

**Case Study** Sept 2020

**Contract:** Lancashire Amparo

**Referral Information**

The referral was made by the Coroner's Officer after the sudden death of spouse whilst the beneficiary was away from the home.

**Assessment Tools/Focus identified:**

Initial contact took place within 24 hours of receiving the referral, the first initial two attempts to contact were unsuccessful; on third contact the client welcomed support for themselves, children and possibly mother-in-law (discussed consent) and a first visit was offered within 7 days. The face-to-face meeting took place at the beneficiary's home, 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). This session resulted in a referral for client to East Lancashire Hospice Bereavement Support Service after Client A expressed a wish to receive one-to-one support. The children are to receive counselling in school.

**Communication:**

Client A asked what the procedure was to obtain partner's medical records from the GP. The Suicide Liaison Worker (SLW) offered to speak to GP practice on their behalf, and this was accepted. The client took several information sheets and booklets from resource file, stating today's visit had been "very helpful".

**Communication:**

The SLW visited the client's GP surgery to deliver Amparo documentation (letter to GP and consent to contact from Client A) and spoke to a member of staff re the client's request for medical records. They were informed that a call will be made from the surgery to Client A to discuss how to proceed.

**Communication:**

The SLW fed back to the client following the visit to GP surgery who accepted an offer by the SLW to accompany the client to the GP if an appointment is needed to view the medical records.

**Communication:**

A further home visit was made where the client's mother-in-law was present. The client provided an update since their last visit, which included discussing the funeral and continual worries as to whether life insurance will be paid out; if not the family home may have to be sold. The client asked about the inquest process and was informed that details will be sought and fed back. The client has their first one-to-one bereavement support session booked at East Lancs Hospice. The mother-in-law decided today that they would like to be referred to the Hospice for one-to-one support, but after discussion with them both, when they were informed of a local group for those bereaved by suicide, the mother-in-law opted to attend the September meeting accompanied by the client rather than access the Hospice.

**Communication:**

The SLW telephoned the Coroner's Officer who explained the inquest process in detail and the potential involvement of the family.

**Communication:**

The SLW had a chance meeting with Client A when attending their one-to-one bereavement support session at East Lancashire Hospice and was informed that the inquest was brought forward and has been held - the family had decided not to attend and the inquest had therefore been held as a paper review.

**Communication:**

At the third home visit the SLW and the client spoke of the recent paper inquest, and uncertainty of the future. The client was still awaiting decision whether life insurance will be paid and, if not, the family home will need to be sold and a rental property found. If paid, they will be secure in the knowledge the house will be owned outright and they can then move on. Until they know the outcome they feel unable to grieve for late spouse. The client continues to receive one-to-one bereavement support via East Lancashire Hospice, and attends the support group for those bereaved by suicide with their mother-in-law; the client reported that they both find this useful and that the client has struck up a friendship with another attendee. The client remains worried about the children, who have all refused professional input.

**Communication:**

The SLW called Client A, who is unsure if Amparo support is required going forward; it was agreed to arrange visit and this might be the final meeting. The client is of the impression there will be no decision on the life insurance payment until after Christmas, other than that "feeling better, doing OK, still have bad days though".

**Communication:**

At the home visit to Client A it was decided that today would be the last meeting; feels adequately supported by the local Hospice Bereavement Support Service, Suicide Support Group and the Widowed and Young (WAY) foundation. Realises there are others in a worse position, but agreed that does not alleviate how they feel.

**Attendance at Inquest:**

The inquest was not attended, as the client did not need support.

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

1 additional referral were made as a result of the initial contact.

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

No, none have been required yet.

**Outcome Measures:**

Documentation completed at the beginning and end of the support, to include SWEMWBS, GP letter and disclosure, confidentiality, Data Protection forms. Final SWEMWBS indicates a positive shift.

<b>Outcomes</b>	Fully Achieved	<input checked="" type="checkbox"/>	Partially Achieved	<input type="checkbox"/>	Not Achieved	<input type="checkbox"/>
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Considered to have fully achieved the outcomes under the Amparo role, i.e. regular contact, information gathering on behalf of beneficiary and signposting to/receiving both one to one and group bereavement support.

Evidence of Best Practice	Lessons Learned	Skills sharing
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Awareness of family dynamics and relationships and the importance of working within the remit of Amparo Suicide Liaison Worker, signposting to support services.

Recognition that offering to find out information for the beneficiary is often gratefully received; whilst they would normally have the ability to do this for themselves this can be a very

confusing and chaotic time for the individual – taking some of that burden away, however small, feels an appropriate course of action.