

**Draft Protocol for face to face supportive signposting for people bereaved by suspected suicide of adults in Oxfordshire: a pilot project partnership between Oxford Cruse and SPIN/Oxford Health NHS FT supported and funded by NHS England**

**What is the face to face supportive signposting service for people bereaved by suspected suicide of adults in Oxfordshire?**

This pilot project aims to offer early face to face support and signposting to the nearest relatives of adults in Oxfordshire who have died by suspected suicide.

The project focuses on adults because there are already robust processes for identifying support needs of families who are bereaved by the suspected suicide of a child under 18.

The term “suspected suicide” is used because an actual verdict of suicide can only be determined by the coroner at inquest, which is often some months after the death. A suspected suicide can be identified by the police officer attending the scene of a death or a coroner’s officer who receives a police officer’s Gen 19 (sudden death) form indicating that a death appears to have been self-inflicted and possibly a suicide.

The term “nearest relative” is used because the service can only be offered to those the police, coroners officer, Oxford Health NHS Foundation Trust (OHFT) or the bereavement service at the John Radcliffe Hospital in Oxford come into contact with and this is generally the nearest relative. However in the event that this person is a housemate or friend, the service will still be offered.

**What is face to face supportive signposting?**

Face to face supportive signposting is a single session provided by a trained Cruse volunteer in the nearest relative or friend’s home unless it is preferred that the meeting takes place at the Cruse office. It is possible that the nearest relative will have other family members present when the Cruse volunteer attends the home. In such cases the nearest relative will continue to be the key point of contact although supportive signposting will be offered to all present.

The aim of this session is to:

- Meet with the bereaved relative or friend; find out how they are managing; validate and normalise feelings of shock, trauma and grief; and reassure them that there is no right or wrong way to grieve.
- Encourage adequate self-care i.e. eating, drinking, sleeping, rest
- Ascertain what support the relative or friend is aware of and what support they have had to date
- Provide support and information about the practical processes associated with a sudden death, such as any ongoing police involvement, registering the death, accessing belongings, the coroners officer role, inquests and media coverage
- Provide information about available support and explain what the various modes of support entail

- Encourage bereaved relatives with children to access See Saw child bereavement charity if they haven't already done so
- Encourage the bereaved relative or friend to utilise support from family and friends wherever possible
- Elicit possible features indicating risk e.g. articulation of suicidal desire
- Encourage the relative to see and keep in touch with their GP

### **When will this pilot start and how long will it run for?**

The service will commence on 1<sup>st</sup> October 2016 for the duration of 1 year. The evaluation will then be finalised and if outcomes are positive, additional funding will be sought to continue to provide the service and develop it further according to the recommendations that come from the evaluation.

### **Protocol**

1. **Consent:** The face to face supportive signposting service can only be provided with consent from the nearest relative or friend. Consent for contact from Cruse can be gained through various approaches in order to ensure that as many nearest relatives as possible are offered the service:
  - i) Via the existing Thames Valley Police/NHS England leaflet and letter based supportive signposting service for nearest relatives or friends bereaved by suicide. In this service the police seek consent for a letter to be sent from NHS England to the bereaved relative or friend giving information about local and national support services. Where consent for the letter is given, a telephone call will be made by NHS England when the letter is sent out, asking if the bereaved relative would like to receive contact from a Cruse volunteer.
  - ii) Where consent for a letter from NHS England via the existing Thames Valley Police/NHS England leaflet and letter based supportive signposting service is not obtained, a nominated officer from Thames Valley police will contact the bereaved relative or friend and ask if they would like to receive contact from a Cruse volunteer.
  - iii) The bereavement team at the John Radcliffe Hospital who may meet relatives who visit their loved one at the mortuary or have contact with relatives of people who die in hospital as a result of suspected suicide.
  - iv) The coroners officer
  - v) OHFT staff who have contact with relatives of service users who have died by suspected suicide whilst in receipt of care.

A consent and information form (Appendix 1) will be completed in all cases.

