CHILDHOOD BEREAVEMENT NETWORK

Support After Suicide Partnership

# Supporting children and young people bereaved by suicide

## Insights from children and young people, parents and carers, practitioners and managers

# Outline

- Background to the project
- Methodology
- Key findings
- Recommendations in development

# Background to the project

- NHS Wales
- Support after Suicide Partnership
- Childhood Bereavement Network

# Methodology

- Scoping of existing qualitative literature
- New qualitative work with children and young people, parents and carers, and practitioners and managers in bereavement services
- Leading to recommendations

# Focus groups with children and young people

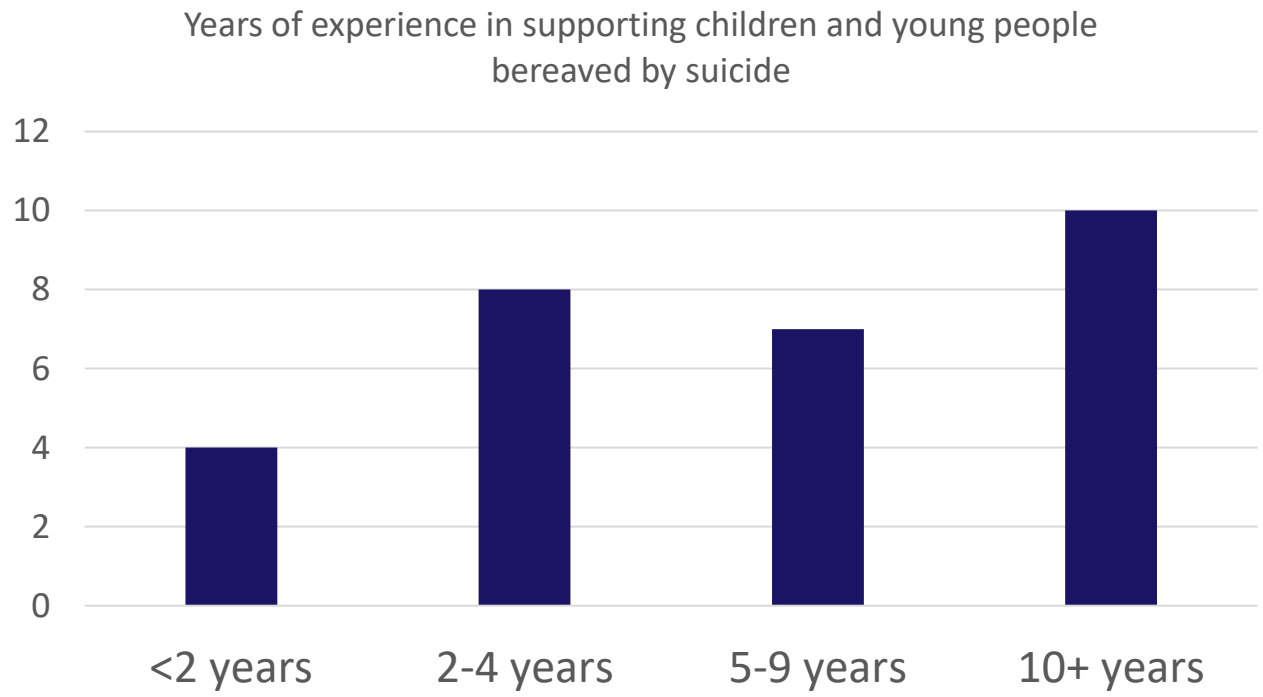
- 3 focus groups
- 17 children and young people in total
  - 12 girls 5 boys, aged 7 to 16
  - Bereaved of a range of close relatives by suicide (resident and non-resident parent, sibling, grandparent, uncle)
  - Accessed support from a
    - Suicide bereavement support organisation
    - Specialist team within a wider bereavement and emotional wellbeing service
    - Prevention/postvention service
  - England and Wales
  - All had met in a group, most had also received some 1:1 support

# Focus groups with parents and carers

- 3 focus groups
- 11 parents and carers in total
- All mothers
- Bereaved of a range of relationships by suicide

