

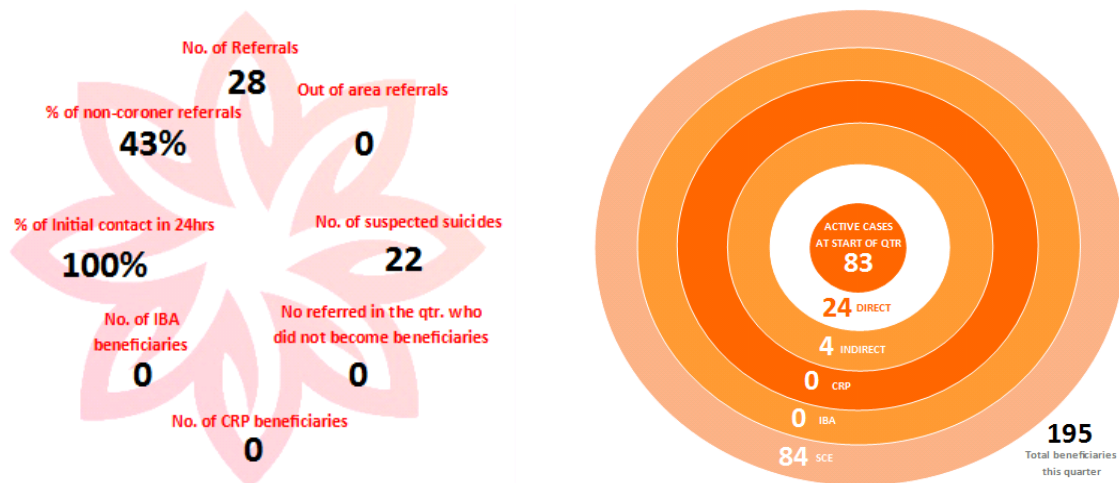


AMPARO is a seven days a week Suicide Liaison Service providing practical support to those bereaved by suicide, working with individuals and communities, providing accessible information and timely support to all those bereaved or exposed to a (suspected) suicide in order to minimise the emotional impact, promote recovery and reduce further suicides.

**The performance of the service is measured on:**

- Alleviating the distress of those exposed to or bereaved by suicide
- Reducing the risk of imitative suicidal behaviour
- Reducing the risk of suicide clusters
- Reducing the economic costs of suicide

**Service Performance (Key terms CRP - Community Response Plan, IBA - Initial Brief Advice)**



**Referrals sources**

(NB referrals differ from beneficiaries as not all referrals ‘convert’ to beneficiaries)

Coroner	Police	GP	Self	Amparo	NWB	NHS	Other	Total
16	2	0	2	4	2	1	1	28

**Age of referrals**

<18	18-25	26-35	36-45	46-55	56-65	66+	No info	Total
1	1	5	7	5	6	3	0	28

**Gender of referrals**

Male	Female	Transgender	No info	Total
9	19	0	0	28

**Impact assessment**

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS

Health Scotland, to enable the measurement of mental well-being of adults in the UK. We use short WEMWBS, the 7-item scale, to help facilitate a better understanding of mental wellbeing. This offers greater credibility for mental wellbeing and help drives positive action and change. The scale is scored 1-5. SWEMWBS is a 35-point scale where a **shift in 2 points is considered significant.**

### **Impact**

12 people with positive change showed an average shift of 4.04 points.

### **Case study**

**Referral Information:** Client A was referred by the Coroner's Office for support around the death by suicide of their child.

**Communication:** Rang the client within 24 hours of receipt of referral. I gained consent needed and carried out a full needs assessment. Both the client and their partner found the deceased in their bedroom. Family traumatised and are staying with relatives as feel they can't go back to their home. I asked if there was anyone else in the family who might need support and the client was going to ask and let me know the next time I call. In the meantime, I sent out the Help is at Hand booklet with information and contact details for Cruse, Mind, SOBS, CALM, Child Bereavement UK, (as there were two other children in the family), Winston's Wish, Samaritans and Kooth and advised the client to see their GP with regards to sleeping issues. I completed a short WEMWEBS and wrote to GP re their patient entering our service and consent to contact them if worried about their health.

