



Support After Suicide Partnership

Effective proactive support: the vital role of multi-agency working

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Support after Suicide
Partnership

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If U Care Share Foundation

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AMPARO



Support After Suicide Partnership

Structure

Presentations

Examples of multi-agency working for proactive support

- SASP
- If U Care Share Foundation
- AMPARO

Discussion

Implementing networks locally



Support After Suicide Partnership

“Everyone bereaved or affected by suicide is offered timely and appropriate support”

Support after Suicide Partnership's Vision



Support After Suicide Partnership

Working in partnership across the UK

35+ organisations across the UK to improve suicide bereavement experience

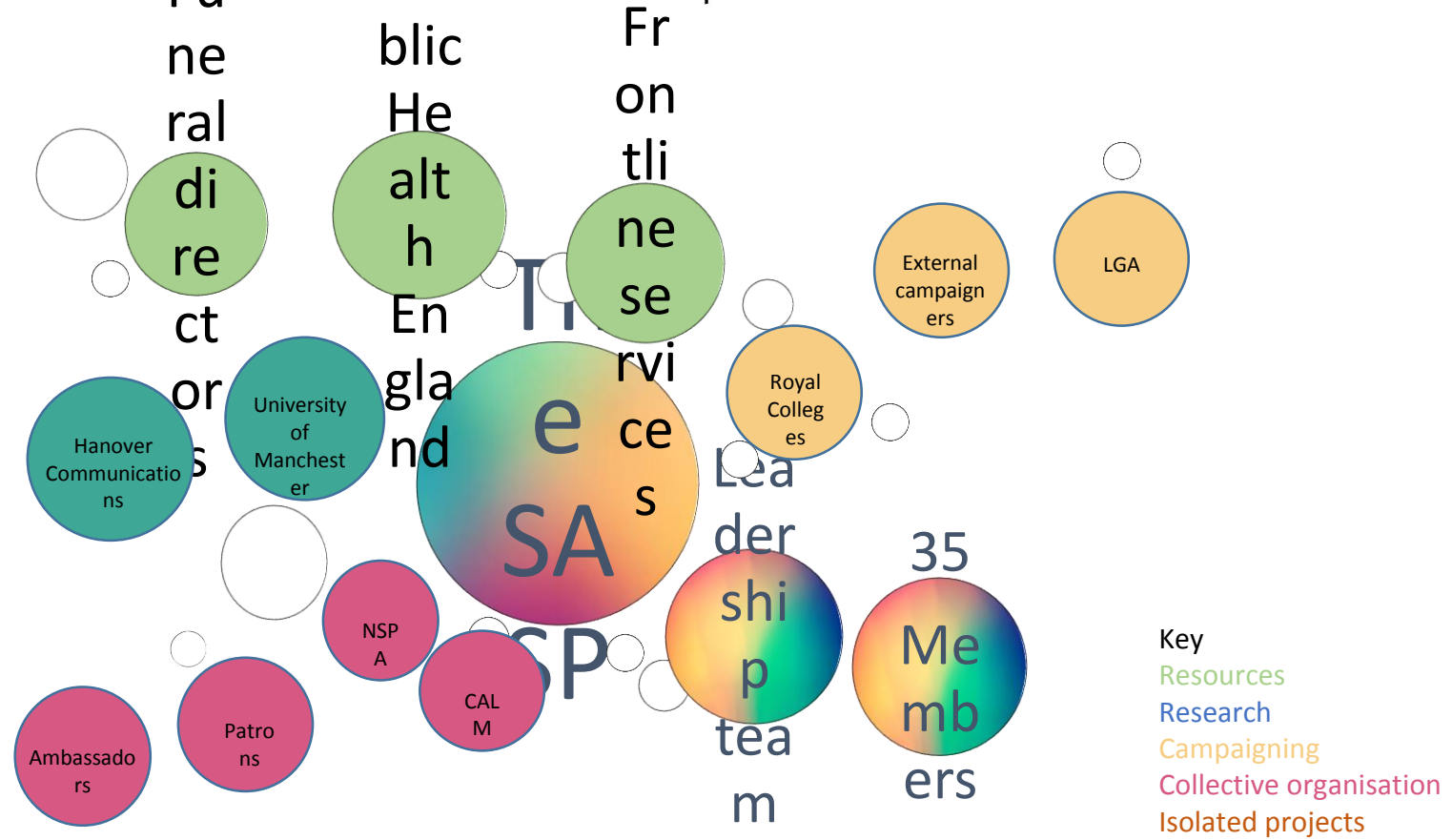
Signpost to over 160 organisations delivering support nationwide