# Focus groups with practitioners/managers

- 2 x 2 focus groups
- 29 participants
  - 16 managers
  - 13 practitioners



# Types of voluntary sector organisations

**Setting within system of support**

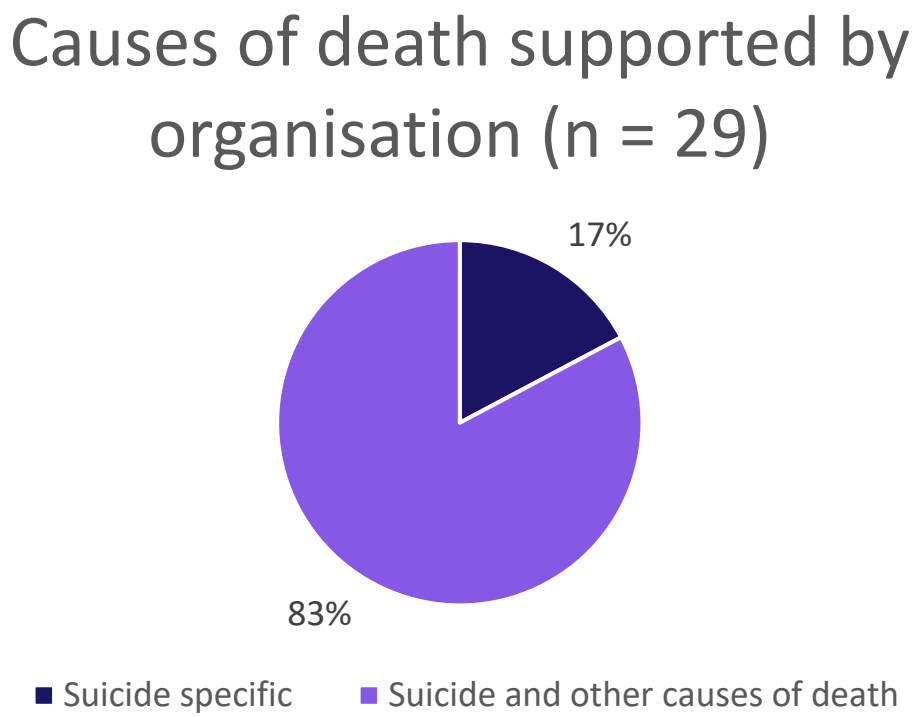
**Focus of support**
- Via parents
- Direct work with children and young people
- Family together

**Focus of service**
- General bereavement
- Suicide specific (commissioned and non-commissioned)
- ‘Nested’

**Delivery of support**
- 1:1
- Group support

**Nature and aim of group support**
- Grief support
- Activity based
- Social connection

# Focus groups with practitioners/managers




- Among those with a mixed caseload, the proportion of referrals following suicide ranged from 10-50%
- 79% of these services said this proportion had increased over the last three years

# Findings

- Differences and dilemmas
- Benefits of support
- Qualities of a good service
- Specific aspects of delivery

# Findings – differences and dilemmas

- ‘Grief with the volume turned up’
- Challenges for the child
- Challenges for parents (trust, anxiety)
- Complexity in the aftermath of the death
- Anxiety in schools – related to wider stigma
- Availability of mental health support

# Findings – differences and dilemmas

- Level and duration of support needed
- Competencies for practitioners – skill mix for staff/staff ratios
- Managing risk
- Implications for supervision
- Service organisation

# Findings: benefits of support (1/2)

- Having fun, enjoying themselves and making new friends
- Meeting people with similar experience
- Feeling less lonely / set apart
- Feeling able to open up and express emotions (not inhibited)
- Feeling listened to and understood

