Voluntary and Community Sector. The Help is At Hand guidance document is also promoted by some partners. The new service will allow people to access specialist support specific to bereavement by suicide and receive the practical and emotional support they need to reduce the potential for ongoing suffering and distress.

The service will be available to people of all ages affected by bereavement through suicide and include a flexible menu of practical and emotional support depending on the needs of the individual or group being supported. People across Kent & Medway affected by a suicide will have access to a range of appropriate support, guidance, and advice through this service. It will aim to increase the number of people accessing this type of service where needed, and also reduce the stigma and discrimination that can exist around suicide.

There may be some groups of people who will be reluctant or potentially unable to access this type of service due to the stigma that exists around suicide. This may be in relation to some religious or cultural beliefs, and potentially in views held by some older age groups. There may also be issues with children being unable to understand a bereavement, particularly one by suicide which is often more complicated due to their young age. People with learning difficulties may also have problems in expressing their grief and so are assumed by others not to be grieving. There may (as a result) be assumptions made wrongly that this type of support is not needed in some instances.

Adverse Equality Impact Rating **Low** /~~Medium~~ /High

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning the procurement of a Suicide Bereavement service for all ages. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

Signed: _____ Name:

Job Title: _____ Date:

DMT Member

Signed:  Name: Jessica Mookherjee

Job Title: Consultant in Public Health Date: 27 January 2021

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Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Age – Some older people may remember when suicide was illegal in England and Wales (decriminalised in 1961). They may still feel a stigma attached to suicide which would prevent them from accessing this service. On the other end of the spectrum, children may not be old enough to understand a bereavement, particularly one by suicide which is arguably more complicated than other types of bereavement.

Disability – People with learning difficulties may not be able to express their grief in a way that is recognised as “normal”. They may be assumed to not be grieving and therefore not needed this type of support.

Religion and Belief – Some religions and cultures are strongly opposed to suicide such as Islam, Hinduism, and some Christian sects. There is a long history of religious beliefs being opposed to suicide and so that stigma which still exists may prevent people connected with the deceased from accessing this type of service. Grieving for someone who has committed suicide for religious families and friends may pose a number of challenges relating to this stigma.

Could this policy, procedure, project or service promote equal opportunities for this group?

Age – This service is available to people of all ages affected by a bereavement through suicide. If a child is unable to benefit from this service then the provider will signpost to other specialist services or partner agencies which would be more appropriate, such as specialist bereavement services for children and young people.

Disability - The service will include a flexible menu of practical and emotional support that can be tailored to the needs of those needing support.

Religion and Belief – If accessing this type of support specific to suicide bereavement will cause problems for a family, group or individuals due to religious or cultural beliefs then other bereavement service can be signposted that may be more appropriate.

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Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age			Views on suicide held by different age groups may differ. This may impact on their willingness to access the service, or their belief that they would have a need for this type of support. For example, some older people may remember when suicide was a criminal offence (before 1961) and may therefore feel a deeper sense of stigma attached to a death by suicide. A child's level of understanding will partly depend on their age. This may be the first bereavement that they have	The service is available to people of all ages across Kent & Medway. Children under the age of 18 are able to access the service at a level depending on their need. The service will adopt a person/family centred approach to provide flexible levels of support to meet the needs of the bereaved persons. It will include a flexible menu of practical and emotional support that can be tailored to the needs of different age groups. Where appropriate individuals will be signposted to other partner organisations or specialist services who may be better equipped to

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			experienced, and it may take time to understand fully the cause of death.	deal with an individuals needs such as specialist bereavement service for children, young people, and young adults.
Disability			People with learning difficulties may not be able to express their grief in the usual and expected ways which may lead others around them to assume that they are not grieving and may not need support.	Clear referral pathways, for example through health routes such as paediatricians and GPs may have a positive impact on those with a disability as they are more likely to be in contact with a health professional who may direct them to the service. The service will include a flexible menu of practical and emotional support that can be tailored to the needs of those who are being supported.
Sex			We have found no evidence to suggest that this protected group will be impacted less favourably than others. The service will continue to be offered	

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			to both males and females	
Gender identity/ Transgender			We have found no evidence to suggest that this protected group will be impacted less favourably than others. The service will continue to be offered to all gender identities.	
Race			We have found no evidence to suggest that this protected group will be impacted less favourably than others. The service will continue to be offered to all races. Translation programmes may be used for those who do not speak English as a first language.	
Religion and Belief		Some cultures and faiths hold strong views on suicide that may complicate the grieving process and accessing support for		

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		those bereaved by suicide. For example, some religions forbid suicide or perceive it as a sin/going against their beliefs. People attached to the deceased may feel excluded from their community, faith groups and therefore unable to access services due to the stigma.		
Sexual Orientation			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	
Pregnancy and Maternity			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	
Marriage and Civil Partnerships			We have found no evidence to suggest that this protected	

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			group will be impacted less favourably than others.	
Carer's Responsibilities			We have found no evidence to suggest that this protected group will be impacted less favourably than others.	Those with carer's responsibilities may be encouraged to access the service via health professionals they interact with such as GPs. Therefore, focusing on promoting the service via health as well as Kent Police, Coroners and KCC Public Health may have a positive impact on this cohort.