**Communication:** I phoned the client five days after my initial call to see if they had received the information sent out and reassured them that they didn't have to go through it all straight away but to keep it somewhere safe for when they are ready, but the booklet would help explain all the feelings they are going through. During this call the client was upset as Social Services had been in contact with them and wanted to see them; the client didn't know who had called them or why. I reassured them and asked if they would like me to call them after the session, which the client agreed to.

**Communication:** The next call was following the Social Services visit which the client said was to see if there was anything the family felt Social Services could have done more for the deceased, who had been referred to CAMHS prior to their death. The client also had added stress from the undertaker as the one that was initially dealing with the client had Covid-19 and a different branch was dealing with it. I asked if there was anything I could do to relieve the pressure on them and to just call or text me if they need help or just to talk.

**Communication:** During further calls the family were still staying with relatives as couldn't face going back to their home and Social Services had written to Housing to try and get them rehoused. The client's partner had gone back but found it upsetting, at which point I reminded the client of the information I had sent out to them for CALM, Mind and SOBS. During a call the client said they had been to the GP as felt they were not doing well and had a long discussion with the GP who had prescribed medication. The client had also contacted Child Bereavement UK and had received a journal for one of the other children who was signposted to GP and Amparo for separate support. The client had spoken with school and they had mentioned Butterflies, but didn't know if anything had been done. I said as Butterflies is part of Listening Ear I would see if they take referrals from their area. This I did and with the client I referred the child for bereavement counselling with Butterflies. (Butterflies is Listening Ears CYP bereavement service, currently commissioned by Knowsley MBC with added value in the form of a small grant from Children in Need, with the service delivery at sites in Knowsley and Wirral)

**Communication:** Client signposted to SOBS - they had been in contact with SOBS and found this group really helpful. Client and partner had started counselling.

**Communication:** Family waited to be rehoused but when the client went to their home for the first time they found it wasn't as bad as they thought it would be and found it calming, so decided to try spending more time there and then a night. Both I and the relative they were staying with advised to do it a little at a time, there was no hurry. This is what they did and have moved back into the family home where the children have settled into their old routine.

**Communication:** During further calls and texts the client asked if their Social Worker could call me as they are going to close their case, I said yes and asked for their permission to talk with them, which was given. Spoke with the Social Worker, who asked what Amparo does and I explained we support the family up to and during the inquest, and for as long as the client needs after the inquest. I also let him know I had referred one of the children to Butterflies. The Social Worker said they would close the case that week and the client would be able to refer back in if they need be at a later date. I phoned the client and reported what was said. The Mental Health Team had been in contact with the client and said they would let them see the final report and go over it with them with regards to the deceased.

**Communication:** When the client had been given the inquest date we had a call and I went through everything that happens at the inquest, who would be there, reports that would be read, the fact that the media will also be allowed to dial in as it was going to be video link. Two days before the inquest I had a call from the client saying they hadn't received the information from the Coroner's office to dial in. I phoned the Coroner's office and asked if the dial in information could be sent out to the client. They had been under the impression the client didn't want to be present, so sent the information out as requested.

**Communication:** Phoned client to see how the inquest went and told it was as we had discussed in our pre-inquest call, but it had still been hard to hear strangers talking about their child like that. Couldn't talk further as the client's mother had been rushed to hospital that morning.

**Communication:** I received a text from client with a piece that had been written in a newspaper as a memorial for their child, which was comforting for them. I followed up with a phone call and client said family was 'ok', the child referred to Butterflies had started their counselling by phone and even after one session the client felt it helped. Client not happy to close just yet.

**Final Session:** During our final call the client said they were still having one-one phone call sessions which have helped a lot, together with SOBS. Their child had finished their Butterflies sessions which they were upset about as they looked forward to the sessions, the child has had a couple of anxiety attacks since finishing and has become a bit clingy to the client and their Mother but has built up a lovely relationship with their Nan, which the client said is nice to see. The client said they have settled well back into their home and have decorated. Client said happy to close but I have said they can always call me or Amparo office if they need further support.

**Where any risk/incident reports completed? No**

I think this case study shows how well Amparo can work with the client providing support, signposting and referring to other services. In this case we have supported the client and their family to successfully move back into their home and signposted to the relevant help required. Have worked with Social Services to help cover support with this family as well

as helping sort things out with the Coroner's office to relieve stress from the client. Gained counselling for client's child.