2. Once consent is obtained the consent and information form will be emailed to the relevant Cruse email address [supportivesignposting@oxfordcruse.co.uk](mailto:supportivesignposting@oxfordcruse.co.uk)
3. Cruse will make contact with the bereaved relative within 5 days of receipt of referral and an appointment for the single session will be arranged within two weeks of receipt of referral.
4. For home visits the existing Cruse personal safety policy will be followed.
5. If safeguarding concerns are identified the existing Cruse policy will be followed.
6. The existing Cruse confidentiality policy will be followed.
7. If the Cruse volunteer and their supervisor feel that a referred case may be particularly complex they can request that the OHFT suicide prevention lead nurse joins them for the session, however the session will be led by the Cruse volunteer.
8. The Cruse volunteer will inform the bereaved relative of the need to evaluate this pilot project and seek consent for an evaluation phone call from a different Cruse volunteer one week after the visit.
9. The Cruse volunteer will receive supervision from an identified Cruse supervisor at a pre-agreed time after the session and the existing Cruse supervision policy will be followed.
10. Quarterly review meetings comprising the Cruse and OHFT leads will take place a minimum of quarterly but can be called at any point if issues arise that require discussion.

## **Evaluation**

An identified Cruse volunteer (who is not the volunteer who provided the face to face supportive signposting) will phone the bereaved relative or friend 1 week after the visit to carry out an evaluation. This will involve asking some questions about their experience of the service. It is expedient that all evaluation phone calls are carried out by the same volunteer, however two volunteers will be prepared for this role to ensure that if one is absent the evaluative call will still go ahead.

Where several relatives are present at the face to face supportive signposting visit the nearest relative will remain the contact person for evaluation purposes.

The following questions will be asked and the nearest relative will be asked to respond to each question using a 1-5 Likert-style scale. Further comments will be sought by the evaluator in line with the evaluation guidance (appendix 2).

1. Did you find your visit from the Cruse volunteer helpful?
2. Did you feel able to talk to the Cruse volunteer?

3. Do you think you were given enough time?
4. Did it feel appropriate for the Cruse volunteer to visit you at home so soon after your loved ones death?
5. Did the visit feel supportive?
6. If you have felt stigmatised by your loss did the visit help you to feel less stigmatised?
7. Did the visit give you hope that there is further help available to you?
8. Do you feel that you received sufficient information?
9. How likely are you to access the support services that the Cruse volunteer told you about?
10. Would you have liked to have been offered another visit?

The nearest relative will also be asked if they have any other thoughts they want to share, whether there was anything that wasn't addressed in the supportive signposting session which they feel should have been, how the service could be improved and whether they would recommend the service to others.

Guidance (appendix 2) will be provided to the evaluators to ensure consistency.

In addition to asking bereaved relatives/friends for their feedback for evaluation purposes, focus groups will be held with consenting Cruse volunteers to ask them about their experiences of providing the service. Questions and guidance for the focus groups will be developed prior to conducting them.

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**Consent form for referral to Cruse for face to face supportive signposting.**

**Please complete BOTH sides of this form and email to [supportivesignposting@oxfordcruse.co.uk](mailto:supportivesignposting@oxfordcruse.co.uk)**

1. Has the bereaved relative been informed of the Cruse face to face signposting service?

**Yes**

**No**

2. Has the face to face supportive signposting service leaflet been given or sent?

- **Yes given in person**
- **Yes sent in the post**
- **No**

3. Has the bereaved relative consented to receiving the service and providing relevant contact details including brief information about their loved one and the suspected suicide (name, relationship, age method and location)?

**Yes**

**No**

4. Does the bereaved relative understand that they will receive a phone call from Cruse in the first instance to arrange an appointment?

**Yes**

**No**

5. Was consent obtained in person or over the phone?

- **In person**
- **Over the phone**

**PLEASE NOW COMPLETE REVERSE OF FORM**

Please ensure you obtain the details included in the box below. You will be able to get the information about the deceased relative from the relevant paperwork but please ensure you have obtained consent to share it.

Name of Bereaved relative/friend	
Telephone number	
Address	
Relationship to deceased	
Name of deceased relative/friend	
Age of deceased relative/friend	
Method of suspected suicide	
Location of suspected suicide	
Did the relative discover the deceased?	

6. Consent was obtained by:

**Name** .....

**Position and organisation** .....

**Contact telephone** .....

**Signature** .....

Please email this form to [supportivesignposting@oxfordcruse.co.uk](mailto:supportivesignposting@oxfordcruse.co.uk)

When scanning please make sure both sides of the form are scanned.