Work with PHE, BTP, Funeral Directors, frontline services, RCPsych to deliver HIAH

Partner with businesses to further our reach, such as Hanover Communications



Support After Suicide Partnership



- Key
- Resources
 - Research
 - Campaigning
 - Collective organisation
 - Isolated projects



Support After Suicide Partnership

People may have to access services and need external support

funeral directors, police, social services, registrars, members of the community, suicide bereavement services, coroners, courts, officials etc.

Can we work together help those people support them too?



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Successes and Challenges

Successes

Help is at Hand

Our network and members

Dynamic ideas and innovation

Together we are stronger

Signposting

National research

Challenges

Time consuming

Spread network

Can be demanding

Involves co-ordinated work effort

Engaging with new partners

SHIRLEY SMITH

FOUNDER OF IF U CARE SHARE
FOUNDATION

EFFECTIVE
BEREAVEMENT
SUPPORT:



HOW DOES OUR SERVICE WORK?



WHATEVER IS RIGHT FOR THE INDIVIDUAL.
EACH LOSS IS UNIQUE AND SO IS THE PERSON WE'RE
SUPPORTING.

E.G. AROMATHERAPY, EQUINE ASSISTED PSYCHOTHERAPY,
COUNSELLING

POLICE
CORONER
GP / DOCTOR
CHARITIES
AGENCIES
FRIENDS
FAMILY

REFER INTO

SELF REFERRAL
BUSINESSES
PUBLIC HEALTH
UNIVERSITIES
SCHOOLS
STATUTORY SERVICES
NON STATUTORY SERVICES



REFER ON TO

WELFARE RIGHTS
STEP CHANGE DEBT CHARITY
LEGAL REPRESENTATION & ADVICE
E.C.T.

DURHAM CONSTABULARY Area No. _____
Report to Coroner of Death Occurring in _____ District

NOTICE OF DEATH Time: _____ Date: _____ received by police	FOR Use by H.M. Coroner ONLY
OFFICER REPORTING Rank: _____ No: _____ Name: _____ Signed: _____ Date: _____	

Once completed email all forms to: (1) Coroners Officers (internal) and in the event of suicide cases to: (2) NECSU.durham-clinicalquality@nhs.net

DECEASED DETAILS Gender: M F

Full Name: _____ Date of Birth: _____
Address: _____ Post code: _____ Age: _____
Place of Birth: _____ Marital Status: _____ Maiden Name: _____
Retired Non-retired Occupation: _____
Ethnicity: _____ Nationality: _____
Time, date and day of death: _____
Place of death: _____
Found by: _____ I.D. Band applied by: _____
Name of GP: _____ Date last seen by GP: _____
Address of GP: _____
Name of Doctor (Paramedic confirming death): _____
Funeral Director: _____
Burial/Cremation: _____ (if Cremation, where?)
Removed to which hospital: _____ Registrar District: _____
Name of identification witness: _____
Telephone No: _____ Occupation: _____

SPOUSE/PARTNER/CIVIL PARTNER (even if deceased) Deceased: YES NO

Full Name: _____ Date of Birth: _____ Occupation: _____
Marital Status: _____ Maiden Name: _____
Relationship: _____
Telephone No / Contact details: _____

Next of Kin (if different from spouse) or Family Details to which Coroners Officer may contact. Please specify, include contact number/details: _____

DD27 (01/16) (01/16)

1. IDENTIFICATION
At: _____ on: _____ I identified the body of _____
As that of my _____ to PC _____
Who was lying _____
Signed: _____ Relationship to deceased: _____

CIRCUMSTANCES SURROUNDING DEATH (Please give as much information as possible)

Body decomposed: YES NO

2. MEDICAL HISTORY
Current or past illnesses / Medication / Operations: _____
Current smoker: YES NO if YES how many/Day? _____
Previous smoker: YES NO if YES how long stopped? _____
Alcohol consumption/week? _____

