



## **Case Study June 20**

**Contract:** South Yorks Amparo

### **Referral Information:**

The referral was made by GP following the death by hanging of the client's child.

### **Assessment Tools/Focus identified:**

Initial contact took place within 24 hours of receiving the referral, and a first visit was offered within 7 days. This meeting took place over at the beneficiary's home the following week with all initial paperwork completed. This included a full needs assessment, the production of a support plan, a safety plan (which was left with the beneficiary in case of emergencies) and the first set of impact assessments was completed using the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS). As part of this assessment at the time of first speaking the client stated that they were in a 'broken' state, with their grandchildren being the reason to 'go on'. Since offering support the modal score has shifted marginally to '2'.

There were no risks identified at this point as the beneficiary had responsibility for their grandchildren, and felt they needed support. It was a relatively positive appointment, under the circumstances, which included talking about how they felt in general, and also how they felt the investigation into their child's death was progressing.

### **Communication:**

On this occasion the client spoke at length with the Suicide Liaison Worker (SLW) about their recent loss and historic sadness and how they felt they were 'not coping'. Their GP had prescribed diazepam and they had 'put together' a safety plan with a friend, as well as being signposted to [staysafe.net](https://staysafe.net) on the advice of their GP. Their partner was being supportive.

### **Communication:**

Client A told the SLW that they were going to identify their daughter the following day. Client A was worried that the funeral might not take place due to the pandemic. The SLW talked around the formats being proposed by the local authority.

### **Communication:**

The SLW and client exchanged text messages just prior to the funeral when they shared their added disappointment that so few people could attend.

### **Communication:**

The SLW phoned the client who stated that the funeral had been terrible and they 'can't stop crying', stating that their partner was not really understanding about how they were feeling. Their grandchildren were back with their other daughter and the client was feeling isolated.

They were worried about their grandchildren in the care of their remaining daughter and their grandchildren in the care of the partner of the deceased. The SLW sent the client literature from Winston's Wish.

**Communication:**

Text was sent to the client to ask if they would like to read some NHS self-help literature on bereavement, poor sleep and low moods. They replied 'yes' and asked the SLW to call them the next day, which they did.

**Attendance at Inquest:**

The inquest has not happened yet.

**Any additional referrals received as a result of the initial referral?**

No additional referrals were made as a result of the initial contact.

**Where any risk/incident reports completed?**

No, none have been required yet.

<b>Outcomes</b>	Fully Achieved	Partially Achieved	<input checked="" type="checkbox"/>	Not Achieved	<input type="checkbox"/>
-----------------	----------------	--------------------	-------------------------------------	--------------	--------------------------

This is a tragic case with two children having died through taking their own lives and another very much on the edge of vulnerability. Further anxieties extend to the well-being of several grandchildren. Client A seems to be willing to accept the SLW's intervention and support is ongoing.

Evidence of Best Practice	Lessons Learned	Skills sharing
---------------------------	-----------------	----------------

By getting to know the client the SLW was able to tell when they were struggling and they felt confident to tell the SLW this. The client thanked the SLW for all the help and support they have been given.