



Homeless Link

Postvention after a death by suicide



Groundswell
Out of homelessness



VCSE
health &
wellbeing
alliance ■

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The death of a person experiencing homelessness can be a traumatic event, for anyone who knew them. When a death takes place by suicide, people across a service may experience feelings of guilt as well as concern about whether staff could have intervened to prevent the death. This may lead to mixed responses.

It is essential that there are clear procedures for communication, support and review that managers can apply during this difficult time. Overall, the main priority should be ensuring there is an empathetic response.

Even when organisations have detailed protocols in place, the response to a death by suicide is likely to be challenging. It is recommended that more than one person takes responsibility for leading the response and that everyone, including senior management, has access to support.

What is postvention?

Postvention is a set of practical actions individuals and organisations should take following a death by suicide. It also covers the support that needs to be provided to other people accessing the service, staff and volunteers. Postvention can play a crucial role in helping people to grieve and can also prevent further deaths by suicide.¹

Terminology

Death by suicide can only be officially determined via a coroner's inquest. On occasion, the results of such inquests may not be as expected. It is common for people to refer to a death as being by suicide in advance of the inquest's conclusion. However, it is advisable to use the term 'possible suicide' until the formal verdict is announced.

Try to avoid the term 'committed suicide' as it is outdated and may sound judgmental. For a full discussion of terminology, please see our Guidance for Organisations: [Managing the Risk and Impact of Suicide](#).

1. Samaritans (2021) Ambulance service employee suicide: a postvention toolkit to help manage the impact and provide support

Developing a postvention plan

If possible, organisations should develop a postvention policy or protocol in advance of an incident. In many cases this will be included as part of the Serious Incidents policy and procedure.

There are some things that need to be considered in advance of the event, such as where you will access additional staff cover if you need to take staff off shift at short notice. Broadly, a policy and procedure should cover:

- 1. Practical steps to take after a death is discovered**
- 2. Informing staff, volunteers and people accessing the service**
- 3. Supporting staff, volunteers and people accessing the service**
- 4. Reviews and investigations**
- 5. Remembering the person who has died**

1. Practical steps to take after a death is discovered

On discovering a death, staff will need to take several practical steps. [Westminster Homeless Health Coordination Project](#) and [Groundswell](#) have developed a useful [document](#) and flowchart covering what steps to take. [Evolve Housing + Support](#) have developed an [Incident Support Checklist](#), which is used by their service managers after a serious incident

Steps for frontline staff to take immediately:

- Contact 999 and request an ambulance and the police
- Inform management
- Secure the area
- Record when the death was discovered when an ambulance was called and when it arrived
- Gather information for the emergency services such as the person's name, date of birth, next of kin, medication, and basic medical history. NB the police will usually contact the next of kin but it is worth confirming this. Staff may need to provide the contact details to the police
- Inform other staff who are on shift at the time (unless a line manager is present and can take responsibility for this)
- If other people accessing the service have become aware of the death, create a space where people can gather to sit quietly or be informed privately

Steps for line managers or a senior service manager to take immediately:

- If no line manager is on site, arrange for a senior manager to be on site as soon as possible
- Ensure all staff on shift have been informed
- Check how staff on shift are feeling emotionally
- Call in relief staff if needed to alleviate pressure on staff currently on shift
- Work together with staff on shift to gain a clear picture of what has taken place
- Draw up a Circles of Impact to determine who to communicate with most urgently
- Contact anyone who needs to be informed immediately

Steps for frontline staff to take as soon as possible, in consultation with line manager:

- Check procedure with line manager – other members of senior management may also need to be informed
- Inform other staff or residents/those accessing the service, as appropriate (see below)
- Complete an incident report
- Save any CCTV footage
- Inform any other agencies involved in supporting the person who has died
- Set up an incident review or case conference, depending on your organisation's policy

Steps for managers to take as soon as possible:

- Inform other staff who are not currently on shift
- Check if any staff need to be taken off shift or may need time off work
- Make plans with staff affected by the incident to check in with them over the next few days
- Consider calling additional staff into the service
- Refer to the [Circle of Impact](#) to decide which people accessing the service may need to be informed immediately, in person, and who can be informed subsequently
- Inform those people who should be told immediately of the death, and offer appropriate support
- Share any resources offering support for bereavement or suicide

Steps for managers to take within the next week:

- Inform other agencies as needed, such as DWP or Housing Benefit (if you are a housing project)
- Check in on staff directly impacted
- Follow the organisational procedure for clearing the person's room, storing personal items etc
- Hold a debrief, support session or drop-in for other residents or people accessing services
- Inform any former staff, residents or service users who may have known the person according to the [Circles of Impact](#)
- Consider any additional support that may be needed by staff or those accessing services, and arrange where possible
- Discuss temporary tributes or memory tree ideas with people accessing the service and set up as appropriate. More permanent memorials can be discussed in time
- Discuss whether other residents might like a memorial event and begin making plans if so

2. Informing staff, volunteers and people accessing the service

Information spreads extremely fast and as such it is important to ensure you communicate quickly with key people who may otherwise get information from other sources, with varying accuracy.