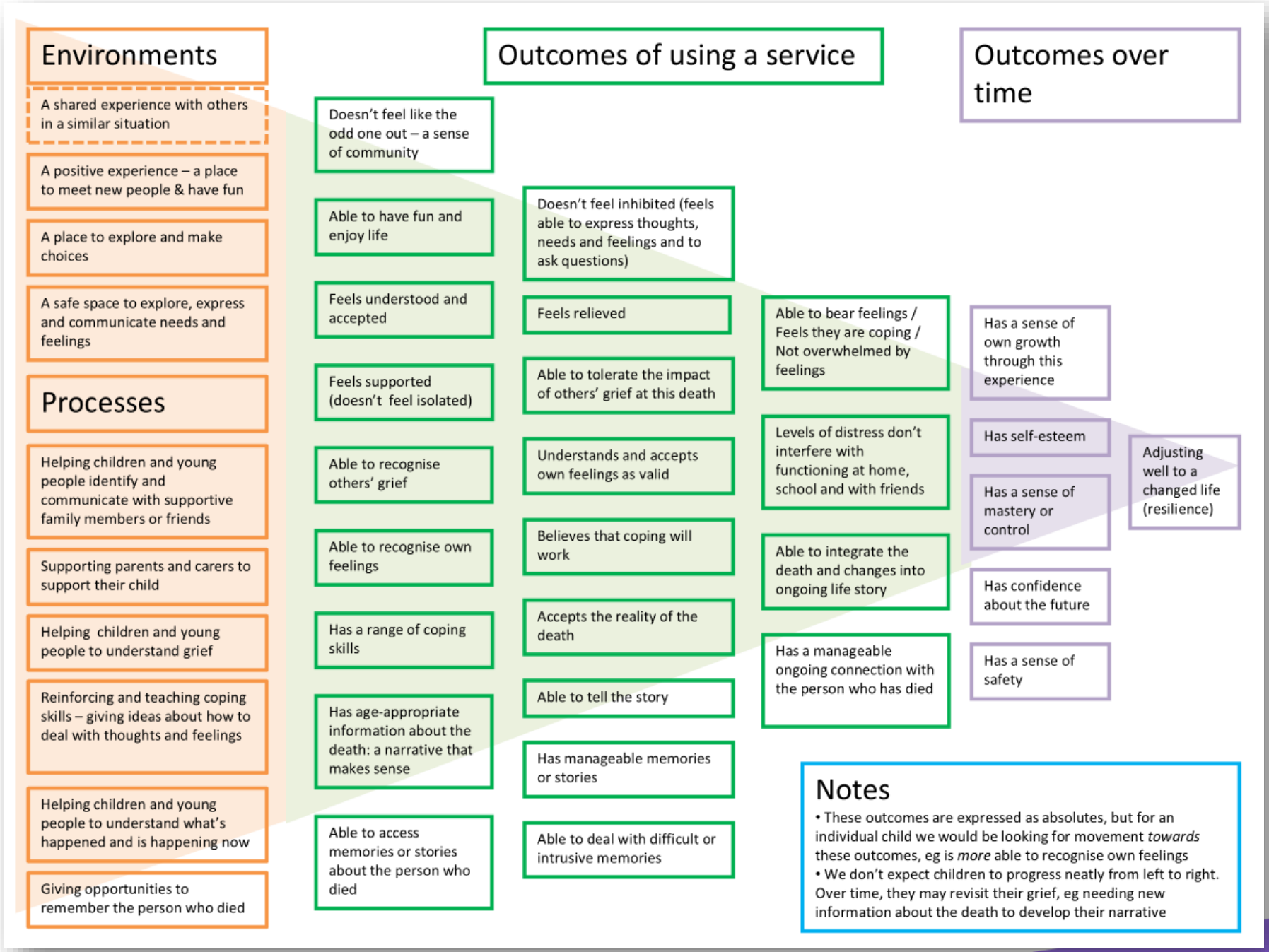
He'll get to let out his emotions. He doesn't have to bottle it up.

He'll get to meet people that won't just … pretend they understand how he feels.

# Findings: benefits of support (2/2)

- Accessing positive memories
- Better communication in the family
- Understanding more (about suicide and bereavement) – reassurance; making sense
- Acquiring and practicing coping strategies
- Support with traumatic stress reactions
- Feel happier / better