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Part 2

Equality Analysis /Impact Assessment

Protected groups

The stigma that has surrounded suicide has a very long history. “Self-murder” became a crime under common law in England in the mid-13th century, though it had been condemned by the church for far longer. It was not until 1961 and within living memory of some that suicide or attempted suicide were decriminalised in England and Wales. It is believed that views began changing towards suicide during the 18th century due to factors such as the increasing secularisation of society and the emergence of the medical profession. The Suicide Act 1961 legally decriminalised suicide in England and Wales. As such, some age groups will remember suicide being illegal and may still feel some level of stigma attached to it. This may become a barrier to them not only dealing with their grief relating to the bereavement by suicide, but also in accessing appropriate services for support.

On the other end of the spectrum, a child’s age may cause a barrier for them accessing this type of service due to their level of understanding. Bereavement is a common childhood experience, with around 3.5% to 5% of young people in the United Kingdom bereaved of a parent by age 16 (Fauth, Thompson, & Penny, 2009; Parsons, 2011). Some studies suggest that around three-quarters of young people experience bereavement in their wider family or social network by age 16 (Harrison & Harrington, 2001).

A bereavement by suicide brings up more complicated issues, feelings, and dynamics than other types of bereavement which younger children may not have the capacity to understand. The way children and young people show grief is different to adults and specialist support may be required to assist in processing the death. Where appropriate this service will signpost individuals to other partner organisations or specialist services who may be better equipped to deal with an individual’s needs such as specialist bereavement service for children, young people and young adults.

In terms of people with a disability such as learning difficulties, their need for this type of service may be missed or misunderstood given that they may not be able to express their grief in a conventional way. Relatives, carers or friends may assume that they are not grieving and therefore do not need any further support.

Other individuals may not access this service for reasons relating to religious or cultural beliefs. Some religions and cultures are strongly opposed to suicide such as Islam, Hinduism, and some Christian sects. There is a long history of religious beliefs being opposed to suicide and so that stigma which still exists may prevent people connected with the deceased from accessing this type of service. Grieving for someone who has committed suicide for religious families and friends may pose a number of challenges relating to this stigma.

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Information and Data used to carry out your assessment

2019/20 Saving Lives Innovation Fund - a report 'Understanding the experiences and needs of people bereaved by suicide in Kent and Medway' was prepared by Perpetuity Research. This detailed report highlighted the need for a specific service or provision for people bereaved by suicide and discussed some of the features that the provision may need.

During the summer of 2020, a small working group (made up of people with lived experience, Public Health and CCG Commissioners) developed a set of questions to inform the development of this Service. These questions were then considered by approximately 30 stakeholders during a half-day online workshop hosted by Medway Council in October 2020.

Help is at Hand

<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>

SOBS

https://uksobs.org/about/why-we-exist/?doing_wp_cron=1608114705.5180881023406982421875

The specification for the service was also informed by "*From hope to grief*" (<http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/fromgriefftohope/>) which is the largest studies of suicide bereavement either the UK or internationally.

Who have you involved consulted and engaged?

Clinical Commissioning Group Commissioners (CCG's)

Public Health Commissioners

People with lived experience

Providers of similar services such as Cruse, Listening Ear and Victim Support

Kent and Medway Suicide Prevention Steering Group (made up of over 130 individuals, charities and agencies)

Analysis

Ensuring a flexible service will be important in allowing more people to access support. Promoting widely and using a joined-up approach with organisations such as the Kent Police and Coroners will give more people the opportunity to access the service from a wide range of groups across Kent & Medway.

Signposting will also be important to make sure that people are receiving the most appropriate support which may help when some groups hold negative views on suicide and would therefore not access a specialised suicide bereavement service, but may access another more general bereavement service.

Adverse Impact

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Laura.bush@kent.gov.uk or telephone on 03000 411239

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It is not felt that any protected group will be impacted negatively. However, it there may be some groups which are less likely than others to access the service. This may include some age groups such as older people who feel here is a stigma around suicide, or young children who are unable to understand the bereavement due to their age. There could also be a medium impact where some religious and cultural beliefs condemn or look negatively on suicide which may act as a barrier for some accessing this type of specialised support. There may also be a low impact where people with learning difficulties may struggle to express their grief.

Positive Impact:

Disability - Promoting the service via health professionals may positively impact those with a disability by making them more aware of the service.

Age – the service is available to people of all ages in Kent & Medway.

Carer's responsibilities: Promoting the service via health professionals may positively impact this cohort

The service will be designed to be flexible so that service users receive the practical and emotional support depending on the needs of the individual or group being supported. There will also be a responsibility to signpost to there appropriate services where needed, such as specialist bereavement services for children and young people.

JUDGEMENT

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required **YES/NO**

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Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	Older individuals may still feel a stigma attached to suicide Children may not have the capacity to understand the bereavement by suicide	Signposting to other appropriate bereavement services/partner agencies Signposting to specialist bereavement services/partner agencies for children and young people	The expectation on the provider to signpost people where appropriate to other specialist services/partner agencies is written into the service specification	N/A	N/A	N/A
Disability	Difficulties in expressing grief	The three cohorts which the service aims to support (mentioned above) will consider all those who have been affected by or are connected	N/A	N/A	N/A	N/A

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		to the bereavement irrespective of any disability. The service adopts a flexible approach to people's needs.				
Religion and Belief	Religious or cultural beliefs condemning suicide	Can access other bereavement services that are not specific to suicide therefore avoiding the stigma directly associated to the manner of death	N/A	N/A	N/A	N/A

Have the actions been included in your business/ service plan?

Yes

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Appendix A

Please include relevant data sets

A summary of the research by Perpetuity Research into the Needs of People Bereaved by Suicide in Kent and Medway can be found [here](#).

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published .

The original signed hard copy and electronic copy should be kept with your team for audit purposes.