**Face to face supportive signposting telephone evaluation follow up guidance for evaluators.**

The Cruse volunteer who carried out the face to face supportive signposting visit will have informed the relative about the evaluation call and sought consent. However a time for the call will not be agreed at that visit. It will be preferable for the evaluator to arrange the call with the relative by phoning them a day or so prior to the evaluation taking place.

1. Ensure you are in a quiet office free from possible interruption and mobile phones not in use or other distractions are switched off
2. Ensure you are speaking to the right person – the nearest relative
3. Introduce yourself and explain the purpose of your call i.e. to evaluate the supportive signposting service for people bereave by suicide that they the received from a Cruse volunteer so that we can continue to develop the service.
4. Clarify that they have consented to the call
5. Clarify that you are not the Cruse volunteer that visited them and that your role is purely to evaluate the service.
6. Inform the nearest relative or friend that you anticipate the call should take no more than 15 minutes and that it involves answering some questions. Inform them that you may ask for reasons for some of their answers but they do not need to provide these if they do not want to do so.
7. If the time of your call is not convenient arrange an alternative convenient time. As the call will take about 15 minutes suggest to the nearest relative that if they prefer, you can call back in a short while to enable them to make themselves comfortable.
8. Inform the nearest relative that their responses will be anonymised and no individual feedback will be given to the Cruse volunteer who visited them unless they specifically request it.
9. Reassure the relative that you understand that they are unlikely to remember everything about the visit as this is such a difficult time for them and you will just appreciate anything that they are able to tell you.
10. Clarify that they still feel comfortable participating in this evaluation (ie to re-check consent is valid).
11. Ensure you go through the following questions in order, speaking slowly and clearly and checking for understanding. Let the nearest relative know that you can repeat questions as many times as they need you to.

12. Please ask the following 13 questions in order and complete the form as you go through them, circling the relevant answer and adding free text as appropriate. You will need to start by explaining the Likert-style scale. The following text may be helpful here.

“After each question I will give you five possible responses and would like you to select one. Please ask me to repeat the responses if you need to”. When reading the responses make sure you add the subject of the question i.e. “not at all helpful, not very helpful, not sure, somewhat helpful, very helpful” etc.

13. The relative may want to give reasons for all of their answers, which is fine and you can make brief notes. However where stipulated please make sure you request a reason for their answer.

### QUESTIONS

1. **Did you find your visit from the Cruse volunteer helpful?** *Please circle response*

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**Please can you give a brief reason for your answer?**

2. **Did you feel you could talk to the Cruse volunteer?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**Are you able to give a brief reason for your answer?**

**3. Do you think you were given enough time?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**Are you able to give a brief reason for your answer?**

**4. Did it feel appropriate for the Cruse volunteer to visit you at home so soon after your loved one's death?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**5. Did the visit feel supportive?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**6. Some people feel stigmatised following the sudden death of a loved one, in that they feel others are judging them or feel awkward talking about the death. Sometimes they feel so stigmatised that they avoid seeing people due to worry about what people might say.**

**If you have felt stigmatised by your loss did the visit help you to feel less stigmatised?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**7. Did the visit give you hope that there is further help available to you?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**8. Do you feel you received sufficient information?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**9. How likely are you to access the support services that the Cruse volunteer told you about?**

1	2	3	4	5
Not at all	not very	not sure	somewhat	very

**Please could you give a brief reason for your answer?**

**10. Would you have liked to have been offered another session? (note different working of responses 2, 4 and 5)**

1	2	3	4	5
Not at all	probably not	not sure	maybe	definitely

**11. Is there anything that wasn't covered in the session that you think would have been helpful?**

**12. How do you think this service could be improved?**

**13. Would you recommend this service to others in your position?**

1	2	3	4	5
Not at all	probably not	not sure	maybe	definitely

**14. Is there anything else you would like to say?**

Once all questions are complete thank the relative or friend and ask if they are feeling OK. Give them space to talk for a bit if they need to. If appropriate suggest they look at the information they have been given about support agencies and advise them to consider which might help. Advise the relative or friend that it is a good idea to keep in touch with their GP if they are feeling low in mood or experiencing physical health problems. If you feel in any way concerned about the relative urge them to make contact with your GP and seek advice from your supervisor as to next actions.

Please scan the completed form into the agreed folder and complete the relevant database.

**Thank you**