Samaritans recommend undertaking a Circles of Impact exercise, which involves mapping out circles of those who will be most impacted, to help plan communications effectively. The image below is taken from Samaritans toolkit on Postvention for the Ambulance Service.² This was designed for employee suicides but can apply equally to other situations.

Taken from Samaritans (2021, p13)
Ambulance service employee suicide: a postvention toolkit to help manage the impact and provide support

Circles of impact example

Who to communicate with and when

You may find it helpful to **map who the priority audiences are likely to be in the event of an employee suicide**. This may be the family/partner of the colleague who has died and the team in which they worked, moving outwards from there. It may not be as simple as proximity to the individual who has died, but that can be your starting point.

When considering your communications, draw your circles of impact (work teammates, close work friends, direct reports), considering their demographics (younger/older members of staff, faith/religious beliefs, how long they have been in the service) and any other relevant factors that may affect how they may respond.

Communicating with these key groups swiftly and in order of impact can prevent problems further down the line.

This is a guide to how people may be affected by a colleague suicide, but suicide bereavement can be complex and someone who may have seemed unrelated to the person who has died might react strongly. Your approach should be as individual as possible when you identify those who may be vulnerable.

Circle 1

- crew
- close colleagues
- line manager

Circle 2

- local team
- local management
- first responders
- ex/retired colleagues
- social groups

Circle 3

- wider trust employees
- senior management
- social media groups

2. Samaritans (2021) Ambulance service employee suicide: a postvention toolkit to help manage the impact and provide support https://aace.org.uk/wp-content/uploads/2021/06/Samaritans_AACE-postvention-toolkit-June-2021.pdf

It is best practice to consider the points below when communicating about a suicide:

- Be empathetic and include information on who to contact for support
- Avoid using emotive language that either glorifies or vilifies the death
- Be factually correct but avoid disclosing the method of suicide or the location
- Do not include details of any suicide note
- Avoid speculating about the trigger as suicide is complex and the causes will not be straightforward.³

It is also advisable to ask people not to share information more widely until more details have been established. In this case, it should be made clear that updated information will be provided as soon as possible.

Feelings of anger are common in response to a death by suicide. Anger may be directed at the organisation or at other people. Knowing this in advance can help prepare those communicating information. It is also important that the person communicating information has an established support system to share the emotions that may arise for them.

3. <https://www.samaritans.org/about-samaritans/media-guidelines/10-top-tips-reporting-suicide/>

3. Supporting staff, volunteers and people accessing the service

Supporting staff, volunteers, and managers

After a death by suicide, it is advisable to hold a debrief or reflective practice session in the days immediately following, to allow staff to come together to share their thoughts and feelings. All staff should be encouraged to attend but attendance should not be compulsory. For more information on debrief after a suicide, access the [recorded presentation by EASL](#). See also this [good practice example](#) from Evolve Housing + Support.

In addition to group support, staff should receive regular check-ins from managers and be given the opportunity to talk about the impact of the event in supervision sessions. Some staff may require additional support from a counselling or psychological service, and some may require time off work. It is best to consult individual staff on how they would like to be supported and develop a plan collaboratively.

Supporting people accessing services

People accessing the service will also need significant support after a suicide. The following steps are advised:

- Organise a meeting for residents/people accessing the service – this is an opportunity for people to talk openly and share their feelings, gain

accurate information, and hear about the different forms of support that are available to them

- Ask people accessing services how they would prefer to be supported and whether they would like to set up any form of memorial
- Agree and carry out any actions in a timely manner
- Check in regularly with those impacted, both informally and during key work sessions
- Ensure staff are available when people need support
- Remind people about other avenues of support
- Review any safety plans and be aware of any changes in behaviour and potential risk to others

People accessing services may wish to attend a support group where they can talk openly about the person they have lost (or express any other feelings they may be having). Read more about the Dying Homeless Project in this [good practice example](#) by the Museum of Homelessness.