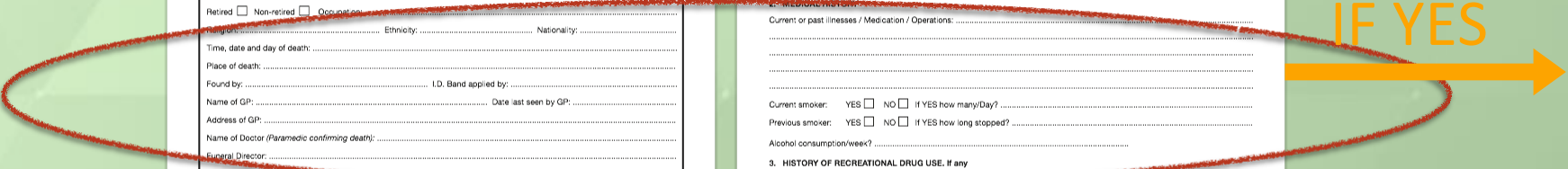
3. HISTORY OF RECREATIONAL DRUG USE, if any

4. INDUSTRIAL DISEASE/CLAIMS (include Companies that they have worked for)

5 (a) IF POSSIBLE SUICIDE (consider method ie tablets, medicines, alcohol. Seize notes, mobile phones, ligatures)

5 (b) Has Next of Kin or Significant Other, given permission for contact details to be passed on to other services, so that support may be offered?

Next of Kin / Significant Other: _____ Contact details: phone/email: _____
Address: _____
Relationship to Deceased: _____ Signed: _____



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graph LR; A[INFORMATION IS TAKEN BY ATTENDING OFFICER AND PASSED TO POLICE COMMS] --> B[INFORMATION IS PASSED TO NECS (NORTH OF ENGLAND COMMISSIONING SUPPORT)]; B --> C[INFORMATION GIVEN TO PUBLIC HEALTH];
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INFORMATION GIVEN
TO PUBLIC HEALTH






IF U CARE SHARE
FOUNDATION
RECEIVES
REFERRAL



CONTACT MADE WITH NEXT OF KIN WITHIN A
MAXIMUM OF 48 HOURS
(CONTACT IS OFTEN WITHIN 30 MINS OF REFERRAL)





GRIEF IS UNIQUE.



OVERALL WE'VE PROVIDED SUPPORT TO
1065 INDIVIDUALS

413 DUE TO BEREAVEMENT IN DURHAM

142 PEOPLE AT RISK OF SUICIDE IN DURHAM





AMPARO
support following suicide

Shani Stapledon
Suicide Liaison Worker

Shani.Stapledon@listening-ear.co.uk

Amparo – Postvention Service

- Intervention after suicide to prevent further suicide
- Increased risk of suicide
- Working directly with the bereaved – family, friends, acquaintances, ‘found by’, alongside other services to ensure a support network is formed.



What does Amparo offer?

- One to one individual support
- Practical support, for example Police, Coroners, conduit between services
- Help overcoming feeling of isolation
- Signposting to relevant local services
- Community response action plans – this is where schools and colleges are likely to be involved



How we do it ...

- Referrals from Coroner, Police, self and third parties.
- Initial contact in 24hrs, face-to-face within 7 days.
- Risk assessments, bespoke support.
- Support up to Inquest, then signpost on



Multi Agency Working in our service

1. Referrals into service
2. Liaison with Police and Coroners
3. Link to Public Health Lead in the area we cover – real time surveillance
4. Community responses to ensure support to wider community
5. Signposting to relevant services
6. Getting help when beneficiary is at risk



Strengths of the Amparo Service.

- We have built a network of services that we can signpost our beneficiaries to, depending on their need.
- We are able to offer support straight away to anyone affected by suicide.
- We sit on 7 of the 9 Suicide Prevention meetings in Cheshire and Merseyside, and play a vital part in the Suicide reduction action plans in these areas.



Challenges faced by Amparo

- Referrals into service (when is the right time)
- Making our service known to potential partner organisations in our area
- Funding costs
- Advertising the service



Amparo

Please get in touch with Richard Brown if you would like to discuss the Amparo model and how it can be implemented in your area.

Richard.Brown@listening-ear.co.uk





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Discussion



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Topics

What do you already do that is multi-agency?

What are the successes and challenges of your current network?

Can you choose 1 new relationship to make outside of your network?



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Thank you



Sarah Bates
Support after Suicide
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Shirley Smith
If U Care Share Foundation



Shani Stapleton
AMPARO