

Appendix B- EQIA Specialist Bereavement Service for under 25-year-olds

Kent County Council Equality Analysis/ Impact Assessment (EqIA)

Directorate/Service: Strategic Commissioning – Public Health

Name of decision, policy, procedure, project, or service: Specialist Bereavement Service for under 25-year-olds

Responsible Owner/ Senior Officer: Lesley Taylor/Laura Bush

Version: 1

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Pathway of Equality Analysis: Public Health Consultant

Summary and recommendations of equality analysis/impact assessment.

Context

In collaboration with Kent and Medway Clinical Commissioning Group (CCG) and Medway Unitary Authority, Kent County Council (KCC) is commissioning a Specialist Bereavement Service for under 25-year olds. The service will deliver evidence-based specialist counselling to those from pre-school age (3 ½) to 25 years old who are experiencing complex grief. Delivery of these sessions will be via trained counsellors with experience in bereavement, delivered in venues suitable for the service user, such as schools and youth clubs.

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). 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). Despite this, there is insufficient longitudinal evidence about the lasting impact of child bereavement, especially in relation to outcomes beyond psychological and emotional well-being (Akerman & Statham, 2014).

A recent review of relevant and emerging literature states that the majority (approximately $\frac{3}{4}$) of children and young people experiencing a family bereavement show grief reaction but do not go on to develop mental health difficulties. However, children and young people who have experienced family bereavement are more likely to develop internalising mental health difficulties than peers (particularly depression, which may be up to four times more likely). They are also more likely to develop post-traumatic stress disorder (PTSD), particularly where grief reactions are heightened. Risk factors for complex or prolonged grief reactions are higher at present, and it should be noted that the full impact of bereavement relating to the Covid-19 pandemic is yet unknown.

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Evidence also suggests that bereavement can be particularly harmful for those who have experienced multiple difficult events or bereavement in disadvantaged circumstances. Higher levels of social disconnection are associated with higher psychological distress in the first six months of a loss.

Family, friends, and existing networks continue to form the foundation of bereavement support, and for many people the only support needed. However, there is evidence that specialist interventions and programmes can be helpful for children who show a significant negative impact from their experience of bereavement. Even those not exhibiting clinical levels of distress seem to benefit in the longer term from programmes which normalize their grief and strengthen their coping strategies. Most children experience some negative impact on psychological wellbeing in the short term (up to a year) and significant difficulties may continue to emerge, and in some cases, intensify for at least two years following the death. The recently published recommendations and resources to hospital clinicians to mitigate poor bereavement outcomes concludes, from the evidence reviewed, the importance of a differentiated response, and of a strategy to support bereaved children that incorporates both proactive and reactive elements. This suggests the need for a tiered approach.

Across Kent and Medway, there are 283,733 children and young people aged five to 16 years. Fauth and colleagues (2009) estimation that 3.5% of children and young persons in this age category have experienced the death of a parent or sibling would suggest that 9,931 children and young persons aged 5 to 16 years in Kent and Medway have experienced the death of a parent or sibling. It is further estimated that among children, young persons and young adults aged 0-25, 3,076 may need support for bereavement of a parent or sibling and 3,691 may need support for bereavement of a close friend.

NHS Kent and Medway CCG and KCC have committed to delivering improvements in outcomes for children and young people as set out in the Local Transformation Plan for Kent covering the following areas: Resilience and Reach, Early Intervention and Prevention, Vulnerable Groups, Specialist Services (including crisis response), and Whole System Infrastructure and Enablers. The plan details how the whole system needs to work collaboratively to ensure all mental health and emotional wellbeing services are in-line to deliver the ambitions as set out in the NHS Long Term Plan.

A range of emotional wellbeing and mental health services offer support across Kent and Medway but are unable to provide specialist support in relation to bereavement. Therefore, there is currently a gap in specialist Bereavement Support.

Aims and Objectives

There are a small cohort of children, young people and young adults who will need specialist bereavement support, and who currently cannot access the support they need at the time they need it. The purpose of this service is to deliver the following outcomes:

- Support the person to understand their response to grief and the impact their complicated grief and bereavement is having on themselves and others.
- Support the person to develop and grow their own resilience and their capacity to cope in their surroundings with families and other networks such as school.

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- As a result of developing resilience, the person will have better perception/actual physical and mental health which will enable them to influence and create strong communities for children, young people, and young adults to thrive.
- Support the person while being supported in their journey through their complex grief. The person will be able to seek additional support from within their own networks and local partners.
- It may be necessary to further signpost to other more relevant services to contribute to keeping vulnerable persons and families out of crisis, and out of long-term care provision.
- Equitable care reflecting population characteristics (including ethnicity, age and gender) and thematic review of circumstances of which a child, young person and young adult is accessing the service. (This could include cause of death.)
- Timely and appropriate bereavement care that is specialist, differentiated and delivered in line with best practice guidelines and I-Thrive model.
- To reduce the likelihood of the children, young person and young adult developing a long-term enduring mental illness such as the development of post-traumatic stress disorder, prolonged grief or complicated grief disorder depression or anxiety disorder.
- Improved self-awareness and self-management of bereavement, with reference to childhood bereavement service outcome framework (from Childhood Bereavement Network).

The aim of this service is to ensure that all of Kent and Medway residents, families and communities are supported in a timely way following bereavement and receive appropriate therapeutic and other supportive interventions depending on need. This bereavement service is intended to offer support at a level between the interventions provided by a GP, family doctor or practice nurse and a children and young person's Mental Health Specialist. The service will deliver evidence-based specialist one to one counselling to those from pre-school age (3 ½) to 25 years old who are experiencing complex grief. The interventions will be age appropriate and will take into consideration the family context. Due to the complexity and variety of individual circumstances which influence the level and type of support needed, an outcomes approach will be taken.

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.

There may be some groups of people who will be potentially unable or reluctant to access this type of service. There may be issues with children being unable to understand a bereavement, particularly if this is the first bereavement that they have experienced. People with learning difficulties may also have problems in expressing their grief and so are assumed by others not to be grieving. Some religious or cultural beliefs as well as gender influences may also have an effect on individuals being willing or able to access bereavement support services. There may (as a result) be wrongly made assumptions that this type of support is not needed in some instances.

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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 Specialist Bereavement Service for under 25-year-olds. 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 - A child's level of understanding and ability to process a bereavement will partly depend on their age. This may be the first bereavement that they have experienced, death may be a new concept not yet fully understood or it may take time to fully comprehend the cause of death. A child or young person may need help identifying and expressing their emotions. The full impact of the bereavement may become more apparent over time as the child becomes more able to process the death and what that means. This may make it difficult to determine how much support a child or young person needs, or whether there will be long-term impacts from the bereavement that are not yet apparent and require support in the future.

For those aged 25 and over, this service may not be appropriate (individuals can access this service up to their 26th birthday). There is also the possibility that an individual who experienced a bereavement in childhood is now experiencing the repercussions of that loss in adulthood. Whilst this was a childhood bereavement, the support needed now that the individual is an adult may be different to the support offered to those under 25 by this service. There will be a need to find appropriate support and to work closely with other similar services and providers such as charities and the VSC sector.

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 need this type of support.

Sex - There may be a difference in the way that young males and females process and express grief. Gender and cultural influences may play a role in how an individual feels it is appropriate to express emotions. For example, a younger male may feel that it is less appropriate than a younger female to express emotions relating to a bereavement openly and therefore may appear less affected by the bereavement which would be an incorrect assumption.

Religion and Belief – There may be some instances where religious and cultural beliefs create a barrier to accessing services due to the circumstances surrounding the bereavement. For example, 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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Could this policy, procedure, project, or service promote equal opportunities for this group?