Grief after a suicide

The emotions experienced after a loss by suicide are often described as 'grief with the volume turned up'.⁴ In addition to the usual feelings of grief that accompany a bereavement, there can be significant feelings of guilt. People may question their actions and wonder if they could have done more to prevent the death.

As with any loss, grief is complex and experienced differently by different people. There is no expectation for managers to become experts on grieving, however it is helpful to have an awareness of how people may respond.⁵ Common emotions include shock and numbness, pain, anger, seeing or hearing the person and physical sensations.⁶ It is important to recognise that for some people, grief may manifest itself sometime after the event.

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4. NHS Help is at Hand: support after someone may have died by suicide <https://www.nhs.uk/livewell/suicide/documents/help%20is%20at%20hand.pdf>
 5. Samaritans (2021) Ambulance service employee suicide: a postvention toolkit to help manage the impact and provide support https://aace.org.uk/wp-content/uploads/2021/06/Samaritans_AACE-postvention-toolkit-June-2021.pdf
 6. <https://www.cruse.org.uk/understanding-grief/effects-of-grief/feelings-when-someone-dies/>

4. Reviews and investigations

Suicides and serious suicide attempts are normally reviewed using an organisation's Serious Incidents, or equivalent, policy which should include procedures for involving staff and other relevant partners. Either the organisation or an external body should undertake a post-incident review, which includes identifying any lessons that can be learned from the incident and recommending actions with an appropriate timetable and designated accountable leads. Read our guidance on [Safeguarding Adults Reviews](#) and on [Taking Action when Someone Dies while Street Homeless](#) on our website.

Internal investigations

Most organisations carry out an internal review following an unexpected death, to gather key information about the nature of the incident and learn any lessons for future practice.

Investigations generally include the following:

- The facts of the incident
- What support was offered to the individual and was this adequate?
- What support was being offered by partner agencies and was this adequate?
- Are there practical issues that need to be addressed to prevent others having access to the means of suicide?
- What additional support should be offered in future to people accessing services?

- Are staff adequately supported; if not what more could be done?
- How will any recommendations be implemented.

Be aware that staff may find the investigation challenging and feel as though their actions are being judged. Organisations should try to be reassuring whilst being clear that the purpose of the investigation is to prevent future deaths wherever possible.

Coroner's Inquest

All deaths by suicide are reported to the coroner, who will investigate and determine the cause of death. This investigation does not seek to apportion responsibility, but simply to establish the cause of death. Nonetheless this can be a distressing and challenging process. Some people may wish to attend the hearing, if there is one, while others will not.

It is important to keep both staff, and others accessing services, informed about the process and offer support throughout.

5. Remembering the person who has died

It is important to find ways to remember the person who has died, which can take many forms. When deciding how to remember them, it is essential to consult other people who are accessing the service, those close to the person who has died including their family as well as staff and volunteers. Organisations should also consider the person's heritage and any cultural or religious preferences.

Organisations may set up a temporary tribute space or memorial tree, where people can reflect or post messages. This ensures people have a space to reflect while further plans are being made. Those affected should be consulted on the best location for a tribute or memorial – it may be best in a quiet reflective space that people can access when they choose to.

Sometime after the death, residents and staff may also wish to hold a memorial event or service. This will depend on if there has been a funeral, and whether people were able to attend or be involved. A memorial can take many forms, but it is key that it is planned in consultation with those closest to the person who has died, as well as others who have been impacted by their death.

With the permission of those closest to the individual, organisations may also wish to add the name of the person to the [Dying Homeless Project](#): a memorial to those who have died whilst experiencing homelessness.

6. Useful resources

Papyrus Debriefing Service: helpline for any professional who has an encounter with suicide. To debrief with one of our suicide prevention advisers, call HOPELINEUK on 0800 068 4141, text 07860 039967 or email pat@papyrus-uk.org every day of the year from 9am to midnight.

Westminster HHCP and Groundswell (2021) Suicide Postvention Toolkit

<https://groundswell.org.uk/wp-content/uploads/2021/02/Suicide-Postvention-toolkit.pdf>

Samaritans (2021) Ambulance service employee suicide: a postvention toolkit to help manage the impact and provide support

https://aace.org.uk/wp-content/uploads/2021/06/Samaritans_AACE-postvention-toolkit-june-2021.pdf

Dying Homeless Project

https://homeless.org.uk/documents/863/Dying_Homeless_Project.pdf

[Debrief for Staff Following a Death of a Service User](#)

[Homeless Link Suicide Prevention and Postvention resources](#)



What we do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

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