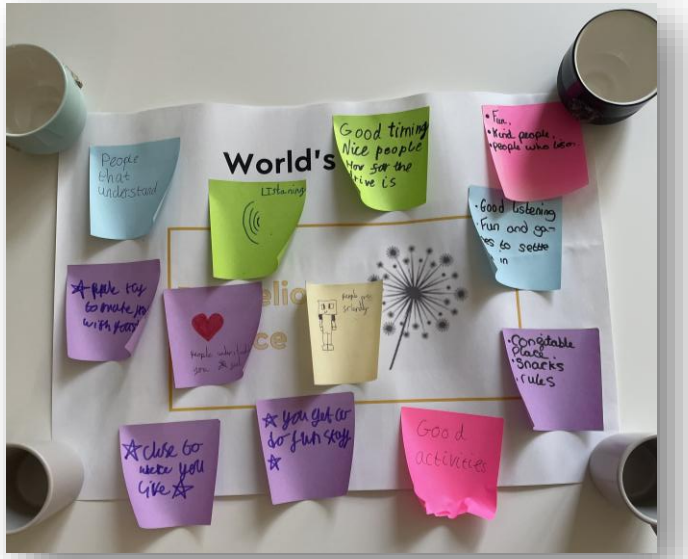





- CBN Outcomes Framework

# Qualities of a good service

- Qualities of staff (kindness, fun, expertise, training)
- Location, vibes, resources (comfortable, snacks)
- Supporting choice and agency
- Facilitation
- Flexibility
  - Nature, focus, location, timing
  - Age-appropriate
- Support for parents and carers



# Other aspects…

- On own or with family
- On own or in a group
- Mixed or suicide specific
- Timing
- Location
- **Importance of choice and flexibility**

# On own or with family

- Protection in the family
- Support from siblings
- Opportunity to rehearse conversations

The Dandelion Service can support J on his own, or together with his mum and little sister. Which might J prefer? Why?

The Dandelion Service would make it easier if he finds out what it's like talking to other people, then he will learn what it feels like to talk to people from his family who've actually experienced it with him.

I think he would prefer to do it on his own, because it's easier to speak about it … his mum gets very upset and his sister is probably really young and she probably doesn't know what it means.

# 1:1 or with group

- Focus / dilution
- Connection with others
- Careful facilitation

Would benefit him more if it was just on his own, so the person is fully focused on him.

Being with other people because he knows other people are in the same position he's in.

# Mixed vs suicide-specific

- Most preferred suicide-specific
  - Might feel like only one in mixed group
  - Might feel awkward – less benefit
- But also converse

The Dandelion Service is specifically for young people bereaved by suicide, and the other one, the Castle Project, includes people bereaved through other causes like heart attacks or serious illness, so it's a mixed group. Which group do you think J would prefer? Why?

I think he would go with the people who had different kinds of, that they had different people who died, not doing suicide, because they might understand a little bit more.

I think the suicide one because they would kind of understand more than the other group would about how you're feeling, because it's very different

# Location of support

The Dandelion Service offers 1:1 sessions. J can have sessions at school, or at their building after school, or on zoom or teams after school. Which might he prefer?

- Mixed views
  - Awkward if taken out of class / but like missing some lessons
  - Worries about privacy of room
  - School is a distraction / overwhelming feelings at school
- Choice and flexibility

# Other aspects…

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- **Importance of choice and flexibility**

# Recommendations in development

- Work to wider standards and guidance (inc SASP core standards, CBN checklist for good practice, NICE guidance, UK Trauma Council guidance)
- Be clear about
  - aims
  - activities towards those aims (what the service does and does not do)
  - referral and inclusion/exclusion criteria for those activities
  - staff skills, knowledge and experience to deliver these activities
- Monitor service and measure the outcomes of support routinely

# Recommendations in development

- Assessment of children's needs and risks – dynamic and ongoing
- Deliver holistic and flexible support – partnership approach with parents or carers
- Flexible support over time
- Support choice and agency

# Recommendations in development

- Tackle loneliness, isolation and stigma
- If offering group support
  - In context of mixed service, make sure this does not increase isolation
  - Particular care in any sessions where children and young people are discussing that their person died by suicide or other cause of death
  - Follow public health guidance around avoiding group discussions around methods or means of suicide
- Work in partnership with CYPMHS, schools, and suicide/death response agencies

# Next steps

- Complete write-up
- Finalise recommendations
- Webinar September
- Identify support for implementation

# Future thinking and implementation

- In the context of change in the sector
- Work to support funders to consider how to implement with grantees/commissioned service
- Ideas for further implementation and collaboration?