

EQIA Submission – ID Number

Section A

EQIA Title

Recommissioning of Suicide Prevention Services - Specialist Bereavement Support Service Suicide Prevention Training

Responsible Officer

Sam Spiller - AH AIC

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Victoria Tovey - AH AIC

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

Commissioning/Procurement

Strategy/Policy

No

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Adult Social Care and Health

Responsible Service

Public Health

Responsible Head of Service

Victoria Tovey - AH AIC

Responsible Director

Anjan Ghosh - AH Public Health

Aims and Objectives

The aim of this recommissioning activity is to secure high quality, accessible and evidence based suicide prevention services across Kent and Medway. The new services go live date is 1 April 2027 for both services.

- A Support Service for People Bereaved by Suicide
- A Suicide Prevention Training Programme for the wider workforce

These services contribute to the strategic priorities within the Kent and Medway Suicide and Self-Harm Prevention Strategy, including improving early intervention, increasing awareness, and providing targeted support to those at increased risk.

Key objectives of the recommissioned services

- Reduce suicide risk and associated inequalities by ensuring timely access to support following a suicide and an depth training offer highlighting suicide prevention awareness and support pathways
- Provide trauma-informed, person-centred bereavement support to individuals affected by suicide, including family members, friends, professionals, and wider networks.
- Improve accessibility and inclusivity so that services are available countywide, free at the point of access, and accessible to all individuals regardless of background or protected characteristic.

- Strengthen early identification and response through training of professionals and community members to recognise and respond to suicide risk factors.
- Increase awareness and visibility of support services, responding to stakeholder feedback highlighting the need for improved communication and signposting.
- Ensure flexibility in delivery, offering a range of engagement methods (e.g. remote, face-to-face, group and individual support) to meet diverse needs.
- Embed co-production and lived experience, ensuring services are designed and delivered in partnership with those affected by suicide.

These objectives collectively aim to improve resilience, mental health outcomes, and coping capacity, and ultimately contribute to a reduction in suicide rates.

Key equality recommendations

1. Improve equitable access to services

- Ensure multiple access routes (self-referral, professional referral, proactive outreach)
- Provide services in a range of formats (digital, telephone, face-to-face)
- Consider geographic access across urban and rural areas
- Ensure services remain free at the point of access

2. Strengthen culturally competent and inclusive delivery

- Require providers to demonstrate culturally sensitive approaches
- Develop materials accessible for different literacy levels (e.g. easy-read)

3. Target support to higher-risk and underrepresented groups

- Require providers to identify and proactively engage priority groups (e.g. men, middle-aged adults, people experiencing socio-economic disadvantage, people affected by domestic abuse, neurodivergent individuals)
- Use data and insight to monitor differential access and outcomes

4. Embed trauma-informed and psychologically safe approaches

- Ensure all service elements are trauma-informed
- Provide safe, confidential and non-judgemental environments
- Tailor support to individual needs and circumstances

5. Ensure accessible and inclusive training delivery

- Offer training in flexible formats (online, in-person)
- Adapt training to meet needs of different roles and learning styles
- Include content on equality, diversity, and intersectionality in suicide risk

6. Embed co-production and lived experience

- Involve people with lived experience in service design, delivery and evaluation

7. Monitor and report on equality outcomes

- Require providers to collect and report equalities data
- Use this data to identify gaps in access or outcomes

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?
Yes
Who have you involved, consulted and engaged with?
Two stakeholder events took place on 24.03.26 and 26.03.26 with stakeholders and those with lived experience in attendance.
Key Findings:
<ul style="list-style-type: none"> - Service capacity is key to success and ensuring capacity can meet demand - Ensure access and reasonable adjustments are in place for those accessing the service - Peer support and post-service support must be considered - Ensuring multi-agency awareness of the service will be key to referral numbers - Breaking down barriers to access including those around stigma needs to be part of the service mobilisation - Promotion and reach of the service throughout mobilisation needs to be widespread
Market Engagement took place on 11.03.26 for both services.
Key Findings:
<ul style="list-style-type: none"> - Hybrid delivery model is the preferred model - KPIs must be proportionate and able to be evidenced - Simple and effective referral routes must be established - Ensure data reporting requirements are proportionate - Consider inclusion of peer support groups and post intervention support and signposting
Has there been a previous Equality Analysis (EQIA) in the last 3 years?
No
Do you have evidence that can help you understand the potential impact of your activity?
Yes
Section C – Impact
Who may be impacted by the activity?
Service Users/clients Service users/clients
Staff Staff/Volunteers
Residents/Communities/Citizens Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?
Yes
Details of Positive Impacts
<p>1. Service Users (including those bereaved by suicide and individuals at risk)</p> <ul style="list-style-type: none"> • Improved access to support o Continued provision of a free, countywide service, reducing financial and geographic barriers o More flexible delivery options (e.g. face-to-face, digital, outreach) • More inclusive and equitable services o Greater focus on reaching underrepresented and higher-risk groups o Improved accessibility (e.g. language support, tailored approaches, trauma-informed delivery) • Enhanced quality of support o Opportunity to refresh the specification in line with latest evidence, policy, and stakeholder feedback