Age - This service will be offered to those aged between pre-school age (3 ½) to 25 years old (up until 26th birthday) and aim to provide specialist evidence-based bereavement support where there has previously been a gap in this type of provision for this age group. The support will be flexible and tailored to meet the needs of the individual. Where appropriate, signposting and referral to other suitable services will be made.

Disability - The service will include a flexible menu of practical and emotional support that can be tailored to the needs of those needing support. Outreach for individuals who are unable to attend venues will also be available.

Sex – Clear referral pathways through health routes such as paediatricians and GPs could offer a safe and private way to express feelings associated with a bereavement that perhaps an individual feels unable to show in front of others within their social network. This could ensure that those that need the support will have access at the time they need it.

Religion and Belief - Accessing support specific to suicide bereavement may cause problems for a family, group or individuals due to religious or cultural beliefs. This bereavement service which is specialised for children and younger people does not specify around the circumstances of a bereavement and may therefore be appropriate and more accessible for those who cannot access specialised suicide bereavement support.

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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			There is evidence to suggest that children and young people who have experienced a bereavement are more likely to develop internalised mental health difficulties compared to their peers, such as anxiety, depression, and PTSD. Whilst bereavement is a natural part of human experience, it can be intensely painful and negatively impact on physical and mental health. Some studies show that around three quarters of young people have experienced a bereavement in their	Kent and Medway currently commission a range of emotional wellbeing and mental health services. These services offer some mental wellbeing support but are unable to provide specialist support in relation to bereavement. The provision of this service will fill this gap and provide specialised bereavement support for children and young people across Kent and Medway. The service will work in collaboration with other services therefore contributing to a whole-county response to the need for specialist bereavement support.

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			<p>wider family of social network by the age of 16. Other estimates show that around 3.5% to 5% of young people in the UK have lost a parent by the age of 16. Despite all of these studies, the lasting impact of childhood bereavement especially in relation to outcomes beyond psychological and emotional well-being are still lacking in longitudinal evidence. This service will be offered to those aged between pre-school age (3 ½) to 25 years old (up until 26th birthday) and aim to provide specialist evidence-based bereavement support where there has previously been a gap in this type of</p>	
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			<p>provision. The long-term impacts of a bereavement in childhood however is an area that needs to be better understood.</p> <p>A child's level of understanding should also be taken into consideration and will partly depend on their age. This may be the first bereavement that they have experienced, death may be a new concept not yet fully understood or it may take time to fully comprehend the cause of death. A child or young person may also need help identifying and expressing their emotions. This may make it difficult to accurately assess and</p>	
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			find the appropriate support. The full impact of the bereavement may become more apparent over time as the child becomes more able to process the death and what that means.	
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. The service will be required to ensure that support can

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				<p>be accessed by those who need it and there will be funding to enable adaptations to the service in order to deliver the support in different ways where needed, for example virtually. For those who are physically unable to access or attend a venue, outreach will be available so that they are still able to receive support.</p>
Sex			<p>There may be differences between the ways that young males and females grieve due to gender and cultural influences. For example, school-age boys may feel less able or willing to express their emotions openly than girls of the same age. Perceptions of gender roles within the family may also play a role in how</p>	<p>The service will continue to be offered to both males and females.</p>

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			younger males and females feel that they can express themselves emotionally.	
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.
Religion and Belief		If a bereavement has occurred for example by suicide, some cultures and faiths hold strong views that may complicate the grieving process and access to appropriate support services. For example, some religions forbid suicide or perceive it as a		This service will work closely with other bereavement support services in order to find the appropriate support. For example, if a child or young person is bereaved by suicide but religious/cultural beliefs prevent that individual from accessing a specialised suicide

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		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.		bereavement service, then this bereavement service which is specialised for children and younger people but does not specify around the circumstances of a bereavement can be accessed and provide tailored support.
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 group will be impacted less favourably than others.	
Carer's			We have found no	Those with carer's