- o Stronger emphasis on person-centred and trauma-informed care
- Earlier intervention and prevention
- o Increased awareness and improved referral pathways enable earlier identification of need
- o Reduced risk of escalation to crisis
- Better outcomes and recovery
- o Improved emotional wellbeing, resilience, and coping skills
- o Support for individuals to achieve personal goals and stabilise following bereavement or crisis
- Stronger voice in service design
- o Co-production ensures that people with lived experience shape how services are delivered, increasing relevance and effectiveness

2. The Community (including wider population and partner system)

- Contribution to reduced suicide rates
- o Strengthened preventative approach aligned with local and national strategies
- o Better coordination across the system to mitigate known risk factors
- Increased awareness and reduced stigma
- o Training and engagement activity improves understanding of suicide and mental health
- o Promotes open conversations and help-seeking behaviours across communities
- Stronger community resilience
- o Communities better equipped to recognise and respond to distress
- o Increased confidence in supporting others affected by suicide including knowledge of pathways
- More equitable outcomes across populations
- o Targeted interventions help address inequalities in suicide risk and access to support
- o Data-led services support improved reach across protected groups
- Economic and social value
- o Preventative investment reduces longer-term demand on health, social care, and emergency services
- o Supports wider public health outcomes and community wellbeing

3. Staff and Workforce (including providers and frontline professionals)

- Improved knowledge, confidence, and skills
- o Access to high-quality suicide prevention training enhances ability to:
 - ☐ Recognise risk factors
 - ☐ Respond appropriately
 - ☐ Support individuals safely
- Increased workforce capacity to prevent suicide
- o Broader range of professionals (e.g. social care, housing, police, VCS) are trained
- o Suicide prevention becomes embedded as “everybody’s business”
- Enhanced professional practice
- o Clearer referral pathways and better understanding of available services
- o Access to specialist support services to complement frontline roles
- Better support for staff wellbeing
- o Training includes better every day mental health supporting wider mental health goals
- o Access to specialist services provides reassurance when managing complex cases
- Consistency and clarity in service delivery
- o Updated specifications and contract management improve governance and accountability
- o Staff benefit from clearer expectations, processes, and partnership arrangements

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age
Not Applicable
Mitigating Actions for Age
Not Applicable
Responsible Officer for Mitigating Actions – Age
Not Applicable
20. Negative impacts and Mitigating actions for Disability
Are there negative impacts for Disability?
No
Details of Negative Impacts for Disability
Not Applicable
Mitigating actions for Disability
Not Applicable
Responsible Officer for Disability
Not Applicable
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
Not Applicable
Mitigating actions for Sex
Not Applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
Not Applicable
Mitigating actions for Race
Not Applicable
Responsible Officer for mitigating actions for Race
Not Applicable
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
No
Negative impacts for Religion and belief
Not Applicable
Mitigating actions for Religion and belief
Not Applicable
Responsible Officer for mitigating actions for Religion and Belief

Not Applicable
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
No
Negative impacts for Sexual Orientation
Not Applicable
Mitigating actions for Sexual Orientation
Not Applicable
Responsible Officer for mitigating actions for Sexual Orientation
Not Applicable
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
No
Negative impacts for Pregnancy and Maternity
Not Applicable
Mitigating actions for Pregnancy and Maternity
Not Applicable
Responsible Officer for mitigating actions for Pregnancy and Maternity
Not Applicable
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities
Not Applicable
Mitigating actions for Carer's responsibilities
Not Applicable
Responsible Officer for Carer's responsibilities
Not Applicable