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Responsibilities			evidence to suggest that this protected group will be impacted less favourably than others.	responsibilities may be encouraged to access the service via health professionals they interact with such as GPs.
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Part 2

Equality Analysis /Impact Assessment

Protected Groups

Whilst bereavement is a natural human experience, there is evidence to suggest that children and young people who have experienced a bereavement are more likely to develop internalised mental health difficulties compared to their peers, such as anxiety, depression, and PTSD. 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 child's age may be a barrier to them accessing this type of service due to their level of understanding and comprehension of a bereavement. This may be the first bereavement that they have experienced, death may be a new concept not yet fully understood or it may take time to fully comprehend the cause of death and the impact it will have on their own lives. A child or young person may also need help identifying and expressing their emotions whilst also working their way through their grief. This may make it difficult to accurately assess the level of need and ability to find the appropriate support. The full impact of the bereavement may become more apparent over time as the child becomes more able to process the death and what that means. More evidence is needed on the long-term impacts of childhood bereavement.

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.

In terms of individuals 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

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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.

Information and Data used to carry out your assessment

The “Future in Mind: Promoting, Protecting and Improving our Children and Young People’s Mental Health” report sets out the case for change in the delivery of mental health services for children and young people. Whilst not strictly a mental health service, the Specialist Bereavement Service for under 25-year olds promotes and builds emotional wellbeing and resilience within its service user group.

<https://www.england.nhs.uk/blog/martin-mcshane-14/>

<https://www.cruse.org.uk/get-help/coping-grief>

<https://www.cruse.org.uk/get-help/coping-grief>

<http://www.childhoodbereavementnetwork.org.uk/help-around-a-death/about-bereavement.aspx>

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, Pete’s Dragon and Listening Ear

Main Stakeholders:

Children, young people, and young adults.

Schools and Youth services across Kent and Medway

GP practices and secondary care mental health services i.e. NELFT and KMPT.

Kent County Council and Medway Unitary Authority statutory and commissioned services.

Voluntary and community service (VCS) partners delivering crisis and other commissioned services across Kent and Medway

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

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Analysis

Ensuring a flexible service will be important in allowing more children and young people to access support. Promoting widely and using a joined-up approach with similar organisations 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 ensure that children and young people are receiving the most appropriate support. There is also a need to work together with the Support Service for People Bereaved by Suicide (all ages) which is being procured within the same tender as this service, in order to signpost people where appropriate.

Adverse Impact

It is not felt that any protected group will be impacted negatively. However, there may be some groups which are less likely than others to access the service. This may include 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

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 other appropriate services where needed, such as Support Service for People Bereaved by Suicide (all ages).

JUDGEMENT

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

Internal Action Required ~~YES/NO~~

There is potential for adverse impact on particular groups and we have found scope to improve the proposal.

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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	Children may not have the capacity to understand the bereavement	This service will be offered to those aged between pre-school age (3 ½) to 25 years old (up until 26 th birthday) and aim to provide specialist evidence-based bereavement support where there has previously been a gap in this type of provision. The support aims to allow children and young people the ability to access specialist support at the time when they most need it.	N/A	N/A	N/A	N/A
Disability	Difficulties in expressing grief	The service adopts a flexible and accessible	N/A	N/A	N/A	N/A

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		approach to people's needs.				
Sex	Young males and females expressing grief differently	Clear referral pathways through health routes such as paediatricians and GPs offering safe and private spaces to express emotions and therefore ensuring that those who need the support will have access at the time they need it.	N/A	N/A	N/A	N/A
Religion and Belief	Religious or cultural beliefs condemning some types of bereavement such as bereavement by suicide	This service is not specific to bereavement by suicide and could therefore be accessed whilst avoiding the stigma directly associated to the manner of death.	N/A	N/A	N/A	N/A

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

Yes/No

Review will be undertaken as necessary during the course of the contract.

Appendix

Not Used